



Specified Hospital, Surgical and  
Critical Illness Insurance Indemnity  
Benefits for You and Your Family

# CHOICE Solutions

With Available Preventive Wellness  
and Diagnostic Testing Benefits



CHOICE Solutions is a Fixed Indemnity Hospital and Surgical insurance plan endorsed by America's Business Benefit Association (ABBA), and in the state of Oregon, Communicating for America (CA). Plans are available to members of ABBA, CA, and also to residents of certain states on an individual basis; please ask your representative for details. Underwritten by Independence American Insurance Company, rated A- (Excellent) by A.M. Best. Marketed by IPA Family.



 **Independence American  
Insurance Company**  
Independence Holding Group

CHOICE Solutions pays fixed benefit amounts to protect against covered medical expenses resulting from hospitalization, surgery, maternity, chemotherapy and radiation services.

## CHOICE Solutions Highlights and Features

- ▶ No plan calendar year or lifetime dollar amount maximums. Daily benefits are payable for up to 180 days for each covered illness or injury. Certain benefits have a separate benefit maximum.
- ▶ Every CHOICE Solutions plan automatically includes a lump sum \$10,000 Critical illness benefit for the primary insured, a covered spouse, and \$2,500 for each covered dependent child. As an option, you can increase the amount of critical illness benefits your plan pays that meet your family's needs and budget.
- ▶ From day one, receive daily in-hospital and/or outpatient surgery benefits immediately with CHOICE Solutions **no deductible** coverage. For even lower monthly premium cost savings, choose from several per injury or illness deductible options.
- ▶ Routine maternity benefits are included; a benefit payable for normal delivery in lieu of any other daily in hospital or outpatient surgery benefit. Complications of pregnancy treated same as any other illness.

## Affordability

- ▶ Choose a plan that's right for you to help protect against financial losses associated with unexpected hospital stays or surgical procedures.

## Flexible Underwriting

- ▶ If a medical condition has prevented you from qualifying for a traditional, comprehensive major medical plan, you may qualify for a fixed Benefit medical plan.

If those characteristics are important to you, CHOICE Solutions may be the right plan for you. Millions of Americans are finding that traditional health insurance plans are too costly or that they are paying high premiums for protection that does not meet their needs. If your typical expenses for outpatient care such as physician office and clinic visits are fairly small, you may find significant premium savings in CHOICE Solutions—savings that you can use to pay costs out-of-pocket if you need outpatient care.

A fixed Benefit Hospital and Surgical plan may not be right for everyone. CHOICE Solutions is not major medical insurance, and it provides first-dollar fixed Benefits after the applicable deductible, if any, for hospital confinement related medical expenses and for certain specific outpatient surgery, maternity, chemotherapy and radiation services, and critical illness. Plan premiums are affordable because of the design feature of each Benefit. It is very important you review the plan information closely.

## Did you know?

Nearly 50 percent of all new critical illness claims in 2011 occurred **prior to age 55**.

The leading cause of all critical illness claims **90 percent** of the time are due to:

- Cancer (61 percent)
- Stroke (18 percent)
- Heart Attack (11 percent)

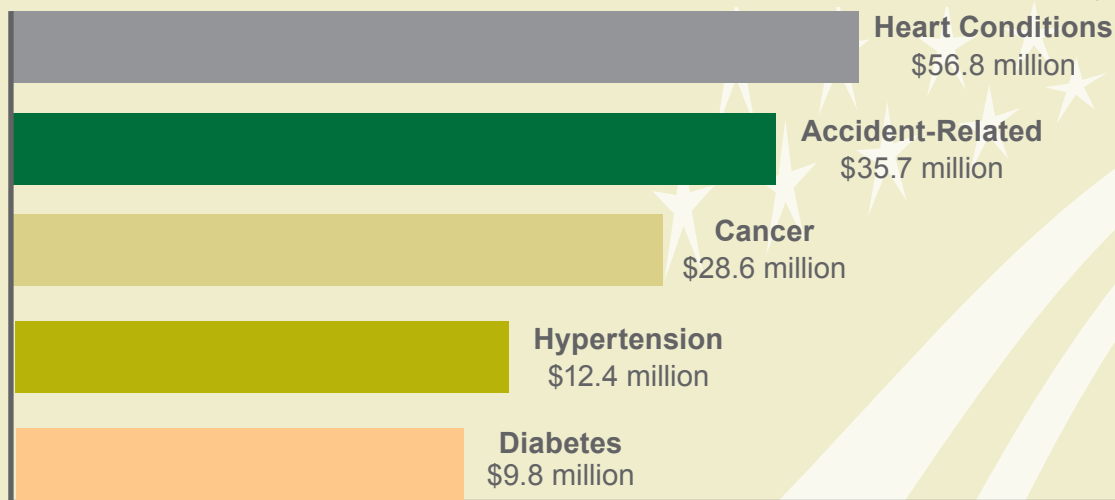
Source: American Association for Critical Illness Insurance, 2012 Buyer & Claimant Study ([www.aacii.org](http://www.aacii.org))

Critical illness insurance provides a lump-sum cash benefit payment, direct to you, when a covered medical condition is diagnosed after the effective date. Benefits can be used any way you choose – for medical treatment, to replace lost income while you are recovering, to pay for daily household expenses, childcare, or even to maintain a business. You decide what to use your benefits for.

Critical illness benefits include a fixed benefit payment for the following:

- Cancer
- Heart attack
- Stroke
- Major organ transplant
- Coma
- Severe burn
- Kidney failure

## Annual expenses associated with inpatient hospitalization causes



Source: Medical Expenditure Panel Survey Total Expenses and Percent Distribution for Selected Conditions by Type of Service: United States, 2009

**Hospital charges for uninsured individuals grew by 76 percent, from an average of \$11,000 to \$19,400 per stay.**

Source: AHRQ Statistical Brief #67, Trends in Uninsured Hospital Stays 1997–2006, Healthcare Cost and Utilization Project, 2009

In 2010, about 18.1 million Americans under age 65 stayed overnight in the hospital. About 3.6 million individuals stayed overnight on two occasions in one year, and about 2.2 million people had three overnight hospital stays.<sup>1</sup>

In 2009, nearly 15 million emergency room visits were trauma-related.<sup>2</sup>

<sup>1</sup> CDC Summary Health Statistics for the U.S. Population: National Health Interview Survey, 2010

<sup>2</sup> Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality, 2009

## A Plan That's Right for You

CHOICE Solutions includes three plans to choose from, critical illness coverage, as well as several optional outpatient benefit “bundles” that allow individuals and families to select a package of coverage that blends protection with affordability. Plan highlights include:

- Coverage from an insurance company rated A- (Excellent) by A.M. Best Company, a widely recognized rating agency that rates the financial strength of insurance companies and their ability to meet policyholder obligations;
- Benefits paid for inpatient hospitalization, surgery, diagnosis of critical illness, maternity, ambulance as well as covered outpatient chemotherapy and radiation therapy services;
- Plan pays the fixed benefits you select, regardless of the amount your providers charge for services;
- Flexibility to choose any doctor or hospital in America, plus additional cost savings are available when you choose a provider that is part of the MultiPlan national network;
- Protections so you can't be singled out for a rate increase or cancellation based on your claims.



# Select the Plan That's Right for You

	Solutions One	Solutions Two	Solutions Three
<b>Inpatient services</b> <i>(per day)</i>			
<b>Inpatient hospital confinement</b> Covers Room and Board, hospital miscellaneous and general nursing while hospital confined. This benefit is not paid for any day of ICU confinement.	\$1,000	\$2,000	\$3,000
<b>Inpatient ICU/CCU confinement</b> Covers Room and Board, hospital miscellaneous, and general nursing while confined in the intensive care unit or critical care unit of a hospital. This benefit is paid in lieu of Inpatient Hospital Confinement for any day confined to ICU or CCU.	\$1,500	\$3,000	\$4,500
<b>Accident benefit</b> <i>(maximum of 10 days per each covered injury)</i> Provides an additional benefit per day of inpatient confinement when confinement is the direct result of a covered injury.	\$1,000	\$1,000	\$1,000
<b>Inpatient physician visits</b> Covers one physician visit per day while inpatient confined.	\$40	\$50	\$60
<b>Inpatient surgical services</b> <i>(per surgery)</i>			
<b>Total benefit for inpatient surgical service</b> Covers surgery performed while inpatient confined. If two or more surgical procedures are performed through the same incision, the amount shown applies to the first surgery and 50% of the benefit shown applies to the second surgery. If two or more surgeries are performed through different incisions, the benefit shown applies to each such surgery.	\$3,000 Total payable as follows	\$6,000 Total payable as follows	\$9,000 Total payable as follows
<b>Surgeon</b>	\$2,000	\$4,000	\$6,000
<b>Assistant surgeon</b>	\$400	\$800	\$1,200
<b>Anesthesiologist</b>	\$600	\$1,200	\$1,800
<b>Outpatient surgical services</b> <i>(per surgery)</i>			
<b>Total benefit for outpatient surgical service</b>	\$1,300 Total payable as follows	\$2,600 Total payable as follows	\$3,900 Total payable as follows
<b>Facility</b> Covers services and supplies provided by the facility during the course of a surgery such as use of operating rooms, general nursing, casts, splints, diagnostics such as radiology and pathology. <i>(Benefit is not payable if surgery is performed in a doctor's office.)</i>	\$400	\$800	\$1,200
<b>Surgeon</b> Covers surgeon's services when performed at an outpatient surgical facility. If two or more surgical procedures are performed through the same incision, the amount shown applies to the first surgery and 50% of the benefit shown applies to the second surgery. If two or more surgeries are performed through different incisions, the benefit shown applies to each such surgery.	\$600	\$1,200	\$1,800
<b>Assistant surgeon</b>	\$120	\$240	\$360
<b>Anesthesiologist</b>	\$180	\$360	\$540

4 Benefits listed are subject to the Per Injury or Illness Deductible, if selected. Refer to page 9 for more information regarding the Per Injury or Illness Deductible.

	Solutions One	Solutions Two	Solutions Three																					
<b>Other covered services</b> (per event)																								
<b>Maternity benefit</b> (lump sum benefit) After a 12 month waiting period, Plan covers routine pregnancy including vaginal delivery or non-emergency C-section, and newborn care. Benefit pays a lump sum upon hospitalization for delivery of child. Not subject to Per Illness or Injury Deductible. Complications of pregnancy treated same as any other illness. This benefit is paid in lieu of any other benefit.	\$2,000	\$3,000	\$4,000																					
<b>Ambulance</b> (Per trip) Ground or water Air	\$100 \$500	\$250 \$1,000	\$500 \$2,000																					
<b>Second surgical opinion</b> Benefit payable for a second opinion prior to a Surgery. Not subject to the Per Illness or Injury Deductible.	\$100	\$100	\$100																					
<b>Chemotherapy and radiation</b> (per treatment up to lifetime maximum of 100 treatments) Covers outpatient treatment for chemotherapy including chemotherapy medication and radiation therapy for the treatment of cancer.	\$300	\$600	\$900																					
<b>Customize your plan options</b>																								
<b>Per injury or illness deductible</b>	\$0 \$1,000 \$2,500	\$0 \$1,000 \$2,500	\$0 \$1,000 \$2,500																					
<b>Critical illness benefit</b> Benefit payable for one of the following conditions: Cancer-in-Situ, Major Organ Transplant, Severe Burns, Life Threatening Cancer, Heart Attack, Stroke, Kidney (Renal) Failure, and Coma. The Covered Person must be positively diagnosed by a Legally Qualified Physician as having a Critical Illness for the first time following the Coverage Effective Date.  Buy-up options: For primary or spouse: \$5,000 increments up to \$40,000 maximum; For children \$2,500 increments up to \$10,000 maximum. Benefit increments include base coverage included with plan.	<p><b>Benefit includes:</b> Applicant: \$10,000 Spouse: \$10,000 Child(ren) \$2,500</p> <p><b>Optional buy-up options:</b></p> <table> <thead> <tr> <th>Applicant:</th> <th>Spouse:</th> <th>Child(ren)</th> </tr> </thead> <tbody> <tr> <td>\$15,000</td> <td>\$15,000</td> <td>\$5,000</td> </tr> <tr> <td>\$20,000</td> <td>\$20,000</td> <td>\$7,500</td> </tr> <tr> <td>\$25,000</td> <td>\$25,000</td> <td>\$10,000</td> </tr> <tr> <td>\$30,000</td> <td>\$30,000</td> <td></td> </tr> <tr> <td>\$35,000</td> <td>\$35,000</td> <td></td> </tr> <tr> <td>\$40,000</td> <td>\$40,000</td> <td></td> </tr> </tbody> </table>			Applicant:	Spouse:	Child(ren)	\$15,000	\$15,000	\$5,000	\$20,000	\$20,000	\$7,500	\$25,000	\$25,000	\$10,000	\$30,000	\$30,000		\$35,000	\$35,000		\$40,000	\$40,000	
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Benefits listed are subject to the Per Injury or Illness Deductible, if selected. Refer to page 9 for more information regarding the Per Injury or Illness Deductible.

	Solutions One	Solutions Two	Solutions Three
<b>Optional health maintenance benefit bundle</b>			
<b>Wellness and preventive care</b> <i>(Maximum 1 visit per person, per year)</i> Covered services include routine physical examination including diagnostic tests that are performed during the exam, routing Pap smear, annual screening mammography, immunizations and prostate and colorectal cancer screening. Benefit not subject to Per Injury or Illness Deductible.	\$100	\$150	\$200
<b>Outpatient physician office visit or retail health clinic</b> <i>(per person)</i> Benefit not subject to Per Injury or Illness Deductible.	\$40 <i>(Maximum 2 visits per year)</i>	\$50 <i>(Maximum 3 visits per year)</i>	\$60 <i>(Maximum 4 visits per year)</i>
<b>Outpatient urgent care or emergency room visit</b> <i>(Maximum 1 visit per person, per year)</i> Benefit not subject to Per Injury or Illness Deductible.	\$75	\$150	\$300
<b>Outpatient prescription medication</b> <i>(per person)</i> Solutions One is discount only, not an insurance benefit.	Discount Only	Generic: \$4 <i>(Maximum 2 scripts per year)</i>  Brand name: \$20 <i>(Maximum 2 scripts per year)</i>  Specialty: \$50 <i>(Maximum 2 scripts per year)</i>	Generic: \$4 <i>(Maximum 6 scripts per year)</i>  Brand name: \$20 <i>(Maximum 6 scripts per year)</i>  Specialty: \$50 <i>(Maximum 6 scripts per year)</i>
<b>Optional outpatient diagnostic testing benefit bundle<sup>†</sup></b>			
<b>Outpatient diagnostic X-ray and lab</b> <i>(per test, per person, per year maximum)</i> Covers x-rays and lab tests performed in an outpatient setting and not done in conjunction with Wellness or Preventive Care examination. Benefit not subject to Per Injury or Illness Deductible.	\$50	\$75	\$100
<b>Outpatient advanced studies</b> <i>(per test, per person, per year maximum)</i> Covers tests, excluding those performed during a Wellness/Preventive Care exam and limited to: Angiogram, Arteriogram, Computed Tomography Scan (CT); Electroencephalogram (EEG), Magnetic Resonance Imaging (MRI), Myelogram, Positron Emission Tomography Scan (PET), and Thallium Stress Test. Benefit not subject to Per Injury or Illness Deductible.	\$250	\$500	\$1,000

<sup>†</sup> Benefit is only payable within 30 days following an inpatient confinement or outpatient surgery for a covered illness or injury.

## Benefit Examples\* (Based on Covered Benefits)

### Indemnity Benefit Example for Inpatient Confinement

Plan Selected: **Solution Two**

*Other selected plan Benefit levels noted below*

**Medical Situation:** A Covered Person is admitted to the Hospital with pneumonia and acute respiratory failure. Inpatient confinement is five days, two of those days in the Intensive Care Unit. The condition was not pre-existing.

#### Claims Benefits Example:

Daily Intensive Care Benefit	\$3,000 per day x 2 days	\$6,000
Daily Inpatient Hospital Confinement Benefit	\$2,000 per day x 3 days	\$6,000
Doctor Visits while Hospital Confined Benefit	\$50 per day x 5 days	\$250
Benefits Payable Before Per Injury or Illness Deductible		\$12,250
Less Per Injury or Illness Deductible		<b>\$0</b>
<b>Total Benefits Payable</b>		<b>\$12,250</b>

### Indemnity Benefit Example for Outpatient Surgery

Plan Selected: **Solution Three**

Per Injury or Illness Deductible Included: \$1,000

*Other selected plan Benefit levels noted below*

**Medical Situation:** A Covered Person undergoes laparoscopic gall bladder Surgery. Same-day Surgery is performed in an Outpatient Hospital Surgical Unit. The condition was not pre-existing.

#### Claims Benefits Example:

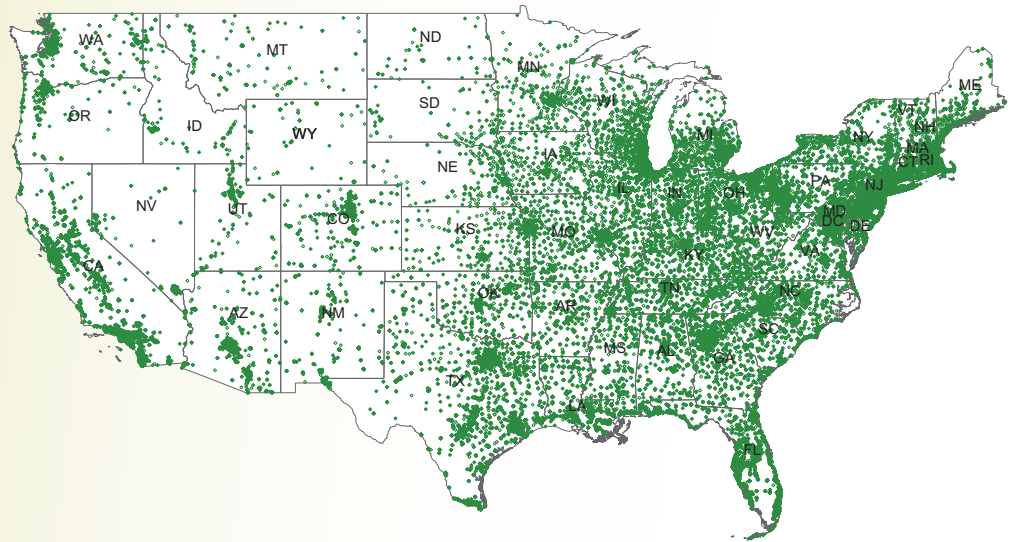
Outpatient Surgery Facility Benefit		\$1,200
Outpatient Surgeon Benefit		\$1,800
Outpatient Assistant Surgeon Benefit		\$360
Anesthesiologist Benefit		\$540
Benefits Payable Before Per Injury or Illness Deductible		\$3,900
Less Per Injury or Illness Deductible		<b>(\$1,000)</b>
<b>Total Benefits Payable</b>		<b>\$2,900</b>

\* The benefit examples shown above are intended for illustrative purposes only. These examples do not contemplate the provider's actual charges for services rendered nor the full extent of the Covered Person's out-of-pocket costs.

CHOICE Solutions fixed indemnity benefits are paid the same, regardless of which providers you use. That means you have the flexibility to use any doctor or hospital in the United States.

If you wish to save even more on your out-of-pocket costs, discounts are available through the MultiPlan Discount Network. MultiPlan is one of the country's largest independent PPO networks in the country, with more than 500,000 providers in 50 states. These providers have agreed to negotiated discounts, which are reflected on your final bill for both covered and non-covered expenses.

## Using the nationwide MultiPlan network is simple!



## Utilize a MultiPlan Network Provider and Save

Choose a MultiPlan network provider and receive savings in the form of discounts on charges you would otherwise be responsible for paying in full.

Plan Selected: **Solution Two with \$0 deductible**

### MultiPlan Network Hospital

Billed Amount	Discount	Deductible	Plan Benefits	Patient Share	Service
\$10,551.00	\$2,004.76	↓	\$6,000.00	↓	Daily Hospital ICU (2 days)
\$4,896.00	\$930.18	↓	\$4,000.00	↓	Daily Hospital Room and Board (2 days)
\$425.00	\$42.50	↓	\$200.00	↓	Daily Inpatient Physician Visits (4)
\$15,872.00	\$2,977.44	\$0	\$10,200.00	<b>\$2,694.56</b>	Totals

The explanation of benefits shown above is provided for illustrative purposes only. Plan options selected, the provider's ZIP code, type of provider, type of service, and other factors all contribute to actual benefit determinations and discounts that may apply. MultiPlan network discounts vary by geographical area and by provider.



## Plan and Benefit Details

### Per Injury or Illness Deductible

If you selected a Per Injury or Illness Deductible, the Deductible must be satisfied for each separate covered Injury or Illness before plan Benefits begin. The Deductible applies per Covered Person for each Period of Treatment. However, if multiple Covered Persons in a family are injured in the same accident, only one Deductible must be satisfied for each Period of Treatment.

### Period of Treatment

A Period of Treatment begins (1) when a Covered Person is initially admitted to the Hospital, (2) when services are provided in an Outpatient Surgical facility or (3) when chemotherapy or radiation therapy is received on an Outpatient basis. The Period of Treatment ends 180 consecutive days later for the same or related Injury or Illness. If treatment extends past 180 days for the same Injury or Illness, a new Period of Treatment will begin and a new Per Injury or Illness Deductible will be required. A separate Period of Treatment will apply to each covered Injury or Illness.

The following Benefits are subject to the Per Injury or Per Illness Deductible, if selected:

### Daily Hospital Room and Board and Miscellaneous Hospital Services Inpatient Indemnity Benefit

The Daily Hospital Room and Board Benefit is paid for each day of Inpatient confinement and general nursing furnished by the Hospital. Benefit includes Hospital miscellaneous medical services and supplies, X-rays, Laboratory Tests and other diagnostic tests, chemotherapy or radiation services for the treatment of cancer, services of a radiologist or radiology group and for services of a pathologist or pathology group for interpretation of diagnostic tests or studies necessary for the treatment of the Covered Person while confined Inpatient. This Benefit does not include fees charged for take-home drugs, personal convenience items or items not intended primarily for the use of the Covered Person while confined Inpatient. This Benefit is not paid if Benefits are paid under the Daily Hospital Intensive Care Benefit.

### Daily Hospital Intensive Care and Miscellaneous Hospital Services Inpatient Indemnity Benefit

The Daily Hospital Intensive Care Benefit is paid for each day of Inpatient confinement in the Hospital's Intensive Care or Cardiac Care Unit, Burn Unit or Other Specialized Care Unit of a Hospital. Benefit includes Hospital miscellaneous medical services and supplies, X-rays, Laboratory Tests and other diagnostic tests, chemotherapy or radiation services for the treatment of cancer, services of a radiologist or radiology group and for services of a pathologist or pathology group for interpretation of diagnostic tests or studies necessary for the treatment of the Covered Person while confined Inpatient. This Benefit does not include fees charged for take-home drugs, personal convenience items or items not intended primarily for the use of the Covered Person while confined Inpatient. This Benefit is paid in lieu of the Daily Hospital Room and Board Benefit.

### Surgeon Benefit

The Inpatient Surgeon Benefit or Outpatient Surgeon Benefit is paid per Surgery and is based on whether it was performed while admitted as an Inpatient or performed at an Outpatient Surgical facility. If two surgeries are performed through the same incision, then 100 percent of the Surgeon Benefit is paid for the first Surgery and 50 percent of the Surgeon Benefit is paid for the second and subsequent Surgeries. If two surgeries are performed through different incisions, then 100 percent of the Surgeon Benefit is paid for each Surgery.

### Assistant Surgeon Benefit

The Assistant Surgeon Inpatient Benefit or the Assistant Surgeon Outpatient Benefit is paid for services rendered by an Assistant Surgeon or by a licensed Surgical assistant who is performing duties within the scope of his or her license. The Benefit is paid per surgery and is based on whether the Surgery was performed while admitted as an Inpatient or performed at an Outpatient Surgical facility.

### Anesthesiologist Benefit

The Anesthesiologist Inpatient Benefit or the Anesthesiologist Outpatient Benefit is paid per Surgery when a Covered Person receives anesthesia. The Benefit paid is based on whether the related Surgery was performed while admitted as an Inpatient or performed at an Outpatient Surgical facility.

### Outpatient Surgical Facility Benefit

The Outpatient Surgical Facility Benefit is paid per Outpatient Surgery in an Outpatient Surgical facility and includes services and supplies furnished by the facility, such as use of the operating and recovery rooms, administration of drugs and medicines during Surgery; dressings, casts, splints and diagnostic services including radiology, laboratory or pathology performed at the time of Surgery. Benefits are not payable when Surgery is performed in a Physician's office.

### Outpatient Chemotherapy and Radiation Therapy for Cancer Treatment Benefit

The Outpatient Chemotherapy and Radiation Therapy for Cancer Treatment Benefit is paid per Outpatient treatment for chemotherapy, including chemotherapy medication and radiation therapy for the treatment of cancer, limited to a Lifetime Maximum Benefit of 100 treatments.

### Second Surgical Opinion Office Visit Benefit

This Benefit pays \$100 for a second Surgical opinion prior to the Surgery. If the second Surgical opinion disagrees with the first opinion, a \$100 Second Surgical Opinion Benefit will be paid for a third opinion. The Benefit is only payable if the Physicians providing the second and third opinions are not affiliated with each other or the original physician who will perform the surgery, or financially associated with the original physician, and do not assist in the surgery. This benefit is not subject to the per injury or per illness deductible, if applicable.

## Covered critical illness descriptions

Benefits payable are subject to the following diagnosis of each covered critical illness. Diagnosis must be made by a legally qualified physician through the use of clinical and/or laboratory findings. The Critical Illness benefit is not available in CO, GA and SD. Additional states may follow.

- **Cancer in situ:** A Diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Cancer in Situ must be diagnosed pursuant to a Pathological or Clinical Diagnosis. Cancer in Situ includes early prostate cancer diagnosed as T1N0M0 or equivalent staging; and melanoma not invading the dermis. Cancer in Situ does NOT include: other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), or benign tumors or polyps.
- **Major organ transplant:** The clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Covered Person to be replaced with an organ(s) or tissue from a suitable human donor (excluding the Covered Person) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. In order for the Major Organ Transplant to be covered under this Rider, the Covered Person must be registered by the United Network of Organ Sharing or the National Marrow Donor Program.
- **Severe burn:** The Diagnosis, by a Legally Qualified Physician board-certified as a Plastic Surgeon, that the Covered Person has sustained third degree burns covering at least 20% of the surface area of the Covered Person's body.
- **Heart Attack:** An acute myocardial infarction resulting in the death of a portion of the heart muscle due to a blockage of one or more coronary arteries, and resulting in the loss of normal function of the heart. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist and based on both new clinical presentation and electrocardiographic changes consistent with an evolving Heart Attack, and serial measurement of cardiac biomarkers showing a pattern and to a level consistent with the Diagnosis of a Heart Attack. A Heart Attack does NOT include an established (old) myocardial infarction.
- **Life-Threatening Cancer:** A malignant neoplasm is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue and which is not specifically excluded. Leukemias or lymphomas are included. Cancer must be diagnosed pursuant to a pathological or clinical Diagnosis.  
**Life-Threatening Cancer does not include:** pre-malignant lesions (such as intraepithelial neoplasia), benign tumors or polyps, any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic), or early prostate cancer diagnosed as T1N0M0 or equivalent staging.
- **Kidney (Renal) Failure:** End-stage renal failure is a chronic and irreversible failure of both kidneys, which requires the Covered Person to undergo periodic and ongoing dialysis. The Diagnosis must be made by a Legally Qualified Physician board-certified in Nephrology.
- **Stroke:** Any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. The Diagnosis must be made by a Legally Qualified Physician board-certified as a neurologist. A Stroke does NOT include transient ischemic attack (mini-Stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

- **Coma:** The Diagnosis, by a Legally Qualified Physician board-certified as a neurologist, that a Covered Person is in a state of unconsciousness from which the person cannot be aroused, in which external stimulation will produce no more than primitive avoidance reflexes, and that this state has persisted continuously for at least 96 hours.

See Certificate of Insurance for full descriptions of benefit by condition.

## Coordination of Benefits

The CHOICE Solutions plan does not coordinate Benefits with other inforce health insurance plans.

## Eligibility

If You are a dues-paying member of America's Business Benefit Association (ABBA), between 19 and under 64.5 years of age and a permanent resident of the United States, You and Your eligible Dependents may apply to purchase the CHOICE Solutions plan. You can apply by completing an application for insurance, and you and your eligible Dependents, if applying, must qualify for coverage based on the plan's underwriting guidelines. Eligible Dependents include: Your lawful Spouse between 19 and under 64.5 years of age, and Your Child(ren) under age 26.

## Effective Date

You may request that your coverage become effective on either the 1st, 8th 15th or 22nd of the month. We must receive your application before the requested effective date. If your application is approved, your coverage will become effective on the requested effective date following approval. Your applicable premium must be paid before your coverage under the Policy goes into effect. If the Company is unable to approve your application within 60 days of the application date, the requested effective date will not be honored and a new, currently dated application may be required.

## Precertification

Precertification is a screening process used to determine if the proposed Inpatient confinement or Outpatient chemotherapy or radiation treatment is Medically Necessary and appropriate. Failure to obtain the required precertification will result in no Benefits being paid. Precertification is required at least seven days prior to each non-Emergency Inpatient confinement and within 48 hours of Inpatient admission or as soon as reasonably possible for Emergency Inpatient confinement. Precertification is also required seven days prior to receiving Outpatient chemotherapy and radiation therapy. Precertification is not pre-authorization or pre-approval of coverage and it does not guarantee payment of Benefits. Payment of Benefits will be determined in accordance with and subject to all the terms, conditions, limitations and exclusions of the policy.

## Termination of Insurance

A Covered Person's insurance under the Policy will terminate on the earliest of the following: the date of termination of the Policy; the premium due date following the date a written request to terminate coverage is received; the date the premium is not paid; the date of death; the last day of the month following the date of attainment of age 65; the last day of the month following the date of Medicare eligibility; the last day of the month following termination of membership with the Policyholder; or the date the person enters the armed forces. A Dependent Spouse's coverage also terminates on the premium due date following a divorce or legal separation.

A Dependent Child's coverage will terminate on the premium due date following the date the Child ceases to meet the definition of an Eligible Dependent.

**Failure to fully disclose health information in the application for insurance can result in rescission or reformation of coverage.**

## Pre-Existing Condition Definition and Limitation

A Pre-Existing Condition is a disease, Accidental Bodily Injury, Illness or physical condition for which a Covered Person: had treatment; incurred charge; took medication; or received a diagnosis or advice from a doctor; during the 12-month period immediately preceding the insured person's Coverage Effective Date.

Covered Benefits are payable for a Pre-Existing Condition after the insured person has been continuously covered under the Policy for 12 consecutive months. This does not apply to a newborn or newly adopted child placed for adoption under age 18 if such child is enrolled for coverage within 31 days from the date of birth or date of adoption or placement for adoption.

## Exclusions

*Review the Policy's Exclusions for complete list. Consult the Certificate of Insurance for a complete list and description of the Benefits not covered.*

Except as specifically provided for in the Policy, the plan does not provide any Benefits when a covered person receives any of the following treatments, services or supplies:

- A Pre-Existing Condition, as defined
- Preventive Care, including routine physical examinations and immunizations (unless the optional Preventive Care Benefit Rider is selected)
- Treatment that is not Medically necessary or not recommended by a Doctor, or is not due to an Injury or Illness
- Any treatment provided by a government-owned or government-operated facility or by government-employed health care providers
- A weekend Hospital confinement occurring between noon on any Friday and noon the following Sunday for non-Emergency procedures, unless Medically Necessary or unless Surgery is scheduled for the next day
- An Illness or Injury which arises out of or in the course of any employment for wage or profit or an Illness or Injury for which you or your covered dependent spouse has or had a right to recovery under any Workers' Compensation or Occupational Disease Law. This exclusion does not apply to an employment related Injury or Illness if you or your covered dependent spouse is a sole proprietor, partner, or owner eligible under state law to legally elect to not be covered under Workers' Compensation and who is not insured under, and who does not have or had a right to recovery for such employment related Injury or Illness under any Workers' Compensation Law or Occupational Disease Law.
- Physical or psychological examinations required by any third party, such as by a court or for employment, licensing, insurance, school, sports or recreational purposes
- An Injury or Illness incurred while on active duty with the military of any country or international organization, or resulting from war, act of war or participation in a riot or insurrection
- An Injury or Illness incurred during the commission or attempted commission of a crime or felony or while engaged in an illegal act or while imprisoned
- An Injury or Illness, incurred due to, or contracted as a consequence of a Covered Person being intoxicated or under the influence of illegal narcotics or other drugs, unless the drug is administered by a Doctor and taken in accordance with the prescribed dosage
- An Injury or Illness for which treatment, services or supplies were received or purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, for a period not to exceed 90 days, and the charges are incurred for an Emergency, provided the treatment, services or supplies used in connection with the Emergency are approved for use in the United States
- Treatment, services or supplies for (a) breast augmentation; (b) the removal of breast implants unless Medically Necessary and related to Surgery performed as reconstructive Surgery due to an Illness; and (c) breast reduction Surgery unless Medically Necessary due to an Illness
- Surgery to correct refractive errors,
- Routine eye exams, glasses or contact lenses, or visual therapy
- Routine hearing exams or hearing aids
- Penile implants and fertility and sterility studies
- Voluntary abortion; infertility including impregnation techniques; or reversal of sterilization
- Mental Illness Disorders; Substance Abuse; tobacco-cessation programs and products
- Marriage or family counseling, recreational therapy, equine therapy, educational therapy, social therapy, sex therapy; or sexual reassignments, dysfunctions or inadequacies
- Meridian therapy (acupuncture), or spinal manipulation
- Orthotics; treatment, services or supplies related to the feet by means of posting, strapping or range-of-motion studies; or related to paring or removal corns, calluses, bunions or toenails
- Obesity or weight reduction including all forms of Surgery and complications resulting from such Surgery; education or training materials
- Treatment for which the Covered Person is not required to pay; or treatment rendered by a person who ordinarily resides in your household or a member of your Immediate Family
- Custodial care, domiciliary care or rest cures regardless of who prescribes or renders such care; Inpatient personal convenience items
- An Injury or Illness resulting from participation in hazardous avocations including: mountain or rock climbing, skydiving, hang gliding, motor vehicle racing, scuba diving, rodeo or private aviation
- Telephone consultations, missed appointment fees and fees for completing claim forms
- Treatment, services or supplies for complications of conditions that are not covered under the Policy
- Outpatient Prescription Medications (unless the optional Outpatient Prescription Medication Benefit Rider is selected)
- Treatment, services or supplies related to the teeth gums, or any other associated structures
- Treatment for temporomandibular joint (TMJ) dysfunction
- Experimental or Investigational procedures, drugs or treatment methods
- Intentionally self-inflicted Injury or Illness while sane; except a self-inflicted Injury or Illness that is the result of a medical condition
- Outpatient treatment, services and supplies except as specifically provided for in the Policy
- Physical, Speech or Occupational Therapy
- Hospice or Home Health Care



## Partners

Independence American Insurance Company (IAIC), a member of The IHC Group, is rated A- (Excellent) by A.M. Best, Inc., a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations. (An A++ rating from A.M. Best is its highest rating.). In business since 1973, IAIC is domiciled in Delaware and headquartered in New York. IAIC is licensed to conduct business in 49 states and the District of Columbia. IAIC products include: short-term health, employer medical stop-loss, provider excess loss, small group major medical and major medical for individuals and families. Product availability varies by state.

The IHC Group is an organization of insurance carriers, and marketing and administrative affiliates that has been providing health, life, disability, dental, vision and medical stop-loss insurance solutions to groups and individuals for over 30 years. With over \$1.3 billion in assets as of June 2012, the companies in The IHC Group provide insurance coverage to more than one million individuals and groups. For more information about The IHC Group, visit [www.ihcgroup.com](http://www.ihcgroup.com).

America's Business Benefit Association (ABBA), is a national nonprofit association that provides its members volume-driven savings on many business/consumer related purchases and access to valuable group health insurance coverage it endorses. ABBA offers a variety of member benefit packages, to provide choices of savings and benefits. For more information, visit [www.abbaplans.com](http://www.abbaplans.com).

Communicating for America, Inc. (CA), is a national nonprofit association founded in 1972. Originally founded as an advocate for the self-employed and rural members, CA has evolved into one of the largest and most respected associations in the country, with members in communities of all sizes. Along with a legislative voice on important issues in Washington, D.C., CA provides high-quality, valuable member benefits.

There is no ownership affiliation between ABBA, CA and Independence American Insurance Company, nor between ABBA and IPA Family (IPA). IPA and its sales agents receive compensation from ABBA for the sales of membership in the association.

IPA Family (IPA), a member of The IHC Group, is a national marketing organization that distributes major medical insurance plans and other health care plans and health membership programs across the nation. IPA's trained and professional sales associates provide information and a product portfolio that can meet the needs of most small business owners and self-employed individuals and families.

## Satisfaction Guaranteed

If you are not completely satisfied with the insurance coverage you have purchased and you have not filed a claim, you may return the Certificate of coverage within 10 days of your receipt and receive a premium refund.

## Important Information

The information included in this brochure is an outline of features, plan provisions, Benefits and other information about the CHOICE Solutions Fixed Indemnity Hospital and Surgical insurance plan. The plans are available in Colorado, Idaho, Maine, Montana, North Carolina, South Dakota, and Utah on an individual basis only, with residents of these states being issued separate policy forms and not being required to be members of ABBA. Additional states may follow. Plans offered may be subject to change. This brochure is not intended to serve as legal interpretation of the Benefits, which are provided under the Master Policy form number IAIC MMHI POL D610 issued to America's Business Benefit Association in the District of Columbia. The exact provisions governing the insurance contract are contained in the Master Policy underwritten by Independence America Insurance Company. Some provisions, Benefits, exclusions or limitations may vary depending on Your state of residence. Certain terms and conditions apply. Any provision of this Policy that is in conflict with any applicable federal or state law is hereby amended to meet the minimum requirements of such law. For complete details about the CHOICE Solutions plan, please refer to the health insurance Certificate of insurance form number IAIC HICERT D0610. If there is a discrepancy between the Master Policy and this brochure, the Master Policy prevails.

