

Group Fixed Indemnity Limited Benefit Medical Insurance Benefits

Limitations

Recurrent Confinements. If the Company pays benefits for a period of Confinement, and the Insured Person is readmitted within 30 days of that Confinement for the same condition, the later Confinement will be treated as a continuation of the prior Confinement. If more than 30 days have passed between periods of Confinement for the same condition or the successive Confinement is for an unrelated cause, the Company will treat the later Confinement as a new Confinement.

Pre-Existing Condition. Benefits are not payable for a Pre-Existing Condition until the expiration of 12 consecutive months (6 consecutive months in NM), beginning with the Insured Person's Effective Date.

"Pre-Existing Condition" means any Injury, Sickness, Pregnancy, Mental or Nervous Disorder or Substance Abuse for which medical treatment or advice was rendered or recommended by a Physician within 12 months prior (90 days prior in PA, 6 months prior in NV, NM) to the Insured Person's Effective Date.

Exclusions

The Policy does not provide any benefits for the following:

1. suicide or any attempt of suicide, while sane or insane (in Colorado, Missouri or Montana, while sane);
2. any intentionally self-inflicted Injury or Sickness or any attempt thereof (in Colorado, Missouri or Montana, while sane);
3. rest care or rehabilitative care and treatment;
4. Dependent child Pregnancy, except Complications of Pregnancy;
5. routine newborn care, except as specifically provided for in the Wellness benefit;
6. voluntary abortion, except where Medically Necessary to save the Insured Person's life;
7. Participation in a Riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly. For purposes of this exclusion, "Participation" means to take an active part in common with others; "Riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority;
8. committing, attempting to commit or taking part in a felony, battery, assault or engaging in an illegal occupation;
9. any Injury occurring while the Insured Person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Injury took place);
10. treatment for the voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a Physician and taken according to the prescribed dosage;
11. dental care or treatment, except:
 - a. care or treatment due to an Injury to sound, natural teeth treated within 12 months of the Accident;
 - b. treatment necessary due to congenital defects or birth abnormalities;
 - c. excision of impacted third molars, or
 - d. closed or open reduction of fractures or dislocation of the jaw;
12. sex changes;
13. the reversal of tubal ligation or the reversal of vasectomies;
14. flying or descending from any aircraft or air conveyance, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route;
15. accidental bodily Injury occurring while serving on full-time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by the Company pro rata for any period of active duty);
16. declared or undeclared war or acts thereof;
17. Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit or benefits that the Insured Person is entitled to under any Occupational Disease Law or similar law, whether or not application for such benefits have been made;
18. medical care, services or supplies provided outside of the United States of America or its territories;
19. treatment of obesity, weight reduction or dietetic control; except morbid obesity or disease etiology;
20. Confinement, care or services incurred prior to the Insured Person's Effective Date or that begin after termination of coverage;
21. Confinement, care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law;
22. Confinement or treatment that is not Medically Necessary; or
23. any Confinement or treatment not specifically covered in the Schedule of Benefits.

Group Indemnity Outpatient Prescription Drug Insurance (Generic Only)

Limitations

Dispensing Limits and Authorized Refills. Retail Pharmacy: the lesser of a 30-day supply or specified unit doses.

Exclusions

The Policy does not provide any benefits for the following:

1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications;
3. all non-Legend Prescription Drugs;
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication;
6. any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs;
7. any drug that the FDA has determined to be contraindicated for the specific treatment;
8. drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder; or the Insured Person taking part in the commission of a felony;
9. drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an Insured Person while on active duty in any Armed Forces;
10. any expenses related to the administration of any drug;
11. needles or syringes;
12. drugs or medicines taken while in or administered by a hospital or any other health care facility or office;
13. drugs covered under Workers' Compensation, Medicare or other Governmental program;
14. drugs, medicines or products that are not Medically Necessary; or
15. Brand Name Prescription Drugs.

The Group Fixed Indemnity Limited Benefit Medical and Outpatient Prescription Drug Insurance is underwritten by Fidelity Security Life Insurance Company® ("FSL"), Kansas City, MO 64111 on Policy Nos. LM-163 / IP-119; Policy Form Nos. M-6013 / M-9121 and issued to Health Depot Association as the group master policyholder. **This insurance is not basic insurance or major medical coverage; it is not designed as a substitute for basic health insurance or major medical coverage, nor does it comply with the requirements of the Affordable Care Act (ACA).** The Group Fixed Indemnity Limited Benefit Medical Insurance is subject to provisions, benefits, exclusions or limitations of the group policy which may vary by state. This brochure contains only a brief description of coverage and is not a contract. For complete details of coverage, please refer to the certificate. FSL does not provide nor is affiliated with the discount programs provided as a part of membership in The Health Depot Association. Coverage becomes effective on the date provided in the membership material. The insurer has the right to increase premium rates and has the option to cancel coverage. The HD ClearPoint Membership is marketed and administered by Premier Health Solutions, LLC. Premier Health Solutions, LLC is the primary administrator of all Health Depot Association membership plans and insurance products. Premier Health Solutions, LLC markets and sells under the name PHSI Insurance Agency, LLC in California and under the name PremierHS, LLC in Kentucky, Ohio, Pennsylvania, South Carolina and Utah.

Dependent Child(ren) are covered from birth to 26 years old.

Spouse includes Domestic Partner.

Your coverage will continue as long as the group policy remains in force, the premiums are paid and you remain a member of the Association. Any dependents covered under the policy will remain covered as long as they remain eligible, the Member's coverage remains in force, and the required premium is paid. All coverage will end on the date any insured person submits a fraudulent claim.

Some provisions, benefits, exclusions or limitations listed herein may vary by state. Not available in all states.

Frequently Asked Questions

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Are Pre-existing Conditions covered on the HD ClearPoint Group Fixed Indemnity Limited Benefit Medical Insurance Plans?

The Group Fixed Indemnity Limited Benefit Medical Insurance does not cover pre-existing conditions for the first 12 months (6 months in NM). Specifically, if members had care rendered or prescribed to them by a physician within the 12 months leading up to their effective date (90 days in PA, 6 months in NV and NM), they will have a waiting period of 12 months from the effective date (6 months in NM) before any claims related to their condition will be covered.

Is there a co-pay or deductible on the HD ClearPoint insurance benefits?

There are no co-pays or deductibles. This is a fixed indemnity benefit.

How do the benefits pay?

Group Fixed Indemnity Limited Benefit Medical Insurance pays a fixed benefit amount toward each specific service. Members are responsible for any remaining balance on the amount billed that is above the fixed amount. For the lowest out-of-pocket expenses, members should choose a provider or facility in the First Health Limited Benefit Plan Discount Network.

How do members file claims for their benefits?

A claim form must be completed within 30 days after the covered loss begins or as soon as it is reasonably possible. Members can ask their provider to file the claim and send it to the address on the back of their ID card. If the provider does not file the claim, members can log in to the Member Portal at members.healthdepotassociation.com; print the Claim Form; complete and sign; and send completed form to: Premier Access, Inc., Attn: Claims Department, P.O. Box 1468, Arlington, TX 76004. If members have questions about filing a claim or would like to check on a claim status, they can call or email FSL at (800) 648-8624 or claimsmail@ftj.com and their Customer Service Team will be glad to assist you.

Can members make changes to their membership?

Members may make changes to their membership during the first thirty (30) days of coverage. After that, they may only make changes if they experience an event listed below:

- **Change in legal marital status** – marriage, divorce, annulment, death of a spouse or legal separation
- **Change in dependent children** – birth, adoption, legal guardianship or death of a child
- **Dependent children “age out”** – child’s age exceeds the age limitations of the membership

To make changes to their membership, members need to call Customer Service at **(855) 351-7535**.

What happens if a member moves?

Members need to login to the Member Portal and change their address or they can call Customer Service at **(855) 351-7535**. It is crucial that their address is correct in our system, because an incorrect address could delay their claims.

ClearPoint Monthly Membership Rates							
	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
Member	\$139	\$175	\$189	\$225	\$249	\$299	\$439
Member + Spouse	\$205	\$269	\$299	\$359	\$409	\$499	\$799
Member + Child(ren)	\$179	\$229	\$255	\$305	\$339	\$419	\$749
Member + Family	\$249	\$329	\$369	\$445	\$509	\$609	\$1,099

A one-time enrollment fee of \$99 applies, charged by The Health Depot Association.

The monthly membership rates listed above are inclusive of membership fees, administrative fees, and insurance rates. The following rates apply for the insurance underwritten by Fidelity Security Life Insurance Company® as part of your Health Depot ClearPoint membership.

The premium rates by plan level are as follows: Level 1: Member-\$37.14, Member+Spouse-\$67.05, Member+Child(ren)-\$55.93, Member+Family-\$87.28; Level 2: Member-\$52.22, Member+Spouse-\$95.70, Member+Child(ren)-\$78.55, Member + Family-\$123.92; Level 3: Member-\$59.44, Member+Spouse-\$109.42, Member+Child(ren)-\$89.38, Member+ Family-\$141.47; Level 4: Member-\$74.29, Member+Spouse-\$137.63, Member+Child(ren)-\$111.66, Member+Family- \$177.55; Level 5: Member-\$83.49, Member+Spouse-\$155.11, Member+Child(ren)-\$125.46, Member+Family-\$199.91; Level 6: Member-\$102.44, Member+ Spouse-\$191.12, Member+Child(ren)-\$153.88, Member+Family-\$245.96; Level 7: Member-\$169.80, Member+Spouse-\$333.72, Member+Child(ren)-\$314.21, Member+Family-\$478.92.

For residents in IL and MI, the premium rates by plan level are as follows: Level 1: Member-\$26.14, Member+Spouse-\$49.67, Member+Child(ren)-\$39.21, Member+Family-\$63.52; Level 2: Member-\$41.22, Member+Spouse-\$78.32, Member+Child(ren)-\$61.83, Member+Family-\$100.16; Level 3: Member-\$48.44, Member+Spouse-\$92.04, Member+Child(ren)-\$72.66, Member+ Family-\$117.71; Level 4: Member-\$63.29, Member+Spouse-\$120.25, Member+Child(ren)-\$94.94, Member+ Family-\$153.79; Level 5: Member-\$72.49, Member+Spouse-\$137.73, Member+Child(ren)-\$108.74, Member+Family-\$176.15, Level 6: Member-\$91.44, Member+Spouse-\$173.74, Member+Child(ren)-\$137.16, Member+Family-\$222.20; Level 7: Member-\$155.75, Member+Spouse-\$311.50, Member+Child(ren)-\$292.81, Member+Family-\$448.56.

The Insurance premium rates only reflect the coverage underwritten by Fidelity Security Life Insurance Company. It does not include the association's costs for other coverages, programs, and services; including but not limited to member discounts and savings related programs and services, administration and maintenance of association information, and awareness benefits, websites, enrollment, fulfillment, and any other costs related to administration of the association.



The Health Depot Association

healthdepotassociation.com | (855) 351-7535