AICPA®

Group Catastrophe Major Medical **Insurance Plan**

Complements basic major medical insurance

Help protect yourself and your family from the unforeseen.

Enhance your basic health insurance with the AICPA Group Catastrophe Major Medical Insurance Plan.

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The AICPA Group Catastrophe Major Medical Insurance Plan

Helping to protect your wealth and assets for your future — and the future of your family.

Highlights

- Economical group rates
- Choice of deductibles — $25,000, $50,000, or $100,000
- Family coverage for you, your spouse, and children
- $2,000,000 maximum per each 5-year benefit period
- Freedom to choose treatment, facilities, and physicians — no pre-approved referrals required
- Expenses in or out of the hospital
- Home health care, convalescent home care, and hospice care coverage
- Prescription drug coverage
- Medically necessary private duty nursing coverage
- Coverage portability between jobs
- No age termination

Group Catastrophe
Major Medical
Insurance Plan

Complements basic major medical insurance

Who should consider Catastrophe Major Medical Insurance?

All AICPA members in good standing should consider Catastrophe Major Medical Insurance, including those who:

- Are self-employed
- Receive health insurance benefits through their employers
- Have basic health insurance with out-of-pocket expenses
- Have an HMO or PPO plan that limits their choice of providers
- Want to help protect their wealth and assets

Think you don't need coverage? Take this short quiz to see how your basic health plan stacks up.

If you answer **YES** to any of the following questions, you should consider applying for the AICPA Group Catastrophe Major Medical Insurance Plan.

1. Does your basic coverage have a limit to how much it will pay during your lifetime?	☐ Yes	☐ No
2. Does it have limits for certain expenses or restrictions on the amount it will pay per year?	☐ Yes	☐ No
3. If you want to go to a non-network provider, do you have to pay all or an increased portion of the costs?	☐ Yes	☐ No
4. Will you have to pay for lengthy convalescent care?	☐ Yes	☐ No
5. Will you have to pay for home health care and private duty nursing care?	☐ Yes	☐ No
6. Do you have to pay for clinical treatment choices — including prescription drugs that your basic insurance carrier does not authorize?	☐ Yes	☐ No

To find out just how economical the AICPA Group Catastrophe Major Medical Insurance Plan is and learn more about how enhanced coverage can help you protect your wealth and assets, consult the easy-to-follow summary chart on the next page…

SUMMARY

Overall Maximums for Member & Each Dependent:

$2,000,000 for each benefit period..... for non-job related sickness and injury

$35,000 per lifetime ..... for medically necessary private duty nursing by a registered or licensed practical nurse

$2,000 per lifetime ..... for ambulance service to or from a hospital

$500 per week/$78,000 per lifetime .... for convalescent care

$100 per visit/$5,000 per lifetime ..... for psychiatric, mental, nervous or emotional disorders, alcoholism, or drug addiction **while not hospitalized**

For psychiatric, mental, nervous or emotional disorders, alcoholism, or drug addiction **while hospitalized,** while insured:

An amount equal to the deductible you choose.

Plan I — $25,000 **Plan II — $50,000** **Plan III — $100,000**

Deductible for each person per each Deductible Accumulation Period	The greater of: the benefits paid by your basic health plan; or:	
	Plan I	$25,000
	Plan II	$50,000
	Plan III	$100,000
Deductible Accumulation Period	**36 Consecutive Months**	
Benefit Period	**5 Years**	

SUMMARY

Benefit	Amount Paid
Hospital Room & Board Hospital's average charge for a semi-private room and all reasonable & customary hospital supplies & services, per day	100%*
Intensive Care Hospital's average charge for an IC unit, per day, including room & board, registered nursing care and special equipment & supplies on a standby basis	100%*
Other Expenses Anesthetics and their administration, x-ray services, lab tests & services, blood & blood plasma not replaced by donors, oxygen, use of radium & radioactive isotopes, chemotherapy, preventive mammography & cytologic screening and prescription drugs	100%*
Psychiatric, mental, nervous or emotional disorders, alcoholism, or drug addiction while **not** hospitalized	up to $100 per visit ($5,000 lifetime maximum)

*100% of covered reasonable and customary charges

SUMMARY

Benefit	Amount Paid
Physicians' Fees Diagnosis, treatment, surgery	100%*
Pregnancy & Complications Of Pregnancy Regular benefits apply	100%*
Private Duty Nursing Medically necessary and given by a registered or licensed practical nurse	up to $120 per 8-hour shift, not to exceed $360 per day ($35,000 lifetime maximum while insured)
Physiotherapy (by a licensed physiotherapist)	100%*
Care in a Convalescent Home (due to a non-job related injury or sickness which required hospitalization)	up to $500 per week ($78,000 lifetime maximum while insured)
Home Health Care Part-time or intermittent home nursing care/home health aide services; occupational, speech & respiratory therapy, medical social work, and special meals & nutritional services (must be in lieu of confinement in a hospital or skilled nursing facility and set up and approved by your physician and a home health care agency.)	up to 100 visits per calendar year (Each visit by a member of a home health care team will be considered one home health care visit. 4 hours of home health aide services care visit will be considered one home health care visit)
Hospice Care	up to 210 consecutive days of confinement per benefit period & 5 visits per benefit period for bereavement counseling to the family
Dental Care Limitation Charges for dental care, treatment or surgery if such charges result from a non-job related injury to your natural teeth, the injury is caused by an accident that occurs while the person is insured and such charges are rendered within 12 months of the accident or they are made by a hospital while the person is insured.	100%*
TMJ (temporomandibular joint dysfunction): charges except for crowns or bridgework	100%*
Eye Care Limitation Charges for eye exams to prescribe or fit corrective lenses for eyeglasses if such charges result from a non-job related injury and the injury is caused by an accident that occurs while the person is insured	100%*
Cosmetic Treatment or Surgery Limitation Charges that result from a non-job related injury or sickness or charges that result from a congenital disease or anomaly of a dependent child that results in a functional defect	100%*
Prescription Drugs	100%*
Medical Equipment Charges to buy, rent, repair or maintain artificial limbs, crutches, wheel chairs and other medical equipment, appliances & supplies	100%*

*100% of covered reasonable and customary charges

Other Features & Options

Common Accidents

If two or more insured members of your family are injured in the same accident, the following will apply:

- The covered charges incurred by each person due to the accident will be combined.
- If the total exceeds one deductible amount, no further deductible will be required for each person for any injury caused by the accident.

Medicare Parts A & B

If you are a medicare beneficiary, pays as if Medicare is your basic plan.

Conversion of Coverage

If your insurance ends for any reason other than failure to pay the premiums, you, your spouse and dependent children may buy an individual policy of medical care insurance from United States Life within 31 days after insurance ends. Evidence of insurability will **not** be required.

Continuation of Coverage

If you die, your insured dependents may continue their medical care insurance, provided the group policy remains in effect and your dependents remain eligible and pay their premiums when due.

Insurance for a dependent child may be continued past the age limit if he/she cannot support himself/herself because he/she is mentally or physically handicapped. Premium payment will be required. Proof of handicap must be provided.

Quarterly Premium Rates

PLAN I — $25,000 Deductible

Age	Member Only	Member & Spouse	Member & Child	Member & Family
Under 40	$ 20.50	$ 41.00	$ 45.00	$ 65.50
40-49	41.10	82.20	65.60	106.70
50-59	66.60	133.20	91.10	157.70
60-64	101.30	202.60	125.80	227.10
65-69	112.50	225.00	137.00	249.50
70-74	121.80	243.60	146.30	268.10
75-79	142.90	285.80	167.40	310.30
80-84	164.40	328.80	188.90	353.30
85-89	189.00	378.00	213.50	402.50
90+	217.40	434.80	241.90	459.30

PLAN II — $50,000 Deductible

Age	Member Only	Member & Spouse	Member & Child	Member & Family
Under 40	$15.40	$30.80	$33.80	$49.20
40-49	30.80	61.60	49.20	80.00
50-59	49.90	99.80	68.30	118.20
60-64	75.90	151.80	94.30	170.20
65-69	84.40	168.80	102.80	187.20
70-74	91.30	182.60	109.70	201.00
75-79	107.20	214.40	125.60	232.80
80-84	123.30	246.60	141.70	265.00
85-89	141.80	283.60	160.20	302.00
90+	163.10	326.20	181.50	344.60

PLAN III — $100,000 Deductible

Age	Member Only	Member & Spouse	Member & Child	Member & Family
Under 40	$9.90	$19.80	$21.73	$31.64
40-49	19.80	39.61	31.64	51.44
50-59	32.09	64.17	43.92	76.00
60-64	48.80	97.61	60.63	109.44
65-69	54.27	108.54	66.10	120.37
70-74	58.71	117.41	70.54	129.24
75-79	68.93	137.86	80.76	149.69
80-84	79.28	158.56	91.11	170.40
85-89	91.18	182.35	103.01	194.19
90+	104.87	209.75	116.70	221.58

For more information, please call:

1-888-294-0028

Monday through Friday
8:00 a.m. to 4:30 p.m., CT

Premium rates are based on member age on the effective date of coverage. Rates change on the next premium due date following the date the member attains age 40, 50, 60, 65, 70, 75, 80, 85, and 90.

Spouse and child(ren) rates are based on member age.

Future benefits and premium rates are subject to change by agreement between the AICPA and The United States Life Insurance Company in the City of New York.

Don't let medical expenses reduce your savings and assets. Take advantage of these group rates and apply for the AICPA Group Catastrophe Major Medical Insurance Plan today!

Explanation of Benefits

How This Plan Works

The AICPA Group Catastrophe Major Medical Insurance Plan works two ways. Once you satisfy your deductible for the Plan, it covers your eligible reasonable and customary medical expenses that may be limited or not covered by your basic health plan.

Or, if your basic health insurance requires you to use a network, you can go outside the network, and the AICPA Group Catastrophe Major Medical Insurance Plan will cover those eligible expenses once you reach your deductible.

Basic Plan

Basic Plan means a plan that provides benefits or services on a primary basis for, or by reason of, hospital, surgical, or medical treatment. The basic plan must provide benefits at least as great as the following: semi-private room and board of $300 per day for 70 days; $25,000 for extra services; a $5,000 surgical schedule; and a lifetime maximum benefit of $1,000,000.

Medicare parts A and B qualify as a basic health insurance plan.

Deductible

Once you satisfy your deductible — the greater of the benefits paid by your basic plan or $25,000 for Plan I, $50,000 for Plan II, or $100,000 for Plan III — the AICPA Group Catastrophe Major Medical Insurance Plan will pay up to 100% of all reasonable and customary covered charges until you meet the maximum of $2,000,000 for each benefit period.

You can use covered expenses paid by your basic health insurance or Medicare to meet this deductible.

You can use hospital and doctor bills, home health care costs, and other medical expenses.

Accumulation Period

You have 36 consecutive months to accumulate covered medical expenses in order to satisfy your deductible.

Benefit Period

Benefits are payable starting on the date you incur charges for an injury or sickness in excess of the deductible. The benefit period will begin on the date on which the first covered charge is incurred that is used to satisfy the deductible during the deductible accumulation period.

Once you satisfy your deductible, the AICPA Group Catastrophe Major Medical Insurance Plan will pay benefits until one of the following occurs:

- The applicable maximum benefit has been paid
- The benefit period ends (five years)
- 12 consecutive months pass during which no charge is incurred for an injury or sickness

A new deductible will be required when the benefit period expires.

Convalescent Home Care

If you need care in a convalescent home (skilled nursing facility) due to a non-job related injury or sickness, you may collect up to $500 a week ($78,000 while insured). Confinement must begin within 14 days after hospitalization ends and must be due to the injury or sickness which required the hospitalization.

NOTE: CONVALESCENT HOME means a licensed institution that has on its premises: organized facilities to care for and treat its patients, a staff of physicians to supervise such care and treatment, and a registered nurse on duty at all times.

"Convalescent home" does not mean a place, or part of one, which is used mainly for: the aged, alcoholics; drug addicts, persons with mental, nervous or emotional disorders.

Nursing Care

Charges for medically necessary private duty nursing must be made by a registered nurse or a licensed practical nurse who is not a member of your immediate family or household.

Psychiatric, Mental, Nervous or Emotional Disorder, Alcohol or Drug Abuse Treatment

If you receive care while hospitalized, you will be eligible for benefits up to an amount equal to your deductible while insured, which is either $25,000, $50,000 or $100,000, depending on the plan option you select.

Charges Not Covered

Charges to buy or rent air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, eye glass frames or lenses, hearing aids, swimming pools or supplies for them, or general exercise equipment will not be covered.

Charges for a routine physical exam, except charges for preventive mammography and cytologic screening will not be covered.

If you are not covered under a basic plan at time of claim, the following charges will not be covered: hospital charges incurred during the first 70 days of each confinement; the first $10,000 of charges for chemotherapy, radiation therapy, physical therapy, or speech therapy that would otherwise be covered; the first $50,000 of charges for physician services that would otherwise be covered; and the first $2,500 of charges for prescription drugs while not hospitalized that would otherwise be covered.

Pre-existing Conditions

A pre-existing condition is any injury or sickness for which you incurred charges, received medical treatment, consulted a physician, or took prescription drugs during the 12-month period prior to the day your insurance becomes effective.

Pre-existing conditions are not covered unless you have gone 12 continuous months (while insured) without incurring charges, receiving medical treatment, consulting a physician, or taking prescribed drugs for such conditions or any complication of it, or until your coverage has been in force for 24 continuous months, whichever comes first.

Limitations

Benefits will be paid for covered charges incurred for the following medical only to the extent described: Charges for dental care, treatment or surgery will be covered only if such charges result from a non-job related injury to natural teeth, the injury is caused by an accident which occurs while insured, and such services are rendered within 12 months of the accident or they are made by a hospital while hospitalized. Charges incurred for treatment for temporomandibular joint dysfunction (TMJ) services will be covered, except for those charges for crowns or bridgework. Charges incurred for eye exams to prescribe or fit corrective lenses for eye glasses will be covered only if such charges result from a non-job related injury and the injury is caused by an accident which occurs while insured. Charges incurred for cosmetic treatment or surgery will be covered only if such charges result from a non-job related injury or sickness or a congenital disease or anomaly of a dependent child resulting in a functional defect.

Explanation of Benefits…continued

Exclusions

No medical care benefits will be paid by the group policy for charges incurred for treatment which: results from a war or an act of war; results from intentionally self-inflicted injury; is given by a member's spouse or his or his spouse's father, mother, son, daughter, brother, or sister; is given by a person's employer or an employee of such employer; is given after a person's insurance ends, regardless of when the sickness or injury occurred; is not essential for the necessary care or treatment of the injury or sickness involved; or would be given free of charge if the person weren't insured.

Filing a Claim

You will file all claims directly with the insurance company. Once they have all the information they need from you, they will take care of all the paperwork and coordination of benefits, etc. You will receive payment for eligible claims directly from the insurance company, unless you choose to assign benefits to the healthcare provider.

Frequently Asked Questions

Does this plan duplicate my basic health insurance?

No. This plan complements your basic health insurance by paying benefits for your eligible reasonable and customary medical expenses after you reach your deductible for this plan.

This plan also provides you benefits for hospital and doctor expenses if you go out of your network of providers.

Why would I really need this coverage?

Many people don't realize that they have limits on the benefits their basic health insurance will pay. One catastrophic sickness or injury can deplete basic benefits very quickly. After that, you must pay all of your medical expenses out of your own pocket.

If you don't want to risk losing your savings and assets — you should consider this additional coverage.

What are the eligibility requirements?

You may apply for this plan if you are a member in good standing of the AICPA with a basic health insurance plan or are covered by Medicare Parts A and B.

Do I have to take a physical exam?

Not usually. In most cases, all you have to do is attest to a health statement that is on the enclosed application.

(The issuance of your Certificate of Insurance or payment of benefits may depend upon the answers you give in your application and the truthfulness of those answers.) Pre-existing conditions limitation may apply.

Can I cover my spouse and children?

Yes. You can cover your lawful spouse and/or all your unmarried children under age 30, as long as they are also covered under a basic health insurance plan or by Medicare Parts A and B.

(Subject to state variations). If you don't have coverage for children, a newborn will be covered automatically for 31 days after birth. To continue this coverage, simply notify us in writing within 31 days of the birth, and pay the additional premium.

What's the difference between Plan I, Plan II, and Plan III?

The only difference between plan options is the deductible amount, the rates and the maximum benefit amount for psychiatric, mental, nervous or emotional disorders, alcoholism, or drug addiction hospital expenses. Otherwise, all provisions and benefits are the same.

When will my coverage become effective?

Your insurance will become effective on the 1st day of the month after your application is approved, as long as you pay your initial premium within 30 days of your effective date.

You and your dependents, if applying, must be able to perform the normal activities of a person of like age and sex with a like occupation or retired status on the date your insurance takes effect. If you are not, your insurance will take effect on the day you resume such activities.

Can I use any hospital or doctor I want?

Yes. There are no network limitations.

How will my benefits be paid?

Any benefits you receive will be sent directly to you from the insurance company. You can then use them however you wish to pay your bills. You also have the option to assign benefits to the health provider.

When will my coverage end?

You can keep this coverage regardless of age, as long as you pay your premiums when due, the master group policy remains in force and you continue to be a member in good standing with AICPA. Insurance for your dependent spouse and children, if applying, will end if your insurance ends, if dependents' insurance ends under the group policy, when the person ceases to be a dependent; or if premiums are not paid for the dependent when due.

What if I'm not sure I want this coverage?

You may still apply. If you change your mind after you receive your Certificate of Insurance, simply send it back within 30 days. Any premiums you have paid will be refunded in full.

How do I apply?

Application is easy. Simply:

1. Determine which deductible plan you want.
2. Complete and sign your application.
3. Mail your completed application with a check for your first quarterly premium in the enclosed, postage-paid envelope. Please make your check payable to: **NEBCO**

Don't let medical expenses deplete your savings and assets... Help protect your future and your family, and apply for the AICPA Group Catastrophe Major Medical Insurance Plan today!

MIB DISCLOSURE NOTICE (Retain for your records)

Information regarding your insurability will be treated as confidential. The United States Life Insurance Company in the City of New York or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866 692-6901 (TTY 866 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. The United States Life Insurance Company in the City of New York, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Note: Canadian Members should continue to use the following address: 330 University Avenue, Suite 501, Toronto, Ontario, Canada, M5G 1R7, tel. no. 416-597-0590.

Notice Regarding High Deductible Health Plans and Health Savings Accounts

Based on current Internal Revenue Code related to Health Savings Account (HSA) eligibility, Catastrophic Major Medical Insurance would disqualify an individual from HSA eligibility. To be eligible to contribute to an HSA account, an individual must be covered by a High Deductible Health Plan (HDHP) but cannot be covered by any other health insurance that is not an HDHP. HSA eligibility criteria can be traced to Section 223 of the IRC, specifically 223(c)(1)(B) where it itemizes coverage that can be disregarded for purposes of the deductible. For more information on the Internal Revenue Code and Health Savings Account eligibility visit: www.irs.gov

Before You Buy This Insurance:

If you currently have a Catastrophic Major Medical Insurance Plan, you should consider the information above if you are considering, now or in the future, enrollment in an HDHP with an HSA.

If you currently have an HDHP with an HSA, you would no longer be eligible for the HSA if you purchase a Catastrophic Major Medical Insurance Plan.

This information is being provided to assist in the explanation of coverage implications to members based on the AICPA Insurance Program providers understanding and interpretation of the regulations as of August 1, 2007. Any person who is considering an HSA should consult their personal tax advisor.

Questions?

Call Toll Free: **1-888-294-0028**

Monday through Friday
8:00 a.m. to 4:30 p.m., CT

www.cpai.com

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Irving, TX 75015-9955

This brochure is a brief summary of some of the principal provisions of the Catastrophe Major Medical Insurance Plan offered by the AICPA to its members. It is not to be considered a contract of insurance and is subject to the terms, conditions, exclusions, and limitations of the Group Policy E-183,510, Form No. G-19000. Coverage may vary or may not be available in all states.

This AICPA Group Catastrophe Major Medical Insurance Plan is underwritten by: The United States Life Insurance Company in the City of New York.

The underwriting risks, financial and contractual obligations and support functions associated with products issued by The United States Life Insurance Company in the City of New York (United States Life) are its responsibility.

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