

### HOW DOES THE PLAN WORK AND WHY WOULD I NEED IT?

Getting the very best care for a life threatening non-job related injury or sickness is important. With catastrophic major medical insurance coverage, you may receive up to \$2,000,000 of insurance protection above and beyond your basic health insurance coverage.

### HOW DO I GET STARTED?

All active members in good standing and lawful spouses are eligible for coverage. Unmarried, dependent children under 21 years of age (27 if a full-time student) are eligible for coverage under this plan (subject to state variations). Proposed insureds must have a basic health plan, which provides 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; a lifetime maximum benefit of \$1,000,000; or Medicare Parts A & B. If not, you do not qualify for this coverage. Coverage for you and your dependents will take effect on the first day of the month following the date your application is approved by the insurance company and your initial premium is received. A member or dependent must be able to perform the normal activities of a person of like age and sex, with like occupation or retired status on the date insurance is to take effect. If the member or dependents are not, such insurance will take effect on the day the member or dependents resume such activities. The effective date will be shown on your certificate of insurance schedule.

### HOW DO I RENEW MY COVERAGE?

You can continue your coverage for as long as you want, regardless of your age, as long as you remain a member, pay your premiums when due and the Group Policy remains in force.

Coverage for your spouse and dependent children will continue until your insurance ends, dependents' insurance ends under the group policy, they cease to be a dependent, or premium is not paid when due, whichever occurs first. Even if you die, your insured spouse and dependent children can continue coverage as long as they remain eligible; the group policy remains in force; and premiums are paid when due.

### COMMON ACCIDENT BENEFIT

If more than one insured family member is injured in the same accident, or contracts the same contagious disease within 30 days, only one deductible will be applied and each insured family member will then be eligible for benefits.

### BENEFITS

This plan pays up to 100% of the following reasonable and customary expenses after your deductible is satisfied (choose either \$35,000 or \$50,000 deductible):

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Daily Hospital Room and Board Charges - up to \$500/day</li> <li>• Miscellaneous Hospital Services and supplies</li> <li>• Intensive Care up to \$1,000/day</li> <li>• Doctors' fee for diagnosis, treatment or surgery; treatment by a licensed physiotherapist</li> <li>• Private Duty Nursing services of registered or licensed practical nurses where medically necessary - up to \$300/day - or up to \$30,000 per benefit period</li> <li>• Surgery</li> <li>• Oxygen</li> <li>• Rental of equipment such as wheelchairs or hospital beds</li> <li>• Prescription drugs and medications</li> <li>• Anesthetic and its administration</li> <li>• Ambulance service</li> <li>• Blood and blood plasma; artificial limbs and eyes; surgical dressings, casts, splints, braces &amp; crutches</li> <li>• Diagnostic tests, x-rays and laboratory fees</li> <li>• Radiation and chemotherapy</li> </ul> | <ul style="list-style-type: none"> <li>• Dental Care, treatment or surgery only as the result of a non-job related accidental injury to natural teeth within 12 months of an accident which occurs while insured</li> <li>• Convalescent facility benefit up to \$300/week for confinement beginning within 14 days after hospital confinement and due to the same injury or sickness which required the confinement; lifetime maximum of \$46,800</li> <li>• Home Health Care up to 100 visits per benefit period</li> <li>• Hospice Care benefit up to 210 consecutive days of confinement per benefit period</li> <li>• Inpatient hospital charges for psychiatric, mental nervous or emotional disorders, alcoholism and drug addiction up to \$35,000 maximum lifetime benefit.</li> <li>• Alcoholism and drug addiction charges incurred while the person is not hospitalized if:             <ul style="list-style-type: none"> <li>– Benefits for such charges are mandated by the state in which the member is a resident, and</li> <li>– Such charges are made by persons or facilities licensed, approved or authorized to make such charges</li> </ul> </li> </ul> |
|--|--|

### PRE-EXISTING CONDITIONS

A pre-existing condition means any sickness or injury for which a person incurred charges; received medical treatment; consulted a physician; or took prescribed drugs within 12 months before he or she became insured under a given benefit section of the group policy. No charges incurred for a pre-existing condition will be considered covered charges until the insured has not incurred charges, received medical treatment, consulted a physician, or taken prescribed drugs for such condition or any complication of it for 12 continuous months, while insured; or the person stays insured under such benefit section for 24 continuous months. Pregnancy that exists on the effective date is also a pre-existing condition.

### IS IT EXPENSIVE?

The deductible feature helps keep your premiums economical. You have a choice of \$35,000 or \$50,000 deductible amounts, which apply separately to each person.

Your deductible is the greater of all benefits paid by your basic plan(s) (as defined by the group policy), or your elected cash deductible amount. The deductible can be satisfied within any consecutive 24-month period. When your deductible is satisfied, the plan pays for non-

job related injuries or sicknesses up to 100% of all reasonable and customary charges for the duration of the 4-year benefit period, up to a lifetime maximum of \$2,000,000. When the benefit period ends, a new deductible must be satisfied.

**MONTHLY PREMIUM RATES**

**\$35,000 DEDUCTIBLE**

AGE	MEMBER	MEMBER SPOUSE	MEMBER CHILD	FAMILY
Under 40	\$13.32	\$26.64	\$36.18	\$49.50
40 - 49	20.34	40.68	43.20	63.54
50 - 59	35.64	71.28	55.26	90.90
60 - 64	44.28	88.56	56.70	100.98
65 and Over	30.78	61.56	40.14	70.92

**\$50,000 DEDUCTIBLE**

AGE	MEMBER	MEMBER SPOUSE	MEMBER CHILD	FAMILY
Under 40	\$9.36	\$18.72	\$25.38	\$34.72
40 - 49	14.22	28.44	30.24	44.46
50 - 59	24.84	49.68	38.52	63.36
60 - 64	31.14	62.28	39.78	70.92
65 and Over	21.78	43.56	28.44	50.22

To calculate annual, semiannual, or quarterly rates, multiply rates shown by 12, 6 or 3, respectively. A \$1.00 per month administrative fee will be added to all bills. If you wish to pay monthly, your premiums must be deducted automatically from your checking account. Please complete the Automatic Payment Option Form and return it with your enrollment form.

**EXCLUSIONS AND LIMITATIONS**

No medical care benefits will be paid for treatment which would be given free of charge if the person was not insured; results from a war or an act of war; intentionally self-inflicted injury; job-related injuries or sickness for which a person is entitled to benefits from a Workers' Compensation or similar law; treatment given by a person's spouse or his or her spouse's father, mother, son, daughter, brother or sister; treatment is given by a person's employer or an employee of such employer; or is not essential for the necessary care or treatment of the injury or sickness involved. Limited benefits are payable for: dental care, treatment or surgery; treatment of temporomandibular joint dysfunction (TMJ); eye exams; cosmetic treatment or surgery; treatment of alcoholism and drug addiction; or treatment for psychiatric, mental, nervous or emotional disorders. No benefit is payable unless the expense is incurred while you are insured, and upon the recommendation of a legally qualified physician who is treating the sickness or injury.

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, general exercise equipment, and charges for a routine physical exam, except charges for preventative mammography and cytologic screening would not be covered.

**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 or persons with mental, nervous or emotional disorders.

Charges incurred after a person's insurance ends, regardless of when the injury or sickness occurred. However, medical care benefits may be provided in the Benefits After Insurance Ends provision of a given benefit section in the Certificate of Insurance.

For persons who 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 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.

**HELP SECURE YOUR FUTURE**

To apply for this coverage, complete the enclosed application form, sign, date and return it with your first modal premium check made payable to Selman & Company:

ACerS Members' Insurance Program  
6110 Parkland Boulevard  
Cleveland, Ohio 44124

Questions? Call us toll-free at: 1-800-556-7614  
Or e-mail us at [enrollment@selmaninsurance.com](mailto:enrollment@selmaninsurance.com)

**THE ADMINISTRATOR**



For more than 30 years, associations across the country have looked to Selman & Company for specialized insurance protection. As the

administrator for your endorsed insurance plan, our responsibilities are to provide you with a strong valuable plan of benefits, competitive rates and the personal service you require.

*This brochure is a summary of benefits only and is subject to the terms, conditions, limitations and exclusions of Group Policy Number E-233-701, Form Number G-19000. Coverage may vary and may not be available in all states.*

**THE UNDERWRITER**



The most prominent independent ratings agencies continue to recognize The United State Life Insurance

Company in the City of New York, a member company of American International Group, Inc., in terms of insurer financial strength. For current insurer financial strength ratings, please consult the Web site at [www.aigag.com/ratings](http://www.aigag.com/ratings).

**30-DAY FREE LOOK**

Once you receive your certificate of insurance, if you're not 100% satisfied within the first 30 days, we'll send you a full refund of any premiums paid during that period and your certificate will be considered never issued. You will be under no further obligation.

This plan is underwritten by The United States Life Insurance Company in the City of New York, a member company of American International Group, Inc.

The underwriting risks, financial obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York are solely its responsibility. The United States Life Insurance Company in the City of New York is responsible for its own financial condition and contractual obligations.