



Unified National Health



Limited Benefit Health Insurance Plans For Individuals and Families

100% Guaranteed Coverage for Individuals and Families
who Cannot afford or Qualify for Full Comprehensive Medical Plans

Instant Issue

Underwritten by Unified Life Insurance Company (B++)
NCE Membership Exclusively Offered through National Congress of Employers Association

Monthly Membership			
	200	200+	
Individual	\$93.00	\$125.00	
Individual plus Spouse	\$142.00	\$207.00	
Individual plus Child (1)	\$133.00	\$191.00	
Family (Unlimited family members)	\$177.00	\$265.00	
<p align="center">Monthly Membership – Does not include one-time association enrollment fee <i>Effective dates are available either on the 1st or 15th of the month. Initial premium draft inclusive of the non-refundable one-time enrollment fee is processed the day of enrollment. Future drafts occur on the 20th of each month (for 1st effective dates) and the 5th of each month (for 15th effective dates). Please make sure you have sufficient funds before you enroll. Credit cards and bank automatic draft is available. Rates above do not include an association one-time non-refundable enrollment fee, which is available at the time of enrollment.</i></p> <p align="center">LIMITED MEDICAL BENEFIT PLANS This is a limited insurance policy. Policy #ULI0012011</p>			
Benefits are based on an annual period from effective date. There is a 30 day waiting period for all sickness benefits.	Benefit Description (per Insured)	200	200+
Doctor's Office Visit (Primary Care or Specialist) The carrier will pay the benefit shown if you incur charges for and require a doctor's office visit due to injuries received in an accident or due to an illness.	Per Visit	\$50	\$50
	Maximum Visits (Primary and Specialty Care Visits Combined)	5	5
Emergency Room The carrier will pay the benefit shown when an emergency room visit is made due to an accident or illness.	Per Visit	\$50	\$50
	Maximum Visits	1	2
Hospital Confinement The carrier will pay the benefit shown if you incur charges for and are confined in a hospital due to accident or sickness.	Per Day	\$200	\$200
	Maximum Days	30	30
Surgery Benefit and Anesthesia (Inpatient and Outpatient) The carrier will pay the benefit shown if you undergo a surgical procedure due to an accident or illness. Reimbursements are based on the 2010 Medicare/RBRVS benefit schedule.:	RBRVS Maximum Procedures per Coverage Period	n/a	50% 3
	Anesthesia Percentage of amount paid to Surgeon	n/a	20% 3
Diagnostic X-ray & Laboratory Tests Benefits (including interpretation) Basic Pathology Benefit Basic Radiology Benefit Advance Studies Benefit	Per Day	N/A	\$50
	Maximum Benefits for all Diagnostic X-Ray and Laboratory Benefits		3 Days per Coverage year
Wellness Office Visit Benefit Coverage for routine examination or well child care. Covered services include: medical history, immunizations, physical examination, X-rays and laboratory tests including a Pap test, colorectal screening, prostate cancer screening, mammography and bone density screening.	Per Visit	N/A	\$50
	Maximum Visit	N/A	1
Accidental Death Benefit: Spouse and Child(ren) Accidental Death Principal Sum as a percentage of Primary Insured	Accidental Death Principal Sum for Insured	\$10,000	\$10,000
Loss Period Loss within 90 days from the date of the Accident	Accidental Death for Spouse	50%	50%
	Accidental Death for Child(ren)	25%	25%

NCE Membership Benefits

NCE Membership Benefits - There are no waiting periods or pre-existing condition limitations on membership benefits!

- Medical PPO Discount through MultiPlan
- Vision Care
- Dental Care
- Hearing
- Wellness
- Alternative Care
- Infertility Treatment

See any Doctor

You are free to see any doctor you choose but your coverage goes further if you select a participating Preferred Network Provider and take full advantage of the pre-negotiated network rates to reduce your medical bills before the insurance benefits applied. Even if you elect to see a Non-Network Provider, the full insured benefit amount will still be applied to the bill for covered charges, but without the network rate.

MultiPlan Provider Network Discounts

As an NCE Association member, you will enjoy the savings you will receive when you use a MultiPlan provider.

If there is a benefit that is not covered under the limited medical plan, or if you have exhausted your benefits for the policy year, and you use a network provider, your claims are re-priced, therefore "reducing" your out-of-pocket costs.

All plans pay the same dollar amounts whether or not the network is utilized, and there is no reduction in benefits. Simply present the NCE Member ID card at the time of service. The provider will send the claim direct to the carrier's claims department (payor) for re-pricing and benefit payments.

Practitioners in all 50 states!

- Doctors and Physicians (includes specialists)
- Hospitals or Surgical Centers (IN/OUT)
- Clinics and Specialty Centers
- Laboratories and Imaging Centers
- Look up MultiPlan providers on line at <http://www.multiplan.com/search/search-2.cfm?originator=84466>

Membership Eligibility Information

The Limited Benefit Health Insurance Plan is provided to eligible members of National Congress of Employers (NCE) Association who are under age 65 and not Medicare eligible.

Spouses and dependent children up to age 26 if a full time student.

Coverage cannot be issued to a child only (under age 18).

Limited Medical Policy Exclusions and Limitations

Waiting Period For Sickness - Loss caused by or relating to Sickness will not be covered for this first 30 days after the Certificate Effective Date of each Covered Person.

We will not pay benefits for treatment, services or supplies which:

Are not Medically Necessary;

Are not prescribed by a Doctor as necessary to treat Sickness or injury;

Are experimental/investigational in nature, except as required by law;

Are received without charge or legal obligation to pay; or

Is provided by an immediate family member.

Additional Limitations and Exclusions:

Except as specifically provided for in this Policy or any attached Riders, We will not pay benefits for Sickness or injuries that are caused by:

Dental Procedures – Dental care or treatment except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly.

Elective Procedures and Cosmetic Surgery – Cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.

Felony or Illegal Occupation Commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

Manipulations of the Musculoskeletal System –care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

Policy maximum limits are based on plan year effective date.

Suicide or Injuries Which Any Covered Person Intentionally Does to Himself- suicide, attempted suicide or intentionally self-inflicted injury.

War or Act of War. War or act of war (whether declared or undeclared; participation in a felony, riot or insurrection; service in the Armed Forces or units auxiliary thereto. Losses as a result of acts of terrorism committed by individuals or groups will not be excluded from coverage unless the Covered Person who suffered the loss committed the act of terrorism.

Work-related Injury or Sickness. Work-related Injury or Sickness, whether or not benefits are payable under any state or federal Workers' Compensation, employer's liability or occupational disease law or similar law.

Pregnancy

Pre-existing Condition Limitation:

There is no coverage for a pre-existing condition for a continuous period of 12 months following the effective date of coverage under this Policy.

This limitation does not apply to:

genetic information in the absence of a diagnosis of the condition related to such information; and

a newborn child who is enrolled in the plan within 31 days after birth; nor to a child who is adopted or placed for adoption before attaining 18 years of age; and as of the last day of the 31-day period beginning on the date of birth, adoption or placement for adoption, is covered under creditable coverage.

This insurance is not major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. The plan limitations are disclosed in the certificate of coverage provided in the fulfillment kit. The Limited benefit plan has a pre-existing condition limitation. A pre-existing condition, physical or mental, regardless of cause or condition, for which medical advice, diagnosis, care or treatment was recommended or received from a physician within a 12 month period preceding the effective date of covered person. Plans are not available in all states. Check the state availability on the website. Certain provisions of the plan vary by state. There is a 30 day free look period.

Always refer to the policy for full definitions of benefits and eligible expenses. You will receive the policies in your fulfillment package.

Call your insurance agent today to enroll!