

Ohio Basic and Standard Policies – Plan Overview

- Available through Independence American Insurance Company



This Plan Overview provides a brief description of the important features of the Basic and Standard Policies. This is not the insurance contract and only the actual policies will control. The policies themselves set forth the rights and obligations of both you and your insurance company.

The Basic and Standard Policies cover specific charges a covered person incurs in connection with the treatment of an injury or sickness if the charges are: (a) medically necessary; (b) usual and reasonable; (c) authorized by a physician; (d) incurred while the policy is in force, and (e) not excluded or limited by exclusions and limitations from coverage. Covered charges are subject to the deductibles, coinsurance and the limitations and maximums as specified in the Policy.

Summary of Plan Benefits and Limitations – Per Covered Person

	Basic Plan	Standard Plan
Maximum Benefit	\$50,000 calendar year maximum	\$1 million lifetime maximum
Calendar Year Deductible (There is no family deductible)	\$1,000	\$750
Emergency Room Deductible, per visit This deductible is in addition to the calendar year deductible. The emergency room deductible is waived if hospital admission for a covered stay immediately follows the emergency room visit.	\$75	\$75
Hospitalization Deductible, per hospitalization not precertified This deductible is in addition to the calendar year deductible.	\$500	\$500
Coinsurance This is the percentage of covered charges paid by the plan after satisfaction of the deductible.	50%	70%
Out-of-Pocket The out-of-pocket is the maximum amount each covered person must satisfy before the plan will pay 100% of covered charges for the remainder of the calendar year. The calendar year, emergency room or non-precertified hospitalization deductibles do not apply toward the out-of-pocket amount. There is no family out-of-pocket maximum.	\$5,000	\$5,000
Mental and Nervous Disorders, Alcoholism and Drug Addiction		
Lifetime maximum benefit	\$5,000	\$10,000
Inpatient calendar year maximum benefit	\$2,000	\$2,000
Outpatient calendar year maximum benefit	\$550	\$550
Covered charge per visit	\$50	\$50
Maternity and Routine Nursery Care Maximum benefit for both mother and newborn combined, per occurrence (Complications of pregnancy covered on the same basis as other covered sickness)	No coverage	\$3,000
Organ Transplant Lifetime Maximum	\$100,000	
Spinal Manipulation Maximum of 10 visits per calendar year	\$25 benefit per visit	
Outpatient Physical Therapy Maximum of 20 visits per calendar year	\$40 benefit per visit	
Child Health Supervision Services Calendar year maximum		
Birth to age one	\$500, includes maximum benefit of \$75 for one hearing screening	
Age one through age eight	\$150	
Outpatient Prescription Drugs Calendar year maximum benefit	\$2,500	
Specialty Care Facilities (Skilled Nursing Facility, Convalescent Home, Extended Care Facility, Home Health Care, Hospice Care) Calendar year maximum benefit	\$5,000	

Basic and Standard Plans' Exclusions

No benefits will be paid for charges:

1. For transportation, except local, to or from a hospital, by professional ground ambulance service, except as provided under the policy.
2. For normal childbirth, normal pregnancy or routine nursery care, elective cesarean section or voluntary induced abortion, except maternity and routine nursery care is covered under the Standard Plan up to the combined benefit maximum.
3. For fertility or infertility studies, diagnostic testing, advice, consultation, examination, medication, or for any treatment related to or connected in any way with the restoration or enhancement of fertility or the inability to conceive or conception by artificial means, including, but not limited to, in-vitro fertilization or embryo transfer.
4. For replacement of artificial limbs and artificial eyes.
5. For blood or blood plasma which has been replaced.
6. For donation of any body organ by a covered person.
7. For services performed by a person who ordinarily resides in the covered person's home or is a close relative of the covered person.
8. For any cosmetic surgery, unless required to restore a body part that has been altered due to bodily injury, surgery or sickness that occurred while insured by the policy and for which benefits were paid under the policy.
9. For custodial care.
10. Applied to a deductible or coinsurance.
11. For services or treatment: (a) not prescribed by a physician; or (b) not listed in the policy as a covered charge.
12. Due to bodily injury or sickness arising out of, or in the course of, employment for wages or profit.
13. For charges incurred after insurance terminates.
14. For treatment or services that are experimental or investigational.
15. For eye refractions, eye glasses, or contact lens, including fittings and examinations, or eye surgery, when the primary purpose is to correct myopia (nearsightedness), hyperopia (farsightedness) or astigmatism (blurring), including, but not limited to radial keratotomy.
16. For treatment, services or supplies furnished by a department or agency of the United States government. This will not apply to a non-service connected bodily injury or sickness of a veteran of the United States armed forces.
17. For services and supplies eligible for payment by a government or charitable program, except as required by law.
18. For hearing aids, including fittings and examinations.
19. That are not medically necessary for care or treatment of a bodily injury or sickness.
20. That would not have been made if no insurance existed.
21. For recreational or educational therapy or vocational rehabilitation.
22. Except as allowed under covered charges subject to limitations, for speech or occupational therapy and related diagnostic testing if the therapy or testing is in connection with or related in any way to the treatment of a learning disability, speech impediment, or developmental delay even though therapy is recommended due to organic dysfunction, including, but not limited to, congenital deformity or birth trauma.
23. For which the covered person is not legally obliged to pay.
24. For treatment or services which are not generally accepted medical practices in the United States for a given bodily injury or sickness.
25. For treatment of obesity, morbid obesity or for weight reduction purposes.
26. For bodily injury or sickness due to participation in any assault, unlawful act, strike, civil disorder or riot.
27. For the treatment of sexual dysfunction or inadequacies, including, but not limited to, impotence and the implantation of a penile prosthesis.
28. For routine physical or premarital examinations except for Child Health Supervision Services Mammography and Cytologic Screening are covered.
29. For charges due to a Pre-Existing Condition until the date a covered person has been insured for twelve (12) consecutive months under the policy. Credit will be given for the time the covered person was covered by a plan of creditable coverage against this pre-existing condition exclusion period if no more than 63 days elapsed between the termination of the covered person's prior creditable coverage and the covered person's enrollment date. This exclusion does not apply to Federally Eligible Individuals.
30. For a private room in excess of room and board charges.
31. In excess of reasonable and customary charges.
32. For services or supplies prohibited by law.
33. For sex changes.
34. For sterilization and reversal of sterilization.
35. Resulting from any suicide, attempted suicide or intentionally self-inflicted bodily injury or sickness while sane or insane unless such act is the result of an underlying medical condition.
36. For examination, treatment or surgery of the teeth, gums or direct supporting structure, except for repair or injury to sound natural teeth, (including their replacement) as a result of an accidental bodily injury which occurs while insured. Treatment must be given within ninety (90) days of the date of the accident.
37. For a bodily injury or sickness caused by an act of war, whether or not declared.

38. For surrogate pregnancy.
39. For surgery of the jaw or for any treatment of temporomandibular joint (TMJ) disorder. Treatment of jaw fractures and removal of tumors of the jaw will not be subject to this exclusion.
40. For the treatment of complications arising from or connected in any way with a surgical or medical treatment or procedure not covered under the terms of this policy, whether or not the covered person was insured under the policy at the time the non-covered treatment or procedure was performed.
41. For foot care due to: (a) treatment of weak, strained or flat feet or instability or imbalance of the foot; or (b) treatment of corn, calluses of the free edge of toenails, except when necessitated for peripheral vascular disease or other Sicknesses of similar medical seriousness.
42. For contraceptives, infertility drugs or growth hormones.

The information in this overview is an outline of the Ohio Basic and Standard Policies' plan provisions and benefits and is not a contract and is not intended to serve as legal interpretation of the benefits which are provided under the Basic policy (IAIC INDBP OH 107) or the Standard policy (IAIC INDSP OH 107). These policies contain the exact provisions governing the insurance contract underwritten by Independence American Insurance Company. Certain terms and conditions apply. Refer to the policies for full details concerning the Policies' provisions, benefits, exclusions, limitations, and eligibility and termination provisions. The Ohio Basic and Standard Policies through Independence American are available on a limited basis to eligible persons.