



Health Essential

Affordable Healthcare Solutions

Guaranteed Issue Limited Benefit Medical insurance presented by Med-Sense Guaranteed Association!

Consider Health Essential Limited Benefit Medical if you:

- Have been declined coverage by an individual major medical plan due to health or occupation
- Cannot afford the cost of an individual major medical because of age, residential area or health history
- Work for an employer that doesn't offer or has reduced employee health benefits
- Need first dollar coverage to fill the deductible and coinsurance gaps on a major medical plan

There are four benefit options with these outstanding features:

- **Guaranteed Issue** for members & their spouse's ages 18 through 64, and dependent children to age 19 or age 25 if attending an accredited school full time
- **\$1,000,000 Lifetime Maximum** per Covered Person
- **U.S. Citizenship not required**, only U.S. residency for 12 consecutive months
- **In-Hospital Daily Indemnity** - Choice of \$500, \$750, \$1,000 or \$1,500 per day
- **Surgery, Anesthesia, Lab, X-Ray, Wellness, Emergency Room and Ambulance** benefits
- **Doctor office visits** - Choice of \$25, \$50 or \$75 per visit benefit
- **\$2,000 Accidental Injury** Medical Benefit
- **\$10,000 Accidental Death and Dismemberment**
- **Choose any doctor or hospital** or access to BeechStreet PPO Network Savings
- **Rx Prescription Drug 4 Tier Card**

Insured Benefits Provided By:

United States
Fire Insurance Company
Part of Crum & Forster group,
Rated "A" by A.M. Best Reports

Exclusively Distributed By:



Health Insurance Innovations
218 E. Bearss Ave. Suite 325, Tampa, Florida 33613
Phone (877)376-5831 Fax (877)376-5832
www.HIIquote.com



This plan is not available in the states of AK, CT, KS, MD, ME and VT.
NJ and NY are available but with different benefits and rates.
Many state options and benefits vary.
HE20090219

Health Essential

Med Sense Guaranteed Association Limited Benefit Medical Insurance Benefits

Benefits Per Covered Person		BASIC 500	PLUS 750	CHOICE 1000	MAX 1500
Policy Limits Per Covered Person	Maximum Yearly Limit	N/A	N/A	N/A	N/A
	Lifetime Maximum	\$1,000,000	\$1,000,000	1,000,0000	\$1,000,000
Waiting Periods	Accidental Injuries	None	None	None	None
	Sickness	30 days	30 Days	30 days	30 days
Pre Existing Conditions Provision*					
Applies to the In-Hospital Daily Benefit, Surgery & Anesthesia		12/12	12/12	12/12	12/12
In Hospital Indemnity	Maximum Amount Per Day	\$500	\$750	\$1,000	\$1,500
	Maximum Days Per Policy Year	31	31	31	31
Surgery	Inpatient Hospital	\$1,000	\$1,500	\$3,000	\$10,000**
	Outpatient Facility	\$1,000	\$750	\$1,500	\$10,000
	Maximum Allowable Surgeries Per Policy Year	1	1	1	1
Anesthesia - Based on 15% of Surg. Max	Inpatient Hospital	N/A	\$225	\$450	\$1,500
	Outpatient Facility	N/A	\$150	\$200	\$1,500
	Maximum Per Policy Year		1	1	1
Doctor Office Visits (Injury or Sickness)					
	Maximum Per Visit	\$25	\$50	\$50	\$75
	Maximum Visits Per Policy Year	5	5	5	5
Doctor Office Visit (Wellness)					
	Maximum Per Visit	N/A	\$50	\$50	\$75
	Maximum Visits Per Policy Year		1	1	1
Diagnostics X-rays, Labs					
	Maximum Per Visit	N/A	\$50	\$50	\$75
	Maximum Visits Per Policy Year		5	5	5
Emergency Room Visits					
	Maximum Per Visit	\$50	\$50	\$50	\$50
	Maximum Visits Per Policy Year	1	1	1	1
Ambulance					
	Maximum Per Visit	\$50	\$50	\$50	\$50
	Maximum Visits Per Policy Year	1	1	1	1
Accidental Injury	Maximum Benefit Amount Per Injury	\$2,000	\$2,000	\$2,000	\$2,000
	Maximum Number of Injuries Per Year	2	2	2	2
	Deductible Per Accident	\$100	\$100	\$100	\$100
	Medical Treatment and Supplies Per Injury				
Accidental Death and Dismemberment					
	Principal Amount	\$10,000	\$10,000	\$10,000	\$10,000
	Covered Spouse	\$5,000	\$5,000	\$5,000	\$5,000
	Covered Dependent	\$2,500	\$2,500	\$2,500	\$2,500

Med Sense Guaranteed Association Membership Benefits (Included With Health Essential)

- Emergency Medical Information Card**
 Wallet size card provides personal medical information in case of emergency.
- Global Fit Fitness Program**
 To help improve member health and well-being you and your family can take advantage of discounts at 1,500 top fitness clubs nationwide.
- Vitamin Discount**
 Nutritional R&D provides a complete line of quality vitamins, nutritional supplements, herbal remedies and health food products at discount prices.
- GymAmerican.com**
 You and your family receive special pricing on the all-in-one interactive tool kit for a personalized diet and exercise program designed specifically for you.
- Car Rental Discounts**
 Take advantage of affordable auto rental rates from Alamo, Avis, Hertz and National.
- Hearing Service**
 Mail order service providing 1- to 60% discount on quality hearing aids.
- Travel Club**
 Provides discounts on cruises and tour packages.
- HopTheShops.com**
 Cybermall featuring over 100 high quality e-tailers and store with special discounts and features..

These services and discounts are also included with Health Essential Membership:

Beechstreet PPO Network Providers: Health Essential also provides access to one of the nations largest Preferred Provider Organizations. Beech Street Corporation has over 50 years of reliable service in the healthcare industry and has a network of over 400,000 respected doctors, 3,800 hospitals and over 52,000 ancillary network providers. Beech Street provides cost containment Network Services, URAC accredited and NCQA certified Clinical Services, and healthcare financial Specialty Services. More information about Beech Street can be found at www.beechstreet.com.

Advanced Benefits four tier prescription discount drug card: Pay up to \$10, \$20 or \$50 for formulary or Generic drugs and generous discounts for Brand Name drugs. The card is accepted at over 43,000 pharmacies throughout the United States. The network includes pharmacy chains as well as thousands of independent pharmacies throughout the country.

Certificate of Coverage

If you are applying online, your fulfillment package and ID card is available immediately after you complete your purchase and your payment is approved. If you are applying by paper enrollment form, your membership handbook and identification cards will arrive in the same package via U.S. Mail within 3-5 business days after payment is received and approved.

*Pre-Existing conditions exclusion

Conditions existing up to 12 months prior to effective date of coverage are not covered for 12 months following the effective date of the covered person's insurance. This applies only to Hospital semi-private room, Hospital ICU/CCU, Surgery and Anesthesia Benefits.

****Surgical Schedule:** The surgical benefit for MAX1500 option is based on the CPT code and corresponding surgery. The surgery benefit schedule ranges from \$1,000 for a fractured finger (CPT code 26720) to \$10,000 for repair arterial blockage (CPT code 35472). There are over 5,000 procedures listed.

General Exclusions

Benefits will not be paid for charges or loss caused by or resulting from any of the following:

1. Suicide or any intentionally self-inflicted injury;
2. Any drug, narcotic, gas or fumes, or chemical substance voluntarily taken, administered, absorbed or inhaled unless prescribed by, and taken according to the directions of a doctor (accidental ingestion of poisonous substance is not excluded);
3. Commission, or attempt to commit a felony;
4. Participation in a riot or insurrection;
5. Driving under the influence of a controlled substance, unless administered on the advice of a doctor;
6. Driving while intoxicated (determined by the laws in the jurisdiction of the geographical area where the loss occurs);
7. Declared or undeclared war or act of war;
8. Nuclear reaction or the release of nuclear energy. This exclusion will not apply if the loss is sustained within 180 days of the initial accident and:
 - the loss was caused by fire, heat, explosion, or other physical trauma which was a result of the release of nuclear energy;
 - and the covered person was is 25-mile radius of the site of the release either at the time of the release, or within 24-hours of the start of the release, or occurs while he/she is in the state where the original Certificate was issued.
9. Routine health checkups or immunizations for Covered Person aged 6 and older; expenses for allergies, allergy serum or allergy testing, unless specifically provided for in this Certificate;
10. Surgery to correct vision or hearing, eyeglasses, contact lenses and hearing aids, braces, appliances, or examinations or prescriptions;
11. Dental care, X-rays, or treatment other than injury to sound, natural teeth and gums resulting from an accidental injury and rendered within six months of the injury;
12. Spinal manipulations and manual manipulative treatment or therapy;
13. Weight loss or modification and complications arising from, including surgery and other form of treatment for the purpose of weight loss or modification;
14. Rest cures or custodial care, or treatment of sleep disorders;
15. Treatment, services, or supplies received outside of the United States except for acute sickness or injury sustained during the first thirty days of travel outside U.S.;
16. Normal pregnancy or childbirth, except for complications of pregnancy;
17. Any drug, treatment, or procedure that either promotes or prevents conception or child birth regardless of what drug, treatment, or procedure was originally prescribed or intended for;
18. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
19. Cosmetic surgery. The following types of reconstructive surgery are not excluded: On an injured part of the body following trauma, infection, or other disease of the involved part:
 - Of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or on a non-diseased breast to restore and achieve symmetry between two breasts following a covered mastectomy;
20. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotics devices, dentures, partial dentures, braces, or fixed or removable bridges;
21. Treatment or removal of warts, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
22. Personal items such as television, telephone, lotions, shampoos, extra beds, meals for guests, take home items, or other items for comfort and convenience;
23. Treatment of mental or nervous disorders, or alcohol or substance abuse;
24. Prescription medicines;
25. Any injury that is caused by flight or travel in or upon:
 - An aircraft or other craft designed for navigation above or beyond the earth's atmosphere except as a fare-paying passenger; • An ultra light, hang-gliding, parachuting or bungi-cord jumping; • A snowmobile; • Any two or three wheeled motor vehicle; • Any off-road motorized vehicle not requiring licensing as a motor vehicle; • Any watercraft or other craft designed for water use above or beneath the water; except as a fare-paying passenger;
26. Any accidental injury where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program);
27. Services, treatment, or loss:
 - Rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay; • Payable by any automobile insurance policy without regard to fault (unless prohibited by state law); • Which a covered person would not have to pay if he/she did not have insurance; • Provided by a doctor, nurse, or any other person who is employed or retained by a covered person or who is a member of a covered person's immediate family; • Covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws; • Injury or sickness sustained while on active duty in the armed forces of any country (does not include Reserve or National Guard duty for training).

28. Elective treatment or surgery and treatment, procedures, products or services that are experimental or investigative. Experimental or investigative means a drug, device, or medical treatment or procedure that:
- Cannot lawfully be marketed without approval of the United States Food and Drug Administration and approval for marketing has not been given at the time of being furnished;
 - Has Reliable Evidence indicating it is the subject of ongoing clinical trials or is under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or as compared with the standard means of treatments or diagnosis; or has Reliable Evidence indicating that the consensus of opinion among experts is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, efficacy, or its efficacy as compared with the standard means of treatment of diagnosis.

Frequently Asked Questions

Who is eligible to apply for membership?

Health Essential provides both Membership benefits and Insurance benefits available to individuals from age 18 through age 64 with coverage terminating the day you turn 65.

Membership is not available in: AK, CT, KS, MD, ME, and VT. NJ and NY are available, but with different benefits and rates. Call for information.

How do I pay for my membership?

You can pay for your initial month and every month thereafter by MasterCard and Visa. Also, as authorized at the time of your application, your Monthly Payments shall be paid through an automatic draft of a checking or savings account by an ACH transaction. By agreeing to make your monthly payment through either ACH transaction or automatic debit transaction to your credit card, you waive the right to any future notice of the transfer of funds via either an ACH transaction or automatic debit to your credit card. The bank draft or debit shall occur on the same date of each month as your Initial Monthly Payment and should be referred to herein as your monthly due date. Please go to our online quoting tool at www.Hllquote.com.

Are there any waiting periods for the insurance benefits?

There are no waiting periods for accidental injuries, however there is a 30 day waiting period for sickness. There are no additional insurance waiting periods.

Are there any waiting periods for non insurance Association benefits?

There are no waiting periods. You can begin saving once your payment is accepted and approved.

When does my coverage begin?

Membership /Coverage effective date can be as early as 12:01 AM following payment approval or a later date, if requested. The Certificate of Insurance, Med Sense Guarantee Fulfillment package and ID card are made available to you online to print. Immediately after you complete your purchase and your payment is approved.

Do I have to use a Beech Street PPO Network provider?

Members under this plan may choose to be treated within or outside of the Beech Street Network. Beech Street consists of hospitals, physicians, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. As part of your Membership plan, an arrangement has been negotiated with the Beech Street Network to treat insured individuals for a reduced fee over the customer fees of non-Network Providers. Reimbursement rates will vary according to the source of care as described in your Plan Benefits. In order to use the services of a participating provider, you must present the Identification Card that is provided to you upon purchase of your plan and payment of the membership retail cost. To determine which providers are in the Beech Street Network, call 800 432-1776 or go online to www.beechstreet.com.

IMPORTANT NOTICE:

This is a brief description of the Health Essential benefits for members of the Med Sense Guaranteed Association. The exact benefit and policy provisions are contained in the Master Policy issued to the Med Sense Guaranteed Association. The master Policy shall control in the event of any conflict between the Policy and this benefit description.

This is limited indemnity insurance coverage. It is not major medical coverage and it is not intended to replace other major medical coverage.

Administered By:

Administrative Concepts, Inc.
994 Old Eagle School Road
Suite 1005
Wayne, PA 19087-1802

Insured Benefits Provided By:

United States
Fire Insurance Company
Part of Crum & Forster group,
Rated "A" by A.M. Best Reports
HE20090219

Exclusively Distributed By:



Health Insurance Innovations
218 East Bearss Avenue
Suite 325
Tampa, FL 33613
Phone 877-376-5831
Fax 877-376-5832
www.Hllquote.com

Marketed By:

A. PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOURSELF, SIGN AND DATE WHERE REQUIRED:

Applicant Name: _____ Sex (M or F): _____ Age: _____ Date of Birth: ____/____/____
 Address _____ City: _____ State: _____ Zip: _____
 Email: _____ Day Phone: _____ Evening Phone: _____ Occupation _____

ASSOCIATION MEMBERSHIP ENROLLMENT ACKNOWLEDGEMENT

I hereby enroll for membership in the Med Sense Guaranteed Association (MSGA). As a member of MSGA, understand that I will be able to access membership products, benefits and services. I acknowledge that member benefits are subject to change without notice. Non U.S. residents are eligible for coverage if they have had a primary residence in the U.S. for 12 consecutive months prior to the effective date of coverage

Signature: **X** _____ Date: _____

APPLICANTS STATEMENT (Florida)

By signing below, I and the individuals named herein are eligible for insurance and understand that coverage will not begin until the Effective Date shown in the coverage document. I further understand that the coverage applied for is supplemental coverage with limited benefits and is not intended to cover all medical expenses and that this coverage will not pay benefits during the Plan Period described below for any pre-existing conditions I/we currently have or have had in the past. Beginning on the Effective Date, benefits will not be paid for any pre-existing condition until: the end of 12-consecutive months.

By signing below, I AUTHORIZE Administrative Concepts, Inc. TO COLLECT ANY AND ALL PREMIUMS DUE FOR THIS COVERAGE.

Fraud Warning: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed in _____ **X** _____
 (City, State) Signature of Applicant Date

B. COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR ELIGIBLE FAMILY MEMBERS YOU WANT ENROLLED:

(To be eligible. Unmarried dependent children must be under age 19 and living with applicant. If a fulltime student eligibility is to age 25.)

Spouse's Name: _____ Sex (M or F): _____ Age: _____ Date of Birth: ____/____/____
 Child's Name: _____ Sex (M or F): _____ Age: _____ Date of Birth: ____/____/____
 Child's Name: _____ Sex (M or F): _____ Age: _____ Date of Birth: ____/____/____
 Child's Name: _____ Sex (M or F): _____ Age: _____ Date of Birth: ____/____/____

C. COMPLETE THE FOLLOWING BENEFICIARY INFORMATION FOR YOUR ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE:

(If this is not answered, the benefit will automatically be paid to your estate.)

Name of Beneficiary: _____ Relationship: _____
 Name of Contingent Beneficiary: _____ Relationship: _____

D. SELECT YOUR PLAN AND MONTHLY COST * (Check One) BASIC500 PLUS750 CHOICE1000 MAX1500

<input type="checkbox"/> Individual (Must be age 18 through 64 years old)	\$ 79.50	\$149.50	\$199.50	\$259.50
<input type="checkbox"/> Individual plus one	\$173.29	\$299.50	\$399.50	\$561.84
<input type="checkbox"/> Family	\$227.65	\$399.50	\$499.50	\$699.50
Add the monthly administration fee	\$ 12.50	\$ 12.50	\$ 12.50	\$ 12.50
Add the ONE time enrollment fee	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
TOTAL AMOUNT DUE	\$ _____	\$ _____	\$ _____	\$ _____

**Monthly cost include Med Sense Guaranteed Association, discount RX benefits and discount vision benefit fees of \$9.25 for individual, \$14.95 for individual plus one and \$19.25 for a family. These are not insurance benefits nor are they affiliated with United States Fire Insurance Company.*

E. AUTHORIZATION FOR AUTOMATIC BANK DRAFT OR CREDIT CARD PAYMENT:

I am signing up for an automatic payment plan. I agree Administrative Concepts, Inc. or its authorized agent may automatically debit my bank account or Credit Card for the amount due on or after the payment date. I can cancel this automatic payment at any time by calling or writing to Administrative Concepts, Inc. or its authorized agent. I agree that Administrative Concepts, Inc. or my financial institution can cancel automatic payment for my account for any reason, at any time, with or without prior notice to me. I understand that \$25.00 will be charged for each transaction rejected for insufficient funds. I acknowledge that the origination of these debits to my account must comply with U.S. laws. I agree that this agreement remains in effect until canceled by Administrative Concepts, Inc. my financial institution or me. I have a copy of this agreement and I know I can also contact Administrative Concepts, Inc. or its agent for a copy.

COMPLETE TO PAY MONTHLY BY AUTOMATIC BANK DRAFT (Note: You must attach a voided check from your checking or savings account to this enrollment):

Print Accountholders Name : _____
 Bank Name: _____ Address: _____
 Check Number: _____ Accounting Number: _____ Routing Number: _____
 Account Class: Checking Savings Type of Account: Personal Business

COMPLETE TO PAY MONTHLY BY CREDIT CARD: Indicate type of card: VISA MasterCard

Account Number _____ Expiration Date ____/____/____ CCV# _____ Print Accountholders Name (As it appears on the card.) _____
 Card Holder Address _____ City _____ State _____ Zip Code _____
 Signature of Account Holder **X** _____ Date ____/____/____

F. AGENT INFORMATION: COMPANY: _____ AGENT NAME: _____ CODE #: _____
 EMAIL: _____ PHONE: _____ FAX: _____
 AGENT SIGNATURE: _____ DATE: _____
 MGA/GA: _____ Code # _____ Phone# _____

Fax or Mail the completed Enrollment Form to your agent or to (if payment by monthly bank draft, include a voided check with this form.):