



# custom link

...linking the gap in medical coverage

*If you were hospitalized today, how much do you think your out-of-pocket expenses would be?*

**Your total expense, including deductible & coinsurance, could be as high as \$1,500 or more!**



**custom link** is a low-cost program designed to help you pay for covered out-of-pocket expenses you may incur while you are either confined in a hospital or being treated as an out-patient for an injury or an illness.

Tulsa FOP 93 has chosen a plan design that offers you an optimal offset of expenses due to high deductibles and high out-of-pocket maximums applied under your major medical plan.

## *Basic Plan Benefits offered to employees of Tulsa FOP 93*

- ◆ **Hospital Confinement Benefit\*** - This benefit is designed to offset the cost you incur as an in-patient in the hospital when your primary comprehensive major medical policy applies such expenses to your deductible or coinsurance maximum, up to the **\$1,500** calendar year maximum per insured person.
- ◆ **Out-Patient Benefit\*** - This benefit offsets the cost you incur for out-patient treatment when your primary comprehensive major medical policy applies such expenses to your deductible or coinsurance maximum, up to an amount equal to **50%** of the Hospital Confinement Benefit limit. This benefit is a “per person per Calendar Year” maximum and is subject to a family calendar year maximum limitation that is equal to two (2) times the individual benefit. **Expenses related to physician office visits are not included in this benefit.** Covered expenses include:
  - ◆ Surgery in an Out-Patient Facility or a Physician’s Office
  - ◆ Emergency Room visits
  - ◆ Diagnostic testing, Lab & X-ray at a diagnostic or hospital out-patient facility or at a Physician’s office if the cost is not included in the global office visit fee and is not part of wellness/preventive care
- ◆ **Physician Benefit\*** - This benefit offsets the cost you incur for treatment you receive in a Physician’s office when your primary comprehensive major medical policy applies such expenses to your deductible/co-pay or coinsurance maximum, up to the \$20 per visit benefit limit, and up to a maximum of 8 visits per family per calendar year.

\*For expenses to be eligible under this plan they must be medically necessary for the treatment of an injury or illness. Expenses not covered by your group major medical plan are not covered.

## *How to File a Claim*

When you enroll in the **custom link** plan, you will receive a certificate of insurance, an ID card that should be presented to your medical providers, and a claim form, along with specific instructions on how to file a claim. This form outlines the procedures you should follow and where you should send your claim. Simply stated, you will need to submit a completed **claim form**, **itemized bills** (NOT balance due statements), and **EOB’s** that correspond to the itemized bills.

Claims may be filed at any time, but must be filed no longer than 12 months from the date of service in order to be eligible for coverage.

*This information sheet highlights the important features of the product. The policy has limitations and exclusions. The exact provisions governing the insurance are contained in the master policy issued to each group on form number M-9134, policy series MG-129. Your carrier representative can supply you with costs and complete details of coverage.*

Arranged/Administered By:

**Special Insurance Services, Inc.**

P.O. Box 251749 • Plano, TX 75025-1749

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Offered to Employees of:

**Tulsa FOP 93**

Offered By:

Allsynx