



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 \$1,000 or more!



custom link is Group Supplemental Medical Expense Insurance 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 Health and Welfare Trust has chosen a plan design that offers you an optimal offset of expenses due to high deductibles and high out-of-pocket maximums.

Basic Plan Benefits offered to members of Tulsa FOP 93 Health and Welfare Trust

- ◆ **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 **\$1,000 (Plan I) or \$1,500 (Plan II)** 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

*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.

- ◆ **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.

Monthly Cost*

PLAN I

| Plan Selection | Age 39 & Under | Ages 40 through 49 | Ages 50 & Above |
|-----------------------|----------------|--------------------|-----------------|
| Employee Only | \$25.36 | \$33.42 | \$61.18 |
| Employee & Spouse | \$46.87 | \$58.10 | \$101.52 |
| Employee & Child(ren) | \$58.90 | \$61.81 | \$95.69 |
| Employee & Family | \$77.42 | \$84.06 | \$132.62 |

PLAN II

| Plan Selection | Age 39 & Under | Ages 40 through 49 | Ages 50 & Above |
|-----------------------|----------------|--------------------|-----------------|
| Employee Only | \$30.82 | \$40.97 | \$73.21 |
| Employee & Spouse | \$56.66 | \$71.64 | \$123.11 |
| Employee & Child(ren) | \$71.00 | \$75.72 | \$115.24 |
| Employee & Family | \$93.82 | \$103.93 | \$161.65 |

How to File a Claim

When you enroll in the custom link plan, you will receive a certificate of insurance, an ID card, 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 to be eligible for coverage.

This sheet contains only a brief description of features of the product. Some benefit exclusions and limitations may apply. For complete details of coverage, please refer to the policy.

The Group Supplemental Medical Expense Insurance is underwritten by Fidelity Security Life Insurance Company®, Kansas City, MO – Policy No. MG-129, Policy Form M-9134.

Arranged/Administered By:
Special Insurance Services, Inc.
5300 Democracy Drive, Suite 120
Plano, Texas 75024
(972) 788-0699 • (800) 767-6811
Fax: (972) 960-0377

Offered to Members of:
**Tulsa FOP 93 Health and
Welfare Trust**

Offered By: