

SISLink®-edu



...spanning the gap
in medical benefits



How does *SISLink*®-edu work?

A MORE EFFICIENT WAY TO PROTECT EMPLOYEES AND THEIR DEPENDENTS

SISLink®-edu is an employee benefit designed to work “hand in hand” with the employer’s major medical plan to enhance overall benefits for employees and their dependents. It can reduce or eliminate the out-of-pocket expenses an employee or his dependents may incur as a result of an accidental injury or sickness.

The benefits provided by *SISLink*®-edu help pay for out-of-pocket expenses incurred due to a covered Hospital Confinement or covered out-patient medical procedures, based on the plan of benefits designed by the employer. For an expense to be eligible under *SISLink*®-edu, it must:

- be Medically Necessary and result from the treatment of an Injury or a Sickness;
- be covered by the Covered Person’s Major Medical/Comprehensive Policy; and
- be applied by the Major Medical/Comprehensive Policy to its deductible and/or coinsurance provision.

BASIC BENEFITS PROVIDED BY *SISLink*®-edu

HOSPITAL CONFINEMENT INSURANCE

The Hospital Confinement Insurance pays a plan year benefit up to **\$2,500** for each Covered Person who incurs eligible out-of-pocket expenses due to a hospital in-patient confinement. Benefits include:

- In-patient hospital stays;
- In-patient surgeries;
- Physician’s in-hospital charges

OUT-PATIENT II BENEFIT

The Out-Patient II Benefit pays a plan year benefit up to **\$1,250** for any one Covered Person, subject to a family limit maximum of **\$2,500** per benefit year. Out-patient benefits include treatment under the regular care and attendance of a physician at a:

- Hospital;
- Physician’s office (except those expenses allocated as a physician’s office visit expense);
- out-patient surgical or emergency facility;
- diagnostic testing facility; or
- similar facility that is licensed to provide out-patient treatment.

The rising cost of health care is a real challenge to both employees and employers!

Employers often struggle to provide meaningful and affordable health care coverage to their employees. This can mean more risk to employees through increased deductibles and high out-of-pocket expenses.

THE SOLUTION?

SISLink®-edu

DID YOU KNOW?

According to the May 2009 Milliman Medical Index Research Report, healthcare costs continue to shift from employers to employees in a fashion similar to previous years. This cost shift manifests not only as higher premiums, but also as increased out-of-pocket cost-sharing.

The Milliman Report further indicates that in-patient and out-patient facility services combined represent 47% of the total annual medical costs incurred by a typical American family of four.

Increased cost-sharing means increased financial pressure on families from medical bills. Most people reporting problems paying medical bills had less than \$1,000 in out-of-pocket expenses.¹ Almost two-thirds of all bankruptcies in 2007 were contributed to medical problems, and most of those bankrupted in this fashion had health insurance!²

SISLink®-edu can help you help your employees reduce these financial pressures!

ELIGIBILITY

All full-time employees working at least 20 hours or more per week, their lawful spouse, and their unmarried, dependent children (including adopted children, grandchildren and foster children) who are under 25 years of age.

Additionally, in order to be eligible, each person must be covered under a group Major Medical/Comprehensive Medical plan that includes coinsurance and a common deductible for all conditions.

EFFECTIVE DATE

The effective date of an employee's coverage will be the first day of the month following approval of his enrollment form, provided he has met the eligibility requirements of, and is covered under, a group Major Medical/Comprehensive medical plan.

The effective date of coverage for an eligible Dependent will be on the first day of the month following the Company's acceptance of the enrollment form, however, if the employee's coverage has not yet become effective, the effective date for Dependent Coverage will be the same as the effective date of the employee's coverage.

Newborn children, adopted children, or children placed for adoption will be covered on their date of birth, adoption or placement for adoption for a period of 31 days, as long as the employee's coverage was in force on that date. If, during this 31 days, the insured employee notifies the Company in writing and pays any premium that may be due, coverage will continue. If notification and premium payment is not received within the first 31 days after birth, adoption, or placement for adoption, employees may not apply for coverage unless they qualify as a Special Enrollee or until they are allowed to enroll during an employer sponsored period of open enrollment (see Late Enrollees below).

Late Enrollees

If an eligible employee does not apply for coverage on their initial eligibility date, they may not apply for coverage until the next policy anniversary date unless: (a) they are allowed to enroll in the employer's Major Medical/Comprehensive Policy because they qualify as a Special Enrollee as defined by law; or (b) they are allowed to enroll in the employer's Major Medical/Comprehensive Policy during an employer sponsored period of open enrollment.

TERMINATION OF COVERAGE

Coverage terminates on the earliest date of any of the following events occur:

- For **any Insured Person**: (a) on the date the policy is terminated; (b) as of the premium due date when the required premium remains unpaid, subject to the grace period; (c) on the premium due date following the date the Insured ceases to be an employee of the policyholder; or (d) on the premium due date following the date the Insured's coverage under a group Major Medical/Comprehensive Policy is no longer in effect.
- For **an Insured dependent spouse**: on the premium due date following the date the spouse ceases to be an eligible spouse.
- For **Insured dependent children**: on the premium due date following the date the child ceases to be an eligible child. If a mental or physical handicap prevents an unmarried dependent child from self-support, he may remain as an insured person under the policy.

¹ Living on the Edge: Health Care Expenses Strain Family Budgets; Research Brief No. 10; December 2008

² Article published in the August 2009 issue of the American Journal of Medicine. Physicians for a National Health Program (www.pnhp.org)

IMPORTANT FACTS

Pre-Existing health conditions are covered only if they are covered by the underlying major medical plan.

Only eligible expenses resulting from the Medically Necessary treatment of an Injury or Illness that are charged to the deductible or coinsurance provision of the underlying major medical plan are covered.

Expenses related to wellness visits, preventive care, and well newborn care (in -hospital or out-patient) are not covered.

Durable medical equipment is not a covered expense unless it is dispensed to an Insured Person while in the Hospital or in the Physicians office.

This coverage is not available where an active Health Savings Account (HSA) is in place along with an HSA-qualified medical plan.

EXCLUSIONS

Benefits will not be paid for losses caused by or resulting from any one or more of the following:

- Declared or undeclared war or any act thereof;
- Suicide or intentionally self-inflicted Injury or any attempt thereat, while sane or insane (while sane in Colorado and Missouri);
- Any Hospital Confinement or other covered treatment for Injury or Sickness while an Insured Person is in the services of the armed forces of any country. Orders to active military service for training purposes of two months or less do not, for the purposes of this exclusion, constitute service in the armed forces of any country. Upon notification to the Company of entering the armed forces of any country, the Company will return to the Insured, pro rata, any premium paid less any benefits which have been paid, for any period during which the Insured Person is in such;
- Confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the Insured Person is legally required to pay for the services;
- Confinement or other covered treatment for Injury or Sickness which is not medically necessary;
- Confinement or other covered treatment for Dental or Vision care not related to an accidental Injury;
- Mental or nervous disorders;
- Any Hospital Confinement or other covered treatment for Injury or Sickness for which compensation is payable under any Worker's Compensation Law, any Occupational Disease Law, the 4800 Time Benefit Plan or similar legislation;
- Any Hospital Confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Coinsurance payments by the Insured Person;
- Any Hospital Confinement or other covered treatment for Injury or Sickness for which benefits are not payable under the Insured Person's basic Major Medical/ Comprehensive Policy;
- Any Hospital Confinement or other covered treatment for Injury or Sickness if, on the Insured Person's effective date of coverage, the Insured Person was not covered by a Major Medical/Comprehensive Policy. Our sole obligation will then be to refund all premiums paid for that Insured Person;
- An Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause occurred. A violation of the law includes both misdemeanor and felony violations.

LIMITATIONS

Pre-Existing Condition Limitation: This product does not have a pre-existing condition limitation, however, a condition must be covered under the Insured's Major Medical/Comprehensive Medical Plan in order for benefits to be payable under this plan. Therefore, any pre-existing condition limitation applied to the Major Medical/Comprehensive Medical plan would, in effect, limit coverage under this plan.

Pregnancy: Pregnancy is covered the same as any other illness for insured employees and their insured spouses if it is covered under their group Major Medical/Comprehensive Medical plan, but pregnancy (except for complications of pregnancy) is not covered for dependent children, unless required by state law.

MORE FACTS

Each insured employee will receive:

- A certificate of insurance outlining the plan benefits, terms, conditions and limitations; and
- An ID card that can be presented to medical providers along with their Major Medical/Comprehensive plan ID card.

Benefits are claimed by submitting a claim form, copies of fully itemized bills (including diagnosis and procedure codes), and copies of the corresponding Explanation of Benefits forms received from the underlying major medical carrier.

Payment of benefits will be made to the medical provider when an assignment of benefits exists.

DEFINITIONS

Hospital means a legally authorized and operated institution for the care and treatment of sick and injured persons. It must have graduate registered nurses (RN's) on 24 hour call and organized facilities for diagnosis and surgery either on its premises or in facilities available to it on a contractual prearranged basis. The following does not qualify as a Hospital: an institution, or part of it, which is used mainly as a facility for rest, nursing care, care of the aged, or for remedial education or training.

Hospital Confinement means the Insured Person is admitted to the facility as an overnight bed patient for a minimum of 15 consecutive hours.

Injury means a bodily injury sustained by an Insured Person caused by an accident, directly and independently of all other causes, that occurs while the policy is in force. All injuries sustained by an Insured Person in any one accident are considered a single injury.

Insured Person means either an Insured or an Insured Dependent. An Insured is an employee of the policyholder whose coverage under the policy has become effective and has not been terminated. Insured Dependent means any of the following:

- The lawful spouse of an Insured whose coverage under the policy has become effective and has not been terminated; and
- The unmarried dependent child or children of an Insured or of an Insured's spouse who are under 25 years of age and whose coverage under the policy has become effective and has not been terminated. Dependent children include stepchildren, legally adopted grandchildren, and foster children.

Major Medical/Comprehensive Policy means any one of the following types of policies or plans which provides benefits for Hospital Confinement for an Insured Person on his or her effective date of coverage, and such policy or plan requires the Insured Person to pay a deductible and/or portion of coinsurance: group or blanket insurance plans; group Blue Cross, Blue Shield or other group prepayment coverage plans; coverage under labor-management trusteed plans; union welfare plans; employer organizational plans; employee benefit organizational plans; or other arrangements of benefits for persons of a group. "Major Medical/Comprehensive Policy" does not include Medicare or Medicaid.

Sickness means a disease or illness, or more than one disease or illness, resulting from the same or related causes or conditions, including all complications thereof and all related conditions and recurrences resulting in medical expense insured under the policy or otherwise resulting in a claim for benefits while the policy is in force with respect to the Insured for whom the claim is made.



NOTES

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This brochure contains a brief description of the plans of insurance offered to qualified employers in Texas only. The exact provisions governing the insurance are contained in the master policy issued to each group on form number M-9054E, policy series MG-109.

UNDERWRITTEN BY:

FIDELITY SECURITY LIFE INSURANCE COMPANY
Kansas City, Missouri

Rated A- Excellent, based on an analysis of financial position and operating performance, by A.M. Best Company, an independent analyst of the insurance industry.

ARRANGED BY:

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