

2010-2011

Injury & Sickness Insurance Plan



**The
CorpsNetwork**

Strengthening America through
service and conservation

Underwritten by:
**Mutual of Omaha
Insurance Company
Omaha, Nebraska
Policy No.: G000181C**

MC32970_0510

Policy Form B23MP

Eligibility

Plan participation is required unless a corpsmember provides to their group administrator a signed waiver form along with proof of other coverage. Corpsmembers can only waive coverage if they have proof of other insurance. If a corpsmember waives coverage and then loses the other coverage, the group is required to enroll the individual on this plan. Once the corpsmember waives coverage, the individual will only be able to enroll in this plan if their other insurance has terminated.

Class 1 – Provided the appropriate premium has been paid eligible insureds within this class are: Active Corpsmembers contracted with a service organization of the Policyholder, for a limited term of service (usually up to one year or 1,700 hours), and actively performing their assigned duties on a regular and consistent basis under the direction and instruction of the organization, at: a) an alternative work site at the direction of the organization; b) a location to which one must travel to perform the job; or c) a location in the United States, its territories and possessions.

Class 2 – Corpsmembers that meet the requirements of Class 1 that have selected continued coverage.

Effective and Termination Dates

The policy becomes effective at 12:01AM on July 1, 2010. The Covered Person's coverage becomes effective at 12:01AM on the day the Covered Person becomes eligible and actively begins volunteering in The Corps Network program, provided premium has been remitted to the Company. Coverage terminates at 12:01AM on the earliest of: 1) the end of the period through which premium is paid; 2) the last day of the month in which the Insured ceases to be actively performing His or Her duties of the service organization; 3) the date a Covered Person enters full-time active duty in any Armed Forces of any country; 4) the date the policy is terminated. Refunds of premium are allowed only upon entry into full-time active duty in the Armed Forces (this does not include Reserve or National Guard for training unless it extends beyond 31 days).

Excess Provision

If an Insured Person incurs expenses for covered services, benefits will be paid for the expenses incurred, subject to the Deductible Amount, Benefit Percentage and Benefit Period shown on the Schedule, that are in excess of expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

Preventive Care

The following will be paid at 80% of Usual, Reasonable & Customary Charges up to the maximum preventive care benefit of \$150 per Benefit Period:

Complete health assessments; Routine physicals; Blood pressure screening; Cholesterol screening; Glucose – blood level screening; Prostate – rectal examination for Insureds age 40 and over; Colorectal Cancer Screening; Immunizations; and Other similar type services when recommended by a Physician.

The following will be paid at 100% of Usual, Reasonable & Customary Charges up to the maximum Medical Expense Benefit per Benefit Period:

Annual pap smear; Annual cervical cytologic screening; Baseline Mammogram; Breast evaluation and screening mammogram.

Diabetes Benefits

We will pay the expense incurred for equipment, supplies and other self-management training and education, including medical nutrition therapy for: a) insulin dependent diabetes; b) insulin using diabetes; c) gestational diabetes; and d) non-insulin using diabetes; if prescribed by a health care professional legally authorized to prescribe treatment.

Mandated Benefits

Mandated benefits are provided for all insureds based on the situs state, Washington D.C. The following states require additional mandated benefits: AL, AZ, CA, CT, DE, MA, MD, NM, NC, TX, VA. Claims will be paid based on your state of residence.

Pre-Existing Conditions

Pre-existing Condition means any condition for which a Covered Person has received medical treatment, care, diagnosis or advice within 6 months before being covered by this Policy.

The limitation and exclusion applicable to Pre-existing Conditions will not apply if the Insured Person:

- did not receive treatment, care, diagnosis or advice for 12 consecutive months while insured under this policy or its predecessor issued to The Corps Network; or
- has been covered under another policy with similar benefits for one full year immediately prior to becoming insured under this policy.

The Pre-existing Condition waiting period of 12 months will be reduced by the aggregate of the

periods of prior creditable coverage applicable to the Insured as of his enrollment date under the Policy. Creditable coverage is coverage that the Insured had from: a group or blanket plan, Medicare, Medicaid, Indian Health Service, state risk pool, public health plan, Peace Corps service, an individual plan or any other health coverage considered to be creditable coverage under state/federal law or regulations. Prior creditable coverage does not apply if there was a break in coverage of 63 days or more, prior to enrolling under this Policy.

Accidental Death & Dismemberment (AD&D)

If a covered person suffers a loss listed below, within 365 days of the covered accident, the Principal Sum benefit amount shown will be paid.

The Principal Sum is \$10,000.

Loss of Life	\$10,000
Loss of Both Hands	\$10,000
Loss of Both Feet	\$10,000
Loss of Entire Sight of Both Eyes	\$10,000
Loss of One Hand and One Foot	\$10,000
Loss of One Hand and Entire Sight of One Eye	\$10,000
Loss of One Foot and Entire Sight of One Eye	\$10,000
Loss of Speech and Hearing (both ears)	\$10,000
Loss of One Arm or One Leg	\$ 5,000
Loss of Entire Sight of One Eye	\$ 5,000
Loss of Speech or Hearing (both ears)	\$ 5,000
Loss of One Hand or One Foot	\$ 5,000
Loss of Thumb and Index Finger of same Hand	\$ 2,500

Loss of a hand means complete Severance at or above the wrist. Loss of foot means complete Severance above the ankle. Loss of sight means the total, permanent loss of sight of the eye or eyes. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any means. Loss of a thumb and index finger of the same hand means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand from the same accident).

MEDICAL EXPENSE BENEFITS
\$50,000 Maximum Benefit for Each Injury or Sickness
\$100 Deductible per Insured Person per Service Year

\$1,000 Out of Pocket Maximum per Insured Person per Service Year

The Policy provides benefits for Covered Medical Expenses incurred by a Covered Person up to the Usual, Customary & Reasonable Charges (U,C&R) for loss due to a covered Injury or Sickness, up to the maximum benefit of \$50,000. After the \$100 deductible has been satisfied, benefits will be paid at 80% of U,C&R for the first \$4,500 of Covered Medical Expenses, then 100% of U,C&R of the next \$46,400 in Covered Medical Expenses, not to exceed the \$50,000 Maximum Benefit. Covered Medical Expenses for Treatment of an Injury must be incurred within the Term of Coverage. There is a \$1,000 out of pocket maximum per Insured Person per Service Year.

Covered Medical Expenses Include:

(Subject to the Benefit Period, Deductible, Coinsurance Percentage and Maximum Benefit Amount unless specified below)

Hospital Room and Board	Semi-Private Daily Room Rate up to 80% of U,C&R
Intensive Care Room and Board	80% of U,C&R
Hospital Miscellaneous Charges	80% of U,C&R
Outpatient Charges, by a Hospital for:	
Pre Admission Testing	80% of U,C&R
Emergency Room Treatment	80% of U,C&R
Surgical Charges for:	
A Physician, for Primary Performance of a Surgical Procedure	80% of U,C&R
A Physician, for Assistant Surgeon Duties, a Second Surgical Opinion, or Consultation	80% of U,C&R
Anesthesia and its Administration	80% of U,C&R
Charges by a Physician for Other Than Pre or Post Operative Care:	
For In-Hospital Visits (Limited to one per day)	80% of U,C&R
For Office Visits (Limited to one per day)	80% of U,C&R
Charges for X-Ray and Laboratory Tests	80% of U,C&R
Charges for Nursing Services , other than Routine Hospital Care, by or under the supervision of a Licensed Graduate Registered Nurse	80% of U,C&R
Charges for Physiotherapy:	
While Hospital Confined (Subject to Benefit Maximum)	80% of U,C&R
As an Outpatient (Subject to Benefit Maximum)	80% of U,C&R \$500 Maximum for all combined Benefit Periods
Ambulance Service (Surface or Air) From the place where the Injury or Sickness occurred to the Hospital	80% of U,C&R
Orthopedic Braces and Appliances (Replacements Not Covered)	80% of U,C&R
Rental Charges for Medical Equipment for a Wheelchair, An Iron Lung or Other medical equipment for which prior approval by us has been given	80% of U,C&R
Charges for Medical Services and Supplies for Oxygen and its Administration and Blood and Blood Transfusions	80% of U,C&R
Charges for Dental Treatment or X-Ray , for Injury to a Tooth which was Sound and Natural at the time of Injury	80% of U,C&R up to \$200 per Tooth
Outpatient Prescription Drugs (Including Hormone Replacement Therapy for Treatment of Menopause)	80% of U,C&R Limited to a 90 Day Supply
Pre-Existing Conditions	80% of U,C&R. \$5,000 maximum benefit for the first 12 months of Coverage, thereafter the condition is covered the same as any other Injury or Sickness
Mental Disorders: (treatment must be received by a licensed MD, PhD, LCSW, or MSW)	
Inpatient and Residential Care	Up to 60 Days Per Year, Covered the same as any other Sickness
Outpatient Visit	75% of U,C&R for the first 40 Visits Per Year, thereafter 60% of U,C&R Per Visit Per Year
Alcohol or Controlled Substance Abuse:	
Detoxification Treatment	Up to 12 Days Per Year, Covered the same as any other Sickness
Inpatient/Residential Care	Up to 60 Days Per Year, Covered the same as any other Sickness
Outpatient Visits	80% of U,C&R up to 40 Visits Per Year, thereafter 60% of U,C&R Per Visit Per Year

If treatment is received from a MultiPlan or PHCS provider, benefits will be payable under the terms of that arrangement.

Definitions

“Accident” means a sudden, unexpected and unintended external event independent of Sickness and all other causes which: a) causes Injury to an Insured Person; and b) occurs while insurance is in effect for the Insured Person and within the Scope of Coverage.

“Hospital” means an institution which: a) is operated pursuant to law; b) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis; c) is under the supervision of a staff of Physicians; d) provides 24 hour nursing service by or under the supervision of a graduate registered nurse (R.N.); e) has medical, diagnostic and treatment facilities, with major surgical facilities; 1) on its premises; or 2) available to it on a prearranged basis; and f) charges for its services.

Hospital does not include:

- a clinic or facility for: a) convalescent, custodial, educational or nursing care; b) the aged; c) rehabilitation; or
- a military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless: a) the services are rendered on an emergency basis; and b) a legal liability exists for the charges made to the individual for the services given in the absence of insurance.

“Injury” means bodily harm which results, directly and independently of Sickness and all other causes, to an Insured Person while coverage is in effect and within the Scope of Coverage.

“Medical Expenses” means expenses incurred for Medically Necessary services and supplies. Not included are amounts in excess of Usual, Customary and Reasonable Charges. Medical Expenses are incurred on the date the service or supply is received.

“Medically Necessary” means the services or supplies provided by a Hospital, Physician, or other covered provider that are required to identify or treat a covered loss and which, as determined by Us, are: 1) consistent with the diagnosis and treatment of the covered loss; 2) appropriate with the standards of good medical practice; 3) not solely for the convenience of an Insured Person; 4) the most appropriate supply or level of service which can be safely provided; and 5) not considered experimental or investigative.

“Physician” means a legally qualified physician practicing within the scope of his license; and recognized as a physician in the state where services are rendered. Legally qualified physician does not include: the Insured person; His spouse; His child; His parent; His brother; His sister; or a person living with Him; or employed or retained by the Sponsoring Organization.

“Pre-existing Condition” means any condition for which a Covered Person has received medical treatment, care, diagnosis or advice within 6 months before being covered by this Policy.

“Sickness” means illness or disease which begins and for which Medical Expense is incurred while coverage is in force under the policy for the Insured Person. Sickness includes normal and complications of pregnancy. All related conditions and recurring symptoms of sickness will be considered one sickness.

“Usual, Customary and Reasonable Charges”

“Usual” means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury or Sickness; **“Customary”** means those charges made by the majority of providers in the area for similar services or supplies. **“Reasonable”** means those charges that do not exceed the majority of prevailing fees in the geographic area for the same or similar services and supplies.

Non-Duplication of Coverage

If, for any one Injury or Sickness, benefits are payable under more than one provision in the policy, then benefits will be provided only under the provision providing the greater benefit.

Authorized Representation

In accordance with state and federal rules and regulations, we will not disclose individual information without authorization. This includes disclosures to family members for insured individuals who have reached the age of majority. To authorize an additional party to act as your personal representative for matters pertaining to this insurance plan, please send a notarized, written request to:

Summit America Insurance Services
7400 College Blvd.; Suite 100
Overland Park, KS 66210

Exclusions

Benefits will not be paid for a loss due to:

1. intentionally self-inflicted Injury, suicide while sane or insane or any attempt thereof (in Missouri this applies only while sane);
2. an act of declared or undeclared war;
3. dental treatment or dental X rays, except as otherwise provided, and only when Injury occurs to sound natural teeth;
4. services or treatment rendered by a Physician, Nurse or any other person who is:
 - a) employed or retained by the Sponsoring Organization; or
 - b) is the Insured Person or an Immediate Family Member;
5. charges which the Insured Person would not have to pay if He did not have insurance;
6. charges which are in excess of Usual, Customary and Reasonable charges;
7. mental and nervous disorders (except as specifically provided);
8. expenses incurred to the extent that they are paid or payable under any other valid and collectible Health Care Plan;
9. treatment for alcoholism except as specifically provided;
10. treatment for drug addiction except as specifically provided;
11. any loss for which benefits are paid under state or federal worker's compensation, employers liability, or occupational disease law;
12. eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore;
13. active duty service in any Armed Forces of any country and, in such event, the pro-rata unearned premium will be returned upon proof of service. This does not include Reserve or National Guard active duty or training unless it extends beyond 31 days.;
14. Elective Treatment or Surgery, where no Injury or Sickness is involved;
15. Pre-existing Conditions (except as specifically provided); or
16. Expenses incurred outside the United States, its territories and possessions.

Claim Procedure

In the event of Injury or Sickness, the Covered Person should:

1. Report to his/her Physician or hospital.
2. a) If seeking treatment from a provider that is part of the Multiplan or PHCS network, the provider will submit the claim.
b) If seeking treatment from a provider that is not part of the Multiplan or PHCS network, please submit all bills to Summit America Insurance Services at the address below.
c) For prescription drug claims, please complete the prescription drug claim form, which can be downloaded at www.summitamerica-ins.com. Mail the completed claim form, along with all prescription drug receipts, to the Summit America address listed below.
3. Bills should be received by the Company within 90 days of service.
4. Claim status can be checked online at www.summitamerica-ins.com

SUBMIT ALL CLAIMS OR INQUIRES TO:

Summit America Insurance Services L.C.
7400 College Blvd., Suite 100
Overland Park, KS 66210
Toll free phone number: 800-301-9128
www.summitamerica-ins.com
E-mail: claims@summitamerica-ins.com

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on Medical Necessity. If you have questions about the status of your claim after it has been submitted, please call Summit America Insurance Services, Inc. at (800) 301-9128.

ADMINISTERED BY:

Summit America Insurance Services L.C.
(800) 301-9128

PLAN ARRANGED BY:

Willis of Seattle, Inc.
P.O. Box 34201
Seattle, WA 98124

This brochure is a general summary of the insurance coverage within the master policy. If any discrepancy exists between this brochure and the Policy, the Policy will govern and control the payment of benefits.