



**FORTIS**

Solid partners, flexible solutions™

## Health Plans for Your Needs

### Preferred 2000 Health Plans

*Health Plans for  
Individuals and Families*

from Fortis Insurance Company  
a Fortis Health member company



# Preferred 2000 Family of Plans

Take a look at just some of the great benefits available with these plans.

- \$6 million lifetime maximum benefit
- Plans with a \$20, \$25, \$30 or \$40 copay for doctor office visits
- Wellness benefits
- Prescription Drug Card
- Optional Dental and Vision Card
- Optional Accident Medical Expense (AME) benefit: we pay first when you have an injury -- before you pay deductible or coinsurance
- Optional Medical Savings Account (MSA)
- Optional Life Insurance
- Optional Maternity



- Worldwide coverage, 24 hours a day
- Your choice of doctors and hospitals from extensive networks
- Initial 12-month rate guarantee

*Not all options are available with all plans in all states.*

There's a Preferred 2000 plan to meet your needs and budget.

## **Value Plan** *for Economy*

Important benefits at a price you can afford. The most economical PPO plan features:

- Optional first-dollar benefits
- Strong network incentives

## **PPO X-tra Plan** *for Savings*

The freedom to choose a unique plan for you and your budget. The PPO X-tra Plan features:

- Many deductible and coinsurance options
- Premium savings over the Physician/Hospital PPO Plan

## **Physician/Hospital PPO Plan** *for Control*

Still a popular PPO plan, this plan features:

- The most choice, with all plan options available
- Reduced non-network out-of-pocket costs

## **Traditional (Indemnity) Plan** *for Choice*

- The freedom to choose your own providers
- The best plan for those who live outside a PPO network area

# The Preferred 2000 Family of Plans

Feature	Value Plan	PPO X-tra Plan
<b>Lifetime Maximum Benefit</b>	<ul style="list-style-type: none"> <li>• \$2 million or \$6 million</li> </ul>	<ul style="list-style-type: none"> <li>• \$6 million</li> </ul>
<b>Doctor Office Copay (DOC)</b>	<ul style="list-style-type: none"> <li>• \$25 copay per office visit for up to <b>two visits</b> per person per year, including first \$100 lab and x-ray paid at 100%*</li> <li>• Optional (except in IN, IA, NE, PA and IL ZIP code areas 609-629, where it's included)</li> </ul>	<ul style="list-style-type: none"> <li>• \$25 copay per office visit for up to <b>two visits</b> (MI: \$20 copay for unlimited visits) per person per year, including first \$100 lab and x-ray paid at 100%*</li> <li>• Optional</li> </ul>
<b>Wellness Benefit</b>	<ul style="list-style-type: none"> <li>• Available after plan one-year anniversary</li> <li>• Subject to deductible and coinsurance</li> <li>• \$500 calendar year maximum</li> </ul>	<ul style="list-style-type: none"> <li>• DOC Option benefits apply if selected, otherwise deductible + coinsurance</li> <li>• \$500 calendar year maximum</li> </ul>
<b>Prescription Drugs</b> <i>If you choose brand when generic is available, you pay the difference between the two.</i>	<ul style="list-style-type: none"> <li>• \$100, \$250 or \$500 deductible</li> <li>• \$10 copay for generic</li> <li>• \$25 copay + you pay 50% coinsurance for brand</li> </ul>	<ul style="list-style-type: none"> <li>• \$250 or \$500 deductible</li> <li>• \$10 copay for generic</li> <li>• \$25 copay + you pay 20% coinsurance for brand</li> </ul>
<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>• \$500 inpatient facility access fee</li> <li>• \$250 outpatient surgical facility access fee</li> <li>• Then subject to deductible and coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to deductible and coinsurance</li> </ul>
<b>Plan Deductible</b> <i>This is the annual amount you pay before benefits are paid.</i>	<ul style="list-style-type: none"> <li>• Individual: \$500, \$1,000 or \$2,000</li> <li>• Family: three times the individual plan deductible**</li> </ul>	<ul style="list-style-type: none"> <li>• Individual: \$500, \$1,000, \$1,500, \$2,500 or \$5,000</li> <li>• Family: meeting three individual plan deductibles</li> </ul>
<b>Non-network Deductible</b> <i>(\$500 + plan deductible with a \$500 plan deductible in Texas.)</i>	<ul style="list-style-type: none"> <li>• Individual: \$1,000 + plan deductible</li> <li>• Family: three times the individual non-network deductible**</li> </ul>	<ul style="list-style-type: none"> <li>• Individual: \$1,000 + plan deductible</li> <li>• Family: meeting three individual non-network deductibles</li> </ul>
<b>Network Coinsurance</b> <i>This is the percentage of covered medical expenses Fortis Health pays after the deductible is met.</i>	<ul style="list-style-type: none"> <li>• 50% (80% in Georgia, 60% in Texas)</li> </ul>	<ul style="list-style-type: none"> <li>• 80% and 50% (60% available in place of 50% in Texas)</li> </ul>
<b>Non-network Coinsurance</b> <i>If you go out of network, this is the percentage of covered medical expenses Fortis Health pays after the deductibles are met.</i>	<ul style="list-style-type: none"> <li>• 30% (60% in Georgia, 50% in Texas)</li> </ul>	<ul style="list-style-type: none"> <li>• Network coinsurance less 20% (10% with TX 60% plan)</li> </ul>
<b>Network Out-of-Pocket Coinsurance Maximum</b> <i>This is the maximum annual amount you pay in coinsurance before Fortis Health pays 100%.</i>	<ul style="list-style-type: none"> <li>• Individual: \$1,250 (\$1,000 in Georgia and Texas)</li> <li>• Family: \$2,500 (\$2,000 in Georgia and Texas)</li> </ul>	<ul style="list-style-type: none"> <li>• Individual: 80% plan = \$1,000 or \$2,000 50% plan = \$1,250 or \$2,500 TX 60% plan = \$1,000 or \$2,000</li> <li>• Family: two times the individual out-of-pocket</li> </ul>
<b>Non-network Out-of-Pocket Coinsurance Maximum</b> <i>If you go out of network, this is the maximum annual amount you pay in coinsurance before Fortis Health pays 100%.</i>	<ul style="list-style-type: none"> <li>• Individual: \$10,000</li> <li>• Family: \$20,000</li> </ul>	<ul style="list-style-type: none"> <li>• Individual: \$10,000</li> <li>• Family: \$20,000</li> </ul>

\* Additional lab and x-ray charges and office visits (beyond the two-visit limit for the Value Plan and PPO X-tra DOC options) are covered subject to deductible and coinsurance.

\*\* Family deductibles can be met collectively by three or more family members.

\*\*\* Family deductibles can be met collectively by two or more family members.

This chart contains highlights and general information for Preferred 2000 Health Plans.

Please see your contract for complete details on policy benefits, exclusions and limitations.

Feature	Physician/Hospital PPO	Traditional
<b>Lifetime Maximum Benefit</b>	<ul style="list-style-type: none"> <li>• \$6 million</li> </ul>	<ul style="list-style-type: none"> <li>• \$6 million</li> </ul>
<b>Doctor Office Copay (DOC)</b>	<ul style="list-style-type: none"> <li>• \$20, \$30 or \$40 (varies by state) copay per office visit, including first \$100 lab and x-ray paid at 100% each calendar year*</li> <li>• Optional</li> </ul>	<ul style="list-style-type: none"> <li>• Not available</li> </ul>
<b>Wellness Benefit</b>	<ul style="list-style-type: none"> <li>• DOC Option benefits apply if selected, otherwise deductible + coinsurance</li> <li>• \$500 calendar year maximum</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to deductible and coinsurance</li> <li>• \$500 calendar year maximum</li> </ul>
<b>Prescription Drugs</b> <i>If you choose brand when generic is available, you pay the difference between the two.</i>	<ul style="list-style-type: none"> <li>• \$0, \$250 or \$500 deductible</li> <li>• \$10 copay for generic</li> <li>• \$25 copay + you pay 20% coinsurance for brand</li> </ul>	<ul style="list-style-type: none"> <li>• \$0, \$250 or \$500 deductible</li> <li>• \$10 copay for generic</li> <li>• \$25 copay + you pay 20% coinsurance for brand</li> </ul>
<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>• Subject to deductible and coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to deductible and coinsurance</li> </ul>
<b>Plan Deductible</b> <i>This is the annual amount you pay before benefits are paid.</i>	<ul style="list-style-type: none"> <li>• Individual: \$500, \$1,000, \$1,500, \$2,500 or \$5,000</li> <li>• Family: two times the individual plan deductible***</li> </ul>	<ul style="list-style-type: none"> <li>• Individual: \$1,000, \$1,500, \$2,500, \$5,000 or \$10,000</li> <li>• Family: two times the individual plan deductible***</li> </ul>
<b>Non-network Deductible</b> <i>(\$500 + plan deductible with a \$500 plan deductible in Texas.)</i>	<ul style="list-style-type: none"> <li>• Individual: \$1,000 + plan deductible</li> <li>• Family: two times the individual non-network deductible***</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
<b>Network Coinsurance</b> <i>This is the percentage of covered medical expenses Fortis Health pays after the deductible is met.</i>	<ul style="list-style-type: none"> <li>• 80% and 50% (60% available in place of 50% in Texas)</li> </ul>	<ul style="list-style-type: none"> <li>• 80% and 50% (60% available in place of 50% in Texas)</li> </ul>
<b>Non-network Coinsurance</b> <i>If you go out of network, this is the percentage of covered medical expenses Fortis Health pays after the deductibles are met.</i>	<ul style="list-style-type: none"> <li>• Network coinsurance less 20% (10% with TX 60% plan)</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
<b>Network Out-of-Pocket Coinsurance Maximum</b> <i>This is the maximum annual amount you pay in coinsurance before Fortis Health pays 100%.</i>	<ul style="list-style-type: none"> <li>• Individual: 80% plan = \$1,000 or \$2,000 50% plan = \$1,250 or \$2,500 TX 60% plan = \$1,000 or \$2,000</li> <li>• Family: two times the individual out-of-pocket</li> </ul>	<ul style="list-style-type: none"> <li>• Individual: 80% plan = \$1,000 or \$2,000 50% plan = \$1,250 or \$2,500</li> <li>• Family: two times the individual out-of-pocket</li> </ul>
<b>Non-network Out-of-Pocket Coinsurance Maximum</b> <i>If you go out of network, this is the maximum annual amount you pay in coinsurance before Fortis Health pays 100%.</i>	<ul style="list-style-type: none"> <li>• Individual: 80% plan = \$2,000 or \$4,000 50% plan = \$1,750 or \$3,500 TX 60% plan = \$1,250 or \$2,500</li> <li>• Family: two times the individual non-network out-of-pocket</li> </ul>	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>

PPO X-tra is not available in all states.

Copays and access fees do not apply toward your deductible or out-of-pocket maximums.

This chart contains highlights and general information for Preferred 2000 Health Plans.

Please see your contract for complete details on policy benefits, exclusions and limitations.

# What All Preferred 2000 Health Plans Cover

Service	Inclusions
Office Services	<ul style="list-style-type: none"> <li>History, exam, medical diagnosis and office surgery</li> </ul>
Wellness	<ul style="list-style-type: none"> <li>Immunizations, lab tests, Pap smears, mammograms and PSAs (benefit varies by plan)</li> </ul>
Lab and X-ray	<ul style="list-style-type: none"> <li>Screening for covered illness or injury</li> </ul>
Emergency Room	<ul style="list-style-type: none"> <li>\$75 access fee (waived if you are admitted to the hospital), then deductible and coinsurance</li> <li>Covered emergency services are always paid at network coinsurance levels</li> </ul>
Ground/Air Ambulance	<ul style="list-style-type: none"> <li>Emergency transportation to the nearest hospital equipped to provide appropriate care</li> </ul>
Physician	<ul style="list-style-type: none"> <li>Diagnosis and treatment for covered illness or injury, including surgery and anesthesia</li> </ul>
Hospital	<ul style="list-style-type: none"> <li>The hospital semiprivate room rate and covered ancillary charges</li> <li>Intensive Care Unit services have no special limit</li> </ul>
Organ Transplants	<ul style="list-style-type: none"> <li>Up to the Lifetime Maximum Benefit at a designated provider or a \$100,000 lifetime maximum per transplant at a non-designated provider (in Texas: a \$250,000 per transplant lifetime maximum at either a designated or a non-designated provider)</li> <li>Kidney, cornea and skin transplants are covered the same as any other illness</li> </ul>
Complications of Pregnancy	<ul style="list-style-type: none"> <li>Complications of pregnancy as defined in the contract are covered as any other illness</li> </ul>
Rehabilitation	<ul style="list-style-type: none"> <li><b>Inpatient:</b> paid at 100% with a 180-day calendar year maximum</li> <li><b>Outpatient:</b> occupational, physical and speech therapies, and cardiac rehabilitation with a \$3,000 calendar year maximum</li> </ul>
Supplies and Equipment	<ul style="list-style-type: none"> <li>Whole blood, prosthetic devices, crutches, basic hospital bed, nonmotorized wheelchair, braces, oxygen, apnea monitor, but not repair or replacement of equipment</li> </ul>
Outpatient Treatment of Back/Spine/Neck	<ul style="list-style-type: none"> <li>Covered the same as any other illness with a \$750 calendar year maximum (non-surgical)</li> </ul>
Home Health Care	<ul style="list-style-type: none"> <li>Paid at 100% with a 160-hour calendar year maximum</li> </ul>
Hospice Care	<ul style="list-style-type: none"> <li>Inpatient or home care paid at 100% with no limit</li> </ul>
Skilled Nursing Facility	<ul style="list-style-type: none"> <li>Paid at 100% with a 30-day calendar year maximum</li> </ul>
Dental Injury	<ul style="list-style-type: none"> <li>Treatment for injury to sound teeth if the treatment begins within 90 days of the injury and is completed within 180 days of the injury</li> </ul>
TMJ/CMJ	<ul style="list-style-type: none"> <li>Covered the same as any other illness with a \$1,000 lifetime maximum</li> </ul>
Sterilization	<ul style="list-style-type: none"> <li>\$500 benefit after you have been insured by the plan for one year</li> </ul>
Mental Illness/Nervous Disorder/Substance Abuse	<ul style="list-style-type: none"> <li>50% coinsurance after deductible</li> <li>\$2,500 calendar year maximum (up to \$500 of this benefit is available for outpatient treatment)</li> <li>Family and marriage counseling are included</li> </ul>

*Value Plan does not include benefits for these services.*

*Dependents are covered through age 18, or age 23 if a full-time student.*

*All covered charges are subject to 1) deductible and coinsurance and 2) reasonable and customary charges.*

*Any medical procedure may be subject to clinical audit for determination of medical necessity. For catastrophic or chronic illnesses or injuries, we provide you with the option of working with our RN Case Manager who will assist you in obtaining appropriate, cost-effective care.*

*This chart contains highlights and general information for Preferred 2000 Health Plans.*

*Please see your contract for complete details on policy benefits, exclusions and limitations.*

# Preferred 2000 — Options

## Life Insurance

Complete one application – get health and life coverage!

You choose the benefit level and decide who's covered. The coverage is available until age 63½ for you and your spouse. Choose a benefit level (available at \$10,000 increments) within the applicable range.

- \$10,000 to \$100,000 between ages 21 and 40
- \$10,000 to \$50,000 between ages 41 and 50
- \$10,000 to \$30,000 between ages 51 and 63½

If you and your spouse are covered, your dependents are eligible for coverage as well.

- \$10,000 for dependents ages 1 to 23
- \$2,000 for dependents under 1 year of age

## Maternity

- Prenatal care
- Routine delivery services
- Routine inpatient newborn services
- Coverage for hyperemesis gravidarum, pre-eclampsia, eclampsia, premature labor and placenta previa

Routine maternity services are covered the same as any other medical service – there's no separate deductible or lifetime maximum. There is a nine-month waiting period – if conception occurs during the first 270 days of coverage, the pregnancy will not be covered.

*The Maternity option can only be added at the time of issue or with the addition of a spouse.*



## Medical Savings Account (MSA)

An MSA is a tax-favored account set up so you can build up savings for future medical expenses.

You can use your MSA funds for qualified medical expenses that your health insurance may not cover, such as your deductible, contact lenses or certain types of alternative medicine. Or, accumulate funds and earn tax-deferred interest on your savings.

Plus, after one year you can move your account to a mutual fund and potentially earn a higher rate of return.

### Deductible options for MSAs are:

Individual – \$1,550, \$2,000 and \$2,250  
Family – \$3,100, \$4,000 and \$4,500

MSA coinsurance options are 100%, 80% and 50% (if 100% and PPO, the non-network benefit reduction is 20% to the \$5,000 stop loss).

Your out-of-pocket maximums for covered charges are \$3,050 for an individual and \$5,500 for a family.

*Available with Physician/Hospital PPO (without the DOC Option) and Traditional Plans only. Non-network deductibles do not apply to MSA PPO plans. MSA deductibles are subject to change annually based on the Consumer Price Index.*

# Preferred 2000 — Options



## Doctor Office Copay (DOC)

When you add the DOC option to your plan, your copay is all you pay for an eligible network office visit.

In addition, the first \$100 of covered outpatient lab and x-ray per person, per calendar year is paid at 100%.

The DOC option varies by plan. For more information, refer to the plan features chart.

Eligible office visit services are limited to history, examination, diagnosis, immunizations and allergy shots. In-office surgeries, MRIs/CT scans, allergy testing, the treatment of mental illness/nervous disorder/ substance abuse conditions, as described in the contract, and Value Plan wellness services are covered subject to deductible and coinsurance, but are not eligible for DOC option benefits. Physician/Hospital PPO and PPO X-tra wellness services, including covered immunizations, are subject to the Wellness Benefit limit.

## Fortis Health Dental and Vision Card

There's no need to pay full price on dental and vision services when you have the Dental and Vision Card. It's a discount program, not an insurance product. When you present this card to a dental or vision provider who participates in this program, you receive:

- discounts of up to 60% off dental services, including preventive, restorative, orthodontic and cosmetic services and
- discounts of 10% to 60% off eyewear, including eyeglasses, contact lenses and sunglasses.

See the Fortis Health Dental and Vision Card pamphlet for more information about how our card saves you money.

## Accident Medical Expense (AME)

Get first-dollar coverage in the event of an accident! First-dollar coverage means Fortis Health pays the first covered charges at 100%. You choose the benefit amount: \$300, \$500 or \$1,000.

Benefits are available for each accident occurrence for charges incurred within 90 days of the accident.

The AME benefit is paid before any copays or access fees are applied.

# Trust the Tradition of Fortis Health

## Trust the Strength

Fortis Insurance Company is a Fortis Health member company, and part of a long and stable company tradition. In fact, we're number one in the Individual Medical and Short Term Medical markets in the United States, based on market share. <sup>(1)</sup>

Fortis Health is the big company that helps individuals, families and small businesses with their health insurance needs. Our size gives us the clout to provide you with more choice in hospitals and networks.



## Trust the Experience

With more than one million customers and more than 100 years of experience and strong industry ratings, you've got a sizable tradition you can depend on.



## Trust the Stability

Fortis Health is a part of Fortis, an international banking and insurance company. Solid and strong, take a look at how Fortis is growing:

- Ten-fold increase in assets since 1991.
- Bigger than Disney, Kodak, and Johnson & Johnson <sup>(2)</sup>
- Owns more than 200 companies and employs more than 59,000 people worldwide — an entire community in itself!



*(1) Source: A.M. Best Data, 1998; Life Association News survey, March 1999 issue.*

*(2) Source: 1999 Fortune Global 500 listing, based on 1998 revenues.*

*This brochure contains highlights and general information for Preferred 2000 Health Plans. Your insurance contract will provide complete details on policy benefits, limitations and exclusions. To get the greatest benefits from your Fortis Health plan, use network physicians and hospitals.*

*Issued to members of the Health Alliance Association (where permitted).*

# Exclusions Summary

Preferred 2000 Health Plans do not provide benefits for:

- Illness or injury caused by war, commission of crime, attempted suicide, influence of illegal substance.
- Routine hearing care, routine vision care, vision therapy, surgery to correct vision, routine foot care, or foot orthotics.
- Cosmetic services.
- Charges by a health care practitioner or medical provider who is an immediate family member. Immediate family members are you, your spouse, your children, brothers, sisters, parents, their spouses and anyone with whom legal guardianship has been established.
- Custodial care.
- Charges reimbursable by Medicare, worker's compensation, automobile carriers.
- Growth hormone stimulation treatment.
- Dental care not related to a dental injury.
- Any treatment for correction of malocclusion, protrusion, hypoplasia or hyperplasia of the jaws.
- Charges for educational testing or training, vocational or work hardening programs, transitional living, or services provided through a school system.
- Infertility.
- Maternity and routine nursery charges unless you have a maternity rider.
- Genetic testing, counseling and services.
- Charges for sex transformation, and treatment of sexual dysfunction or inadequacy.
- Over-the-counter products.
- Contraceptive drugs or devices.
- Treatment of "quality of life" or "lifestyle" concerns including but not limited to: smoking cessation; obesity; hair loss; sexual function, dysfunction, inadequacy or desire; or cognitive enhancement.
- Treatment used to improve memory or to slow the normal process of aging.
- Telemedicine.

## Additional Information

### Preauthorization

When you need inpatient treatment or certain outpatient procedures, you must obtain preauthorization. If you do not obtain preauthorization, you can incur a penalty of 25% of the charge, up to \$1,000. There is no coverage for transplants which are not authorized.

### Conversion Privilege

A spouse or dependent whose coverage expires under a Fortis Insurance Company plan because he/she is no longer eligible may obtain a similar plan without evidence of insurability.

### Waiting Periods on Certain Conditions

Benefits for certain conditions are payable after the waiting period listed here: tonsils/adenoids 3 months, sterilization 12 months, hernia (except strangulated or incarcerated hernia) 6 months, bunionectomy 6 months, varicose

veins 6 months, hemorrhoids 6 months. The waiting period is waived when this plan is replacing other similar in-force coverage.

### Pre-existing Conditions

A pre-existing condition is an illness or injury not fully disclosed on the enrollment form or application for which a covered person received medical treatment (including prescription drugs), or a condition which produced symptoms capable of being diagnosed. Preferred 2000 does not pay benefits for charges incurred due to a pre-existing condition.

This pre-existing condition limitation, as defined in the contract, will apply until the covered person has been continuously insured under this plan for 12 months. After this 12-month period, benefits will be paid for a pre-existing condition on the same basis as for any other condition, unless the condition has been specifically excluded from coverage.

*This brochure is not all inclusive. Please review our contract because it provides a complete list of benefits, limitations, and exclusions. Check the State Variation for state-specific requirements.*



## **A Powerful Force Working For You**

Fortis Health provides solutions for customers' health care needs by offering a wide array of individual, small group and specialty health insurance products. The specialty medical products include college student insurance and a market-leading short term medical plan. Fortis Health includes health insurance products issued and underwritten by Fortis Insurance Company, John Alden Life Insurance Company and Fortis Benefits Insurance Company. Fortis Health is based in Milwaukee, WI.

Fortis Health is part of Fortis, Inc., a financial services company that, through its operating companies and affiliates, provides specialty insurance and investment products to businesses, associations, financial service organizations and individuals in the U.S. Fortis, Inc. is part of the international Fortis group, which operates in the fields of insurance, banking and investments. Fortis is jointly owned by Fortis (NL) N.V. of the Netherlands and Fortis (B) of Belgium.

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## **Fortis Health**

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