

Who's Eligible for Core Health?

To be eligible for any Core Health Insurance plan you must be a member of a group or association, under age 65 and reside in the United States.

Eligible Dependent means:

- (1) Your lawful spouse; and
- (2) Your unmarried child or children who:
 - (a) Reside in Your home for more than 6-months a year;
 - (b) Chiefly relies on You for support and maintenance; and
 - (c) Who is under 19 years of age (the Limiting Age).

The Limiting Age will be extended from the child's 19th birthday through the child's 24th birthday provided they are enrolled in a school as a full time student and attend classes regularly at an accredited college or university. "Child" includes stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

Pre-Existing Conditions Limitation (applicable to Hospital, ICU/CCU, Surgery and Anesthesia benefits only). Pre-existing Condition means a medical condition, Injury or Sickness, not excluded by name or specific description, for which:

- (1) Medical advice, Consultation, care or treatment was recommended by, or received from, a Doctor within 12-months immediately prior to the Effective Date of coverage for a Covered Person; or
- (2) Symptoms existed within 12-months immediately prior to the Effective Date of coverage for a Covered Person that would cause a reasonable person to seek Consultation, care, or treatment from a Doctor.

"Consultation" means evaluation, diagnosis, or medical advice given without the necessity of a personal examination or visit.

Plan Limitations & Exclusions

This brochure is intended as a brief summary of the Core Health Insurance plans; the insurance policy and state specific variations are the official documents governing this plan. If you have specific questions regarding any of these plans, please contact your agent representing these programs.

When does coverage begin?

If you submit the application form and initial payment via: Internet or facsimile, the earliest date that coverage can begin (if approved by United States Fire Insurance Company) is 12:01 a.m. on the day after SASid receives the completed application form and valid electronic payment information. A later effective date may be requested, but no more than 30 days following the application date. Note – payment must be made by automatic bank draft or MasterCard / VISA.

U.S. Mail, the earliest date that coverage can begin (if approved by United States Fire Insurance Company) is 12:01 a.m. on the day after the postmark date stamped by the U.S.P.S. on the envelope in which SASid receives the completed application form and payment for the total amount due. If the U.S.P.S. postmark date is not legible or present, the earliest date that coverage can begin is the day

after the completed application form and payment for the correct plan cost are received by SASid. A later effective date may be requested, but no more than 30 days following the application date.

Do I Need Precertification?

Pre-admission certification prior to eligible in-patient hospitalization or surgery by the covered individual within 48 hours is required. This is not a guarantee of benefits. Failure to precertify will result in a benefit reduction of 50%. Call 1-800-874-2378 for precertification.

Payment Methods

Personal Check: You will receive payment coupons with your Policy or Certificate. The 1st payment coupon will reflect a credit equal to your initial payment. Subsequent monthly payments, must be received by SASid on or before the payment due dates shown on payment coupons.

Automatic Bank Draft or Credit Card: Your initial payment and subsequent monthly payments will be automatically debited (on or immediately following the payment due dates) from your bank account or your MasterCard / VISA that is identified on the Electronic Payment Authorization form. If you wish to discontinue coverage before your Benefit Period expires, simply mail or fax your written request for termination to SASid and we will discontinue future automated electronic debits.

Note: 5 days advance written and signed notice from the Primary Insured is required to ensure future credit card debits are discontinued.

Money Back Guarantee

If you are not satisfied that this coverage will meet your insurance needs, simply return the Policy or Certificate with your written and signed request for cancellation within 10 days after you receive it. Coverage will be canceled as of the effective date and you will receive a full premium refund of your initial payment – no questions asked!

Note: the application and administration fees are non-refundable. Underwritten by United States Fire Insurance Company.

Fairmont Specialty

a division of Crum & Forster

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Financial Strength

Fairmont Specialty, a division of Crum & Forster; a highly rated insurance company.

Company Statistics (Crum & Forster):

- Net Written Premiums as of 12/31/05 - \$866.9 million
- Capital as of 12/31/2005 - \$999.6 million (961.2 mil on GAAP basis)
- Number of employees as of 12/31/05 - 1015

AM Best Rating

Fairmont Specialty, a division of Crum & Forster
United States Fire Insurance Company is rated A- (Excellent)
by AM Best Company
– The Third-highest of 15 possible ratings –



PLAN FEATURES:

- Online Application Takes Only a Few Minutes
- Next Day Coverage
- Guaranteed Issue
- Doctors Office Visits
- Affordable, Simple, Secure

Limited Health Insurance



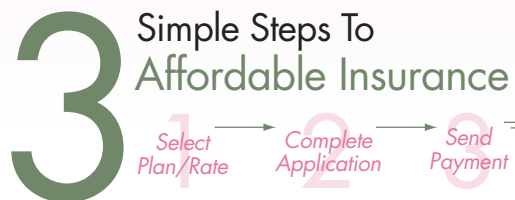
Protect yourself and your family from unexpected illnesses or accidents.

A simple accident like a broken bone or torn muscle can cost thousands of dollars. The *unexpected does happen* and if it does you will be thankful that you purchased Limited Indemnity Health Insurance. *Don't be without coverage!*

Core Health Insurance is an Association Plan with insurance benefits which helps with the everyday cost of medical treatment.

- Affordable Premiums
- Doctors Office Visits
- Accident and Sickness Benefits
- Hospitalization, Emergency and Surgery Benefits

In 3 simple steps you can have affordable health insurance coverage as soon as tomorrow!



- 1) Select a plan/rate that meets your needs and budget.
- 2) Complete a simple 5 minute application.
- 3) Send in your payment and application.
Coverage can be issued as soon as tomorrow!

Plan Highlights:

- No Medical Questions or Physical Examinations – Guaranteed Issue
- Freedom to Choose any Health Service Provider
- Assignable Benefits – You give your Insurance Card to the Doctor/Hospital and They Bill Insurance Company
- Pays in Addition to Other Private Insurance



Register Online!

Benefit:	Value Insurance Pays:	Silver Insurance Pays:	Gold Insurance Pays:	Platinum Insurance Pays:
Lifetime Maximum:	\$1 million	\$1 million	\$1 million	\$1 million
Waiting Period (days) for:				
Accident coverage	None	None	None	None
Sickness coverage	30	30	30	30
*Hospital:				
First Day Admission: (Semi-private room or ICU/CCU)	\$300	\$400	\$750	\$1,000
Semi-Private Room and Board per day:	\$200	\$200	\$500	\$750
Intensive Care Unit (ICU/CCU) per day:	\$400	\$400	\$1,000	\$1,500
Combined Max. number of covered days (per person per policy year):	31	31	31	31
*Surgery				
Inpatient	\$500	\$1,000	\$2,000	\$3,000
Outpatient	\$200	\$500	\$1,000	\$2,000
Maximum number of surgeries (per policy year):	1	1	1	1
*Anesthesia:				
Inpatient	\$100	\$200	\$400	\$600
Outpatient	\$40	\$100	\$200	\$400
Combined Maximum number of treatments (per policy year):	1	1	1	1
Doctor Office Visits	\$50	\$50	\$100	\$100
Maximum number of visits (per person per policy year):	5	5	5	5
(Coverage is also provided for newborn well-care, routine health examinations and immunizations for children aged 5 and under)				
Wellness Visit	\$50	\$50	\$50	\$50
Maximum number of visits (per person per policy year):	1	1	1	1
Diagnostic Testing, X-RayS & Laboratory:				
Basic:	\$30	\$50	\$100	\$100
Maximum number of visits (per person per policy year):	5	5	5	5
Advanced Studies:	\$250	\$500	\$750	\$1,000
Maximum number of visits (per person per policy year):	1	1	1	1
Emergency Room	\$100	\$150	\$300	\$300
Maximum number of visits (per person per policy year):	1	1	1	1
For Medical Emergency Only				
Accident Medical Expense	\$500	\$500	\$2,500	\$2,500
Deductible:	\$100	\$100	\$100	\$100
Maximum number treatments (per person per policy year):	1	1	1	1

Accidental Death & Disbursement	Value Insurance Pays:	Silver Insurance Pays:	Gold Insurance Pays:	Platinum Insurance Pays:
Primary Insured Covered up to:	\$2,500	\$5,000	\$7,500	\$10,000
Covered Spouse up to:	\$1,250	\$2,500	\$3,750	\$5,000
Each Covered Dependunt up to:	\$625	\$1,250	\$1,875	\$2,500

THIS IS LIMITED INDEMNITY COVERAGE. IT IS NOT MAJOR MEDICAL COVERAGE and is not intended to replace other medical coverage.
*Pre-existing condition: applies only to Hospitalization (including First Day Admission, Semi-Private Hospital Room and Board, and ICU/CCU), Surgery and Anesthesia.
Underwritten by United States Fire Insurance Company.