



Affordable Coverage
for Individuals and Families

PLAN HIGHLIGHTS

- Guaranteed Issue
- Instant Approval
- HIPAA Compliant
- Surgery & Anesthesia
- Inpatient Hospital Benefit
- Supplemental Inpatient Benefit
- Emergency Room Benefit
- Doctor Office Visits (co-pay)
- Wellness Test Benefit
- Diagnostic X-Ray & Lab
- Mental Health
- Substance Abuse
- Access to MultiPlan Network
- Provided by NCE Membership



Limited Benefit Medical Plans sponsored by
The National Congress of Employers

Questions?
Contact your broker

Membership Rates

Plan	Starr ₃₀₀	Starr ₅₀₀	Starr ₇₅₀	Starr ₁₀₀₀
Member	\$204.00 per month	\$241.00 per month	\$265.00 per month	\$334.00 per month
+ Spouse	\$377.00 per month	\$450.00 per month	\$499.00 per month	\$637.00 per month
+ Child	\$343.00 per month	\$408.00 per month	\$452.00 per month	\$576.00 per month
Family	\$499.00 per month	\$597.00 per month	\$662.00 per month	\$849.00 per month

Outline of Benefits

Starr 300 Starr 500 Starr 750 Starr 1000

OVERALL MAXIMUM PER INSURED

Coverage Year Maximum	\$100,000	\$100,000	\$100,000	\$100,000
Lifetime Maximum	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000

DAILY HOSPITAL CONFINEMENT BENEFIT (PER DAY)

Coverage for confinement in a Hospital as a result of accident or sickness. Benefit amount is for each day of confinement up to the maximum number of 30 days per plan year.	\$300 per day 30 days/yr	\$500 per day 30 days/yr	\$750 per day 30 days/yr	\$1000 per day 30 days/yr
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Inclusive of other hospital charges for ICU/CCU, pharmacy, surgical supplies or devices, DXL, operating and recovery room.

SUPPLEMENTAL INPATIENT BENEFIT

Benefits are payable after the Inpatient Benefit has been exhausted. Inclusive of other hospital charges for ICU/CCU, pharmacy, surgical supplies or devices, DXL, operating and recovery room.	N/A	N/A	N/A	\$500 per day 3 days maximum/yr
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SURGICAL BENEFIT

If surgery due to an injury received in a covered accident or because of a covered sickness is performed by a physician. The surgery can be performed in a Hospital (on an inpatient or outpatient basis)	Unlimited Annual Maximum 50% of RBRVS	Unlimited Annual Maximum 80% of RBRVS	Unlimited Annual Maximum 80% of RBRVS	Unlimited Annual Maximum 100% of RBRVS
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ANESTHESIA BENEFIT (percentage of surgical)	20%	20%	20%	20%
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SUPPLEMENTAL WELLNESS BENEFIT

Office visit for routine exams and inclusive of mammogram, cervical screening (PAP), diagnostic radiology and imaging, colorectal cancer screening, prostate cancer screening and physical examination.	\$100 1 visit/yr	\$100 1 visit/yr	\$100 1 visit/yr	\$100 1 visit/yr
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DOCTOR'S OFFICE VISIT BENEFIT

Sickness or Accident.

*Overall Maximum for office visits and DXL combined benefits is \$1,000 per coverage year. Benefit amount paid (in or out of network) is applied to, and reduces the overall maximum amount.

\$30 Co-pay visit then 100% coinsurance	\$30 Co-pay visit then 100% coinsurance	\$30 Co-pay visit then 100% coinsurance	\$30 Co-pay visit then 100% coinsurance
per office visit 5 per year	per office visit 5 per year	per office visit 5 per year	per office visit 5 per year

HOSPITAL EMERGENCY ROOM VISIT (PER VISIT)

1 maximum visit per calendar year

\$50 per visit	\$50 per visit	\$75 per visit	\$100 per visit
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DIAGNOSTIC, X-RAY & LAB TESTS BENEFIT

3 maximum visits per calendar year

*Overall Maximum for office visits and DXL combined benefits is \$1,000 per coverage year. Benefit amount paid (in or out of network) is applied to, and reduces the overall maximum amount.

80% coinsurance per visit	80% coinsurance per visit	80% coinsurance per visit	100% coinsurance per visit
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MENTAL HEALTH & SUBSTANCE ABUSE (INPATIENT)

Maximum of 60 days per year.

\$150 per day	\$250 per day	\$375 per day	\$500 per day
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MENTAL HEALTH & SUBSTANCE ABUSE (OUTPATIENT)

\$50 after 75% coinsurance first 40 visits	\$50 after 75% coinsurance first 40 visits	\$50 after 75% coinsurance first 40 visits	\$50 after 75% coinsurance first 40 visits
60% coinsurance 41 and over visits	60% coinsurance 41 and over visits	60% coinsurance 41 and over visits	60% coinsurance 41 and over visits

LIMITED MEDICAL PLAN NETWORK ACCESS

Provided through Membership in the NCE Association. This is not part of the limited medical benefits underwritten by Starr Indemnity & Liability.

Multiplan Limited Benefits Plan Network	Multiplan Limited Benefits Plan Network	Multiplan Limited Benefits Plan Network	Multiplan Limited Benefits Plan Network
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Underwritten by Starr Indemnity and Liability Company (Group Policy Number: (AH-70001N). Limited Benefit Health Insurance is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage. Benefits may not be available in all states. Benefits may vary from state to state. This document is not a contract of insurance. This document provides only brief descriptions of the coverages available. The policies contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in each policy. If there are any conflicts between this document and each Policy, the Policy shall govern.



CONSUMER DISCOUNT BENEFITS

Category

Products/Services

Pharmacy

Prescription Drugs Discount

Vision Care

Optometry, laser vision correction, mail order products

Dental Care

General and cosmetic dentistry, orthodontics, specialty care

Alternative Care

Chiropractic, acupuncture, massage therapy, naturopathy

Wellness

Weight management, smoking cessation, fitness equipment

Long-term Care Services

Nursing and assisted living facilities, home health care, hospice/respite, homemaker and personal care.

Hearing

Hearing Aids

Infertility Treatment

Reproductive endocrinology, IVF

www.nce.optumhealthallies.com

For more information on benefits or to enroll, please contact your insurance agent. Membership enrollment is available online 24/7.

Terms and Conditions



Pre-Existing Conditions Limitation

“Pre-existing Condition”: means a condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care, or treatment was recommended or received from a physician within a 6 month period preceding the effective date of coverage of the Covered Person.

There is no coverage for a pre-existing condition for a continuous period of 12 months following the effective date of coverage under this Policy.

This limitation does not apply to:

- genetic information in the absence of a diagnosis of the condition related to such information;
- a newborn child who is enrolled in the plan within 31 days after birth, nor to a child who is adopted or placed for adoption before attaining 18 years of age, and as of the last day of the 31-day period beginning on the date of birth, adoption or placement for adoption, is covered under creditable coverage;
- pregnancy; (**only complications are covered in the policy**) and
- an individual, and any dependent of such individual, who is eligible for a federal tax credit under the federal Trade Adjustment Assistance Reform Act of 2002 and who has **three months or more of creditable coverage**.

30 Day Waiting Period for Sickness

There is a 30 day waiting period for sickness which applies to each benefit. The 30 day waiting period will begin on the first day coverage is effective.

Basic Information

Doctor Office Visits

Network Access is provided through Membership in the NCE Association. This is not part of the limited medical benefits underwritten by Starr Indemnity & Liability.

You are free to see any doctor you choose but your coverage goes further if you select a participating Preferred Network Provider and take full advantage of the pre-negotiated network rates to reduce your medical bills before the insurance benefit is applied. Even if you elect to see a Non-Network Provider, the full insured benefit amount will still be applied to the bill for covered charges, but without the network rate reduction.

Eligibility

- All Members and Spouses who are under age 65
- Unmarried Children
 - Under age 19
 - Includes stepchild, foster, legally adopted, pending adoption proceedings and natural child
 - Up to age 24 if enrolled as fulltime student at accredited college or university
- Newborn (born during coverage period) for 31 days

Frequently Asked Questions (FAQ)

1. What effective dates are available?

The 1st and 15th of every month. You can enroll up to 60 days into the future.

2. What is the cut-off for getting a 1st and 15th effective date?

For the **1st of the month**: effective date applications and payment must be received by the 20th day of the month prior to the first.

For the **15th of the month**: effective date application and payment must be received by the 5th of the same month.

Effective dates may be up to 60 days in the future on the 1st or the 15th of the month.

3. What are the billing methods available?

ACH (Requires routing number and account number.) Credit Cards: Visa, MasterCard, American Express and Discover. **Credit Cards**: Visa, MasterCard, American Express and Discover. (Requires credit card number, CVC code and expiration date.)

4. When does billing occur?

The **initial monthly payment** plus the one time enrollment fee is taken **IMMEDIATELY**. Once you submit and enrollment, you cannot stop the transaction! If a mistake is made, refund will be processed **after initial payment is confirmed and received by us**.

Future monthly payments are taken as follows:

1st effective date on the 20th of every month.

15th effective date: 5th of every month.

Refunds may take up to 30 days pending payment processing confirmation.

5. How is major medical different from a limited medical indemnity plan?

The limited medical indemnity benefits plan does not provide comprehensive medical coverage. It is a limited benefits policy and is not intended to cover all medical expenses. This plan is not designed to cover the costs of serious or chronic illness. It contains specific dollar limits that will be paid for medical services which may not be exceeded. If the cost of service exceeds those limits, the beneficiary and not the insurer is responsible for payment of the excess amounts.

6. Are you purchasing a limited medical indemnity plan?

You are purchasing a membership in the National Congress of Employers Association (NCE). As a member in a benefits class of membership, the membership includes limited medical benefits as well as other non insurance related membership benefits.

7. Must you go to an in network provider to receive benefits on a limited medical indemnity plan?

No, However, if you visit an in network provider you will benefit from the valuable and deeply negotiated discounts. Network Access is provided through Membership in the NCE Association. This is not part of the limited medical benefits underwritten by Starr Indemnity & Liability.

8. How do I enroll?

Simply contact your agent to enroll.

9. Are the plans available in all states?

Check the web site for updated state availability.

Frequently Asked Questions (FAQ)

10. **What are the age limits for this plan?**

Anyone between 18 and 64 years old can enroll in the plan. Plans end upon the attained age of 65. Dependent children up to 19 or 24 for a full time student are covered on this plan.

11. **Can the Wellness benefit be used for Wellness screening tests such as Pap Smears, Mammograms, PSA?**

Yes

12. **Do I get a reimbursement check back if my benefit amount was greater than the visit?**

No, these plans are called "up to" plans meaning if you have a benefit limit that is greater than the visit amount, no reimbursement check is sent out and it is not applied to other visits.

13. **Where do claims get processed?**

All claims are sent to IBA. Their information is on the back of the membership card. IBA does all re-pricing and claims payment as well as sending out the Explanation of Benefits to both the provider and the patient.

14. **If a person is disabled are they eligible?**

A consumer is eligible for one of the Limited Medical Indemnity plans **ONLY** if they are receiving disability income, **NOT** if they have current coverage such as Medicare or Medicaid. This product is not considered supplementary coverage for Medicare. Also, the broker/agent must represent the product as a Limited Medical Indemnity plan, and is not a substitute or replacement for Major Medical coverage. All pre-existing conditions would apply to someone who is disabled.

15. **Is there a waiting period?**

Yes, there is a 30 day waiting period for sickness benefits.

16. **Is Pregnancy covered?**

No, the plans do not cover normal pregnancy or childbirth except for complications of pregnancy which are covered.

17. **Are the Limited Medical Indemnity Plans HIPAA compliant?**

Yes, these plans are considered creditable coverage thus do qualify for HIPAA. Certificates of creditable coverage can be sent to:

Fax 516-248-3055 (must be addressed to Starr Indemnity Claims Department.)

Email to Ginger@ibatpa.com