

# Exclusive Limited Medical Insurance Rates and Plans for NAR members.

*Affordable Guaranteed Acceptance  
Designed for Realtors® under 65.*



CALL A BENEFIT SPECIALIST AT 1-877-CORE-PLAN (1-877-267-3752)

## Plan Benefits

DOCTOR OFFICE VISITS*	PHYSICIAN	VALUE	PLATINUM
<b>Accidents &amp; Sickness</b> This benefit is payable for visits to a doctor's office, which are medically necessary due to a covered injury or sickness. Benefits are limited to a single doctor visit per day per covered person. There is a 30 day waiting period for sickness.			
Doctor Office Visit - Indemnity Benefit:	\$100	\$110	\$125
Maximum number of visits per Covered Person, per Policy Year:	10	10	10
<b>Wellness Visits</b> This benefit is payable for routine health examinations and immunizations for covered persons.			
Doctor Office Visit - Indemnity Benefit:	\$100	\$110	\$125
Maximum number of visits per Covered Person, per Policy Year:	3	3	3
<b>Diagnostic, X-ray, Laboratory</b> This benefit is payable when as the result of a covered injury or sickness, x-rays, laboratory and other diagnostic tests are ordered or performed by a doctor. Benefit payable for one service per day. There is a 30 day waiting period for sickness.			
Benefit amount per visit:	\$75	\$75	\$100
Maximum number of visits per Covered Person per Policy Year:	10	10	10
<b>Hospital Confinement Benefit</b> This benefit is payable for a maximum of 60 days per policy year, for hospital confinement (semi-private room) as the result of a Covered Injury or Sickness. There is a 30 day waiting period for sickness. A 12-month pre-existing condition clause applies.			
Maximum per day per Covered Person per Policy Year:	N/A	\$400	\$1000
Maximum benefit for All hospital and ICU/CCU confinements is 60 days per plan year.	N/A	60	60
<b>ICU/CCU Benefit</b> This benefit is payable for a maximum of 60 days per policy year, for hospital confinement as the result of a Covered Injury or Sickness. There is a 30 day waiting period for sickness. A 12-month pre-existing condition clause applies.			
Maximum per day per Covered Person per Policy Year:	N/A	\$500	\$1000
Maximum benefit for All hospital and ICU/CCU confinements is 60 days per plan year.	N/A	60	60
<b>Emergency Room Benefit</b> This benefit is payable when, as the result of a covered Injury or Sickness, a Covered Person receives Medically Necessary treatment by a Doctor in a Hospital Emergency Room. There is a 30 day waiting period for sickness.			
Benefit Amount:	\$100	\$125	\$125
Maximum number of visits per Covered Person per Policy Year:	5	5	5

NOTE: SEE TERMS AND CONDITIONS FOR DEFINITIONS AND EXCLUSIONS. TERMS AND CONDITIONS MAY VARY BY STATE. THIS IS NOT MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. FOR A LIST OF LIMITATIONS AND EXCLUSIONS PLEASE VISIT [HTTPS://CONTENT.SASID.COM/CONTENTPAGE.ASPX?CPID=136](https://content.sasid.com/contentpage.aspx?cpid=136)

LIMITED MEDICAL INDEMNITY BENEFITS*	PHYSICIAN	VALUE	PLATINUM
<b>Surgery (Inpatient/Outpatient)</b> When surgery for a Covered Person is performed in an Outpatient Surgery Facility or while Confined to a Hospital, coverage is provided for the use of the operating and recovery room, including the Doctor's charges for performing surgery. Benefits are also provided for medical services and supplies used in the performance of the surgery. We will pay the charges for Covered Expenses, not to exceed the Maximum Benefit amount and the Maximum Surgeries shown in the Schedule for this benefit. There is a 30 day waiting period for sickness. A 12-month pre-existing condition clause applies.			
Inpatient Surgery:	N/A	\$1000	\$3000
Outpatient Surgery:	N/A	\$500	\$2000
Maximum number of Covered Surgeries per Covered Person per Policy Year:	N/A	2	2

<b>Anesthesia Benefit (Inpatient/Outpatient)</b> This benefit is payable for Covered Expenses when administered by a Doctor in connection with a covered surgical procedure resulting from a Covered Accident or Sickness. There is a 30 day waiting period for sickness. A 12-month pre-existing condition clause applies.			
Inpatient Surgery:	N/A	\$200	\$600
Outpatient Surgery:	N/A	\$100	\$400
Maximum number of Covered Surgeries per Covered Person per Policy Year:	N/A	2	2

<b>Accidental Death and Dismemberment Benefit</b> Benefits will be paid only one time under this benefit for each Covered Person. If the Covered Person sustains more than one loss as the result of separate accidents, only one benefit amount, the first one for which a claim has been submitted, will be paid. If more than one loss is sustained in the same accidental injury, only one benefit amount will be paid, the largest of which the Covered Person is entitled. Dismemberment is specific to the type of loss and is payable as a percentage of the benefit amount. *If you live in the state of Oregon: Benefits will be paid only one time regardless if loss is the result of the same or separate accidental injury.			
<b>Accidental Death Benefits:</b>			
Primary Covered Person:	\$2500	\$5000	\$7500
Covered Spouse:	\$1250	\$2500	\$3750
Each Covered Dependent:	\$625	\$1250	\$1875

<b>Excess Accident Medical Expense Benefit (per accident)</b> This benefit is payable for a Covered Person that sustains an accidental injury that requires medically necessary care by a Doctor. Coverage is provided for treatment, services and supplies for such injury not to exceed the benefit maximum. Treatment must be received within 30 days of the injury.			
Benefit Amount, after \$100 deductible:	\$1000	\$2500	\$5000
Maximum number of occurrences per Covered Person per Policy Year:	1	1	1

Monthly Retail Rates	PHYSICIAN	VALUE	PLATINUM
<b>Member Only</b>	\$74.30	\$111.57	\$182.54
<b>Member &amp; Spouse</b>	\$152.59	\$230.18	\$377.99
<b>Member &amp; Child(ren)</b>	\$137.52	\$207.34	\$340.35
<b>Member &amp; Family</b>	\$209.78	\$316.84	\$520.77

TO LEARN MORE VISIT [WWW.REALTORSCOREHEALTHINSURANCE.COM](http://WWW.REALTORSCOREHEALTHINSURANCE.COM)

\*Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best (2012 Edition). Benefits not available to residents of CT, WA, VT, NJ, MA, NC, GA, KS, ME, MD, MI, NH, NY, ND, OR. Duplicate or multiple memberships, including Limited Medical Indemnity Insurance underwritten by United States Fire Insurance Company benefits, is not allowed. A 12-month Pre-Existing Condition Limitations applies to Hospital Confinement Benefit, ICU/CCU Benefit, Surgery and Anesthesia related to Surgery, Maternity is not covered, and there is a 30 day waiting period for sickness. Coverage is not provided for members age 65 or over, coverage will terminate at the end of the month insured turns age 65. Changes to coverage underwritten by United States Fire Insurance Company can only be made if the change is the result of a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. If coverage is cancelled, persons may not re-enroll in coverage with United States Fire Insurance Company until six-months after their termination date.

Individuals considering purchasing the Limited Medical Indemnity/Hospital Indemnity benefits should check with their state Pre-Existing Condition Insurance Plan before enrolling to determine the potential impact of this membership on their eligibility.

The Insurance Premium is the premium rate charged for the insurance coverage underwritten by United States Fire Insurance Company. The Insurance Premium for the following memberships are; **PHYSICIAN** : Member Only = \$72.30, Member & Spouse = \$150.59, Member & Child(ren) = \$135.52, Member & Family = \$207.78 - **VALUE**: Member Only = \$109.57, Member & Spouse = \$228.18, Member & Child(ren) = \$205.34, Member & Family = \$314.84 - **PLATINUM**: Member Only = \$180.54, Member & Spouse = \$375.99, Member & Child(ren) = \$338.35, Member & Family = \$518.77.