

# Consumer Health Savings Association Blanket Group Accident and Accidental Death & Dismemberment (AD&D) Coverage

Coverage commences for Members 30 days following the receipt, by the association, of the Membership enrollment application and the payment by the Member of the first month's dues and continues for as long as dues are paid (subject to the company's rights to adjust future premiums and cancel coverage). Coverage is underwritten and administered by National Foundation Life Insurance Company (Freedom Life Insurance Company of America in Florida and Michigan). Not available in CT, MA, NH, NY and VT. Coverage is subject to the definitions, terms, limitations and exclusions contracted in the blanket policy.

## Benefits

**LIFETIME MAXIMUM BENEFIT PER MEMBER FAMILY ..... \$20,000**

### **ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) MAXIMUM BENEFITS\***

**Primary Member ..... \$2,500**

#### **Spouse of Primary Member**

(if listed on the Membership Enrollment Application or later added, recorded and acknowledged by the Association) ..... **\$2,500**

#### **Eligible Dependent Children of Primary Member\*\***

(if listed on the Membership Enrollment Application or later added, recorded and acknowledged by the Association) ..... **\$2,500 per child**

*\*\* Eligible Dependent Children of Primary Member means an unmarried dependent child of the Primary Insured who is under the age of nineteen (19) years (24 if a full-time student).*

<b>Loss</b>	<b>Percentage of Maximum Benefit</b>	<b>Loss</b>	<b>Percentage of Maximum Benefit</b>
Loss of Life .....	100%	Loss of Hearing (both ears) .....	50%
Loss of two or more Limbs .....	100%	Loss of Sight (one eye) .....	50%
Loss of Speech and Loss of Hearing (both ears) .....	100%	Loss of one Hand .....	50%
Loss of Sight (both eyes) .....	100%	Loss of one Foot .....	50%
Loss of one Limb .....	50%	Loss of Hearing (one ear) .....	25%
Loss of Speech .....	50%	Loss of Thumb and Index Finger (same hand) .....	25%

### **EXCESS MEDICAL EXPENSE COVERAGE MAXIMUM BENEFIT\***

**\$2,000 per accident, per Covered Member, subject to a \$100 deductible per accident per Covered Member.**

*\* The AD&D Maximum Benefit and Accident Excess Medical Expense Coverage Maximum Benefit reduce by 50% at age 70.*

Note: The Excess Medical Expense Coverage Benefit provides benefits for incurred medical expenses covered under this plan in excess of coverage under any other valid insurance coverage, accident medical expense benefits or health benefit plan coverage, including but not limited to coverage or benefit entitlement under or pursuant to any uninsured/under-insured motorist coverage, personal injury protection coverage under any automobile policy, comprehensive major medical insurance, hospital/medical surgical insurance, other indemnity health insurance, health coverage under an HMO or PPN plan, workers' compensation medical expense benefits, FELA medical expense benefits, Jones Act medical expense benefits, Medicaid and Medicare.

Claims for benefits shall be administered based on the Blanket Group Policy issued to the Consumer Health Savings Association. A copy of a Certificate of Coverage further outlining the Blanket Group Policy is available from the association upon request.

A portion of the premium charged by the carrier for this blanket group coverage is paid out of each Member's monthly association dues and the Member is not required to pay any additional premium directly to the carrier for this coverage. This blanket group coverage is renewable at the option of the insurance carrier. The officers of the association evaluate all renewal quotes for changes in rates and benefits. If the officers or board of the association accept any future change in benefits for any renewal plan year on behalf of the association, then the Member will be notified by the association of this benefit change and its effective date. Also, if the officers or board of the association accept any future change in the premium charged for this type of coverage in any renewal plan year on behalf of the association that will affect the amount of a Member's current association dues, then the Member will be notified by the association of the new dues amount and effective date of the changes. For Claim Assistance, contact:

National Foundation Life Insurance Company  
Consumer Health Savings Association Blanket Coverage Claims Unit  
P.O. Box 549, Fort Worth, TX 76101 1-800-221-9039

(In Florida and Michigan) Freedom Life Insurance Company of America  
Consumer Health Savings Association Blanket Coverage Claims Unit  
P.O. Box 1719, Fort Worth, TX 76101 1-800-387-9027