

Limitations and Exclusions Summary

Pretreatment Review

When a covered person needs inpatient treatment or outpatient surgery, he/she must call a health representative to receive authorization. The toll-free telephone number appears on the insurance ID card. If authorization is not received, a penalty of 25% of the charge, up to \$1,000 could be applied.* There is no coverage for Type 2 transplant cases that are not authorized. Pretreatment review is not a guarantee of coverage.

Pre-existing Conditions

A pre-existing condition is a condition, regardless of cause, for which medical advice, diagnosis, care or treatment was recommended or received during the six months prior to the enrollment/effective date. A condition is considered pre-existing whether or not it is disclosed on the enrollment form. Pre-existing conditions are not covered for 12 months, unless continuity of coverage or takeover provisions apply.

Takeover Provisions

If the Fortis Benefits HSA Plan is replacing an existing group major medical plan, those employees covered by the prior plan receive base plan deductible and pre-existing conditions limitation credit.

Continuity of Coverage

If one or more of your employees had prior creditable/qualifying coverage through a plan other than your group plan, credit towards the pre-existing conditions waiting period is given for the time covered under that prior plan, provided there has not been a break in coverage of 63 or more consecutive days (excluding any waiting period).

The Fortis Benefits HSA does not provide benefits for:

Treatment not listed in the Covered Medical Services section; routine hearing care; routine vision care; glasses; contact lenses, vision therapy; surgery to correct vision; routine foot care or orthotics; dental care not related to an injury; jaw alignment conditions or malformations; cosmetic services; experimental treatment; complications of an excluded service; charges by a health care practitioner who is an immediate family member (you, your spouse, children, brothers, sisters, parents and their spouses) or who resides with a covered person; charges for which a covered person is not liable; charges reimbursable by Medicare, Worker's Compensation, automobile carriers; behavioral modification; smoking cessation; weight reduction; sexual dysfunction; sex transformation; educational testing or training; infertility; genetic testing; surrogate pregnancy; growth treatment; sterilization reversal; elective abortions; custodial care; private nurse; masseuse; phone consultations; over-the-counter products; vitamins; herbal medicines, services performed outside of the United States (except for emergency treatment), illness or injury caused by war, commission of crime, attempted suicide or self-inflicted injury.

* If the out-of-pocket plan maximum has been reached, pre-treatment review penalties do not apply.

This form is designed to provide information regarding the subject matter covered. It is provided with the understanding that Fortis Benefits Insurance Company and its subsidiaries are not engaged in rendering tax or legal advice. If tax or legal advice is required, seek the services of a competent professional. The summary does not include benefit variations due to state mandates. Refer to the certificate of insurance for complete information on benefits, limitations and exclusions. In the event that there are discrepancies with the information in this form, the terms and conditions of the coverage documents will govern. Health insurance coverage is underwritten and issued by Fortis Benefits Insurance Company, a Fortis Health member company, Milwaukee, WI.