

**PRE-EXISTING CONDITIONS:** All covered injuries and sicknesses, which occur after the effective date of insurance, are covered immediately. No charges incurred for a pre-existing condition that occurred within three months before coverage began under this plan would be considered covered until the insured is covered under this plan for 12 continuous months. Pregnancy that exists on the effective date is also considered a pre-existing condition.

**LIMITATIONS:** This policy provides limited benefits health insurance only. It does not provide basic hospital, basic medical, or major medical insurance. Benefits may be limited for dental work to restore sound, natural teeth if incurred within 12 months of a non-job-related injury. Temporomandibular joint dysfunction (TMJ) is covered except for crowns or bridgework. Eye exams to prescribe or fit corrective lenses are covered only if they are the result of a non-job-related injury that occurs while insured. Cosmetic treatment or surgery is covered only if it results from a non-job-related accident or illness, or to treat congenital disease or anomaly of a dependent child resulting in a functional defect.

**EXCLUSIONS:** The plan does not pay for charges to buy or rent air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, eyeglass frames or lenses, hearing aids, swimming pools or supplies for them, general exercise equipment, and charges for a routine physical exam, except charges for preventive mammography and cytologic screening. The plan does not cover loss caused by or resulting from any one or more of the following: intentionally self-inflicted injuries; war or act of war; any treatment given by a member of the insured's immediate family or employer or an employee of the employer; would be given free of charge if you were not insured; for a job-related injury or sickness for which a person is entitled to benefits from a workers' compensation or similar law; or for charges incurred after a person's insurance ends, regardless of when that injury or sickness occurred.

Charges must be incurred while you are insured and must be at the recommendation of a legally qualified physician who is treating the illness or injury. Benefits are paid only for charges that are reasonable and customary and for which you are legally obligated to pay.

This brochure is a summary of benefits only and is subject to the terms, conditions, limitations and exclusions of Group Policy No. E-185,688, Form No. G-19000. Coverage may vary and may not be available in all states.

**ADMINISTERED BY:**

400 Market Street  
Suite 450  
Philadelphia, PA 19106  
Phone: 800-952-4050  
Fax: 215-351-9012  
www.mather-co.com



All inquiries should be directed to the administrator of the plan.

**UNDERWRITTEN BY:**



**The United States Life Insurance Company  
in the City of New York**

A subsidiary of American International Group, Inc. (AIG)  
New York, New York  
www.aigbenefitsolutions.com

The underwriting risks, financial obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York are its responsibility. AIG does not underwrite any insurance policy referenced herein. The United States Life Insurance Company in the City of New York is responsible for its own financial condition and contractual obligations.

© 2008 American International Group, Inc. All rights reserved.

## PICPA Excess Major Medical Plan



*Gives you a  
\$1 million financial  
safety net  
that picks up  
where your basic  
health care plan  
leaves off*

Sponsored by:



## THIS \$1 MILLION GROUP EXCESS MAJOR MEDICAL PLAN HELPS KEEP YOUR ASSETS INTACT

### *A basic plan may not be enough*

If you have a traditional fee-for-service plan, an individual or managed care plan, or even Medicare, that plan most likely has caps or limits on its benefits. One catastrophic accident or sickness can all too quickly use up those basic health care coverage benefits, leaving you with tens or even hundreds of thousands of dollars of medical costs to pay — costs that likely can only be met by using your existing savings and assets.

Sponsored by the Pennsylvania Institute of Certified Public Accountants (PICPA), this plan is designed as supplemental coverage when your basic coverage (including Medicare) falls short.

### *Pays expenses that exceed the limit of your health care coverage*

The PICPA excess major medical plan picks up where your basic health care plan leaves off. After your deductible is met, the plan will pay up to \$1 million of eligible expenses for medical treatment over a three-year period. Each insured has a total maximum lifetime benefit of \$1 million.

### *How the plan works*

You become eligible for benefits when your medical costs within a two-year period exceed the deductible you have chosen — \$30,000 or \$50,000. (To help determine which deductible amount is right for you, check your current health care plan to find out its caps and limits.) In most cases, the benefits that have been paid by your basic health insurance plan or Medicare can satisfy your deductible.

A “basic health plan” means a plan that provides benefits or services on a primary basis for, or by reason of, hospital, surgical or medical care or treatment. The plan must provide benefits at least as great as the following: semi-private room and board of \$300 per day for 70 days; \$25,000 for extra services; a \$5,000 surgical schedule; and a lifetime maximum benefit of \$1,000,000.

### *Who can apply*

All PICPA members in good standing who have a basic health care plan individually or through work are eligible to apply. You can also cover your spouse and unmarried, dependent children age 19 or younger (age 25 if a full-time student) if they have a basic health care plan in place. Coverage can continue past age 25 if a child is handicapped and depends on you for support. The dependent definition may vary by state.

You must be able to perform the normal activities for a person your age and gender with like occupation or retired status on the date the insurance becomes effective. If not, your insurance will begin on the date you resume these activities.

### *Typically no health exam is needed*

In most cases, a medical exam is not required. Issuance of a Certificate of Insurance or payment of benefits may depend upon the answers given on the application and the truthfulness of those answers. Pre-existing conditions limitations may apply.

## A PRUDENT, ECONOMICAL CHOICE

The group rates offered through the PICPA plan provide you with an economical way to help make sure you'll get the quality of care you require — without jeopardizing your personal assets.

The semi-annual cost for a 45-year-old with a \$50,000 deductible is only \$15.36.

If you are age 45, you can provide this coverage for yourself, your spouse and children for a semi-annual cost of just \$33.28.



**OPEN NOW** to see how economical this plan can be for you... >>>

# DECIDE TODAY to put this important protection in place. IT TAKES JUST MINUTES TO APPLY.

## THIS PLAN COVERS A WIDE RANGE OF MEDICAL EXPENSES

Once the deductible for this plan is satisfied, the plan pays up to 100% of eligible expenses not paid by your basic health plan, including:

- ▶ Doctor's fees for diagnosis, treatment or surgery
- ▶ Hospital room and board charges of up to \$400 a day and intensive care charges of up to \$800 a day
- ▶ Physiotherapy and anesthesiologist services
- ▶ X-rays, lab tests, radiation treatment, artificial limbs and crutches
- ▶ Prescribed medications
- ▶ Convalescent care up to \$31,200
- ▶ 100 home health care visits
- ▶ Up to 210 days of hospice care
- ▶ Private duty nursing care up to \$35,000
- ▶ Ambulance and transportation services up to \$2,000 lifetime maximum
- ▶ Charges for psychiatric, mental, nervous or emotional disorders, alcoholism or drug addiction treatment

### Provides benefits for a hospital stay

Once you have satisfied your deductible, this plan will pay the semi-private room rate per day for hospital room and board charges, and two times the semi-private room rate per day for confinement in an intensive care unit.

### Pays for convalescent care

Anyone at any age may require convalescent care or custodial care in a convalescent home. That's why this is an important benefit for you — a benefit that is either not included or is limited in most basic health insurance plans. This plan pays up to \$300 per week for convalescent care, to a lifetime maximum of \$31,200 (104-week lifetime maximum). Confinement must begin within 14 days after hospitalization ends.

### Includes home health care benefits

The plan also pays for up to 100 four-hour home health care visits per benefit period. And should the insured require private duty nursing care, the plan pays \$120 per eight-hour shift, or up to \$360 per day, to a maximum of \$35,000 per benefit period. The plan also pays a benefit for hospice care for up to 210 consecutive days.

### Special benefit for common disasters

If more than one family member is injured in the same accident, only one deductible must be satisfied.

### Nonduplication of benefits

To avoid duplication of benefit payments to a covered person, benefits under this plan will be paid after benefits payable by any other individual, group, government insurance program, or any other insurance

### 30-day free look

If you are not completely satisfied for any reason after you review the benefits on your certificate, simply return it within 30 days. We'll send you a full refund of any premium paid.

### Economical group rates Semi-annual premiums

#### \$30,000 DEDUCTIBLE PLAN

AGE	MEMBER	MEMBER & SPOUSE	MEMBER & FAMILY	MEMBER & CHILDREN
under 40	\$ 19.21	\$ 32.21	\$ 44.24	\$ 31.25
40-49	26.31	44.18	56.98	39.11
50-59	71.67	127.87	142.84	86.65
60-64	130.54	235.49	246.12	141.17
65-69*	284.77	534.60	545.22	295.40
70 & over*	324.19	587.71	598.33	334.82

#### \$50,000 DEDUCTIBLE PLAN

AGE	MEMBER	MEMBER & SPOUSE	MEMBER & FAMILY	MEMBER & CHILDREN
under 40	\$ 10.24	\$ 17.42	\$ 23.69	\$ 16.52
40-49	15.36	25.73	33.28	22.41
50-59	33.41	59.53	66.57	40.46
60-64	70.40	128.00	135.04	77.45
65-69*	172.64	312.03	319.07	179.58
70 & over*	188.14	341.98	348.51	194.68

\*Rates are for renewal only.

coverage you may have. However, this provision does not prevent you from collecting up to 100% of your allowable expenses.

Once enrolled, your coverage cannot be canceled by the underwriter for health reasons. Regardless of your age or health condition, your coverage can remain in force as long as your premium payments are current, you remain a PICPA member, the group policy remains in force and you do not enter full-time military duty.



- 1) Determine which family members you want to insure.
- 2) Select the deductible right for you. (Choose the deductible that fits best with your basic plan benefit limits.)
- 3) Complete the enclosed application.
- 4) Mail your application, along with a check for your first semi-annual premium made payable to Bollinger, Inc., 400 Market Street, Suite 450, Philadelphia, PA 19106.

Coverage becomes effective on the first day of the month following receipt of your application and receipt of your first premium payment.

**A TYPICAL HEALTH INSURANCE PLAN MAY NOT BE ENOUGH** to cover the expenses associated with a catastrophic illness or injury. That's why you'll want to carefully consider applying for this coverage today, while this is on your mind.

**IF YOU HAVE ANY QUESTIONS,** please call toll-free **1-800-952-4050** or visit [www.mather-co.com](http://www.mather-co.com).