

# American Select \$aver One

*Individual Major Medical Plans*

HSA Qualified Plans

Up To \$5,000,000  
Lifetime Maximum  
Benefit

Simplicity - Two Plans  
To Choose From:  
PPO and Indemnity

Plan Flexibility  
Via Deductible,  
Coinsurance and  
Optional Rider Choices

Family Premium  
Discount

Preferred Health  
Discount

Initial 12 Month Rate  
Guarantee

Choice Of Multiple  
PPO Networks

Insured by:



A member of the  Zurich Financial Services Group

*An exciting new series of single  
high-deductible major medical  
plans that can be written with or  
without a Health Savings Account*

**Health Insurance  
For  
Individuals And  
Their Families**

# A Choice of Two Major Medical Benefit Plans

The policy will pay 100% of covered expenses up to the Lifetime Maximum

<b>Benefit</b>	<b>High Deductible Health Plans PPO and INDEMNITY</b>				
	Can be used with or without a Health Savings Account (HSA)				
<b>Lifetime Maximum Benefit</b>	\$5,000,000				
<b>Calendar Year Deductibles<sup>(2)</sup></b> Family Calendar Year Deductible can be met by one covered person or any combination of covered persons	<i>Individual Plan</i>	\$1,050	\$1,750	\$2,600	\$5,000 <sup>(1)</sup>
	<i>Family Plan</i>	\$2,100	\$3,500	\$5,200	\$10,000 <sup>(1)</sup>
	<sup>(1)</sup> Not available with 80/20% or 50/50% coinsurance.				
<b>Calendar Year Out-of-Pocket Stop Loss Maximum<sup>(2)(3)</sup></b> Includes calendar year deductible and is based on the selected calendar year deductible and coinsurance option. Family Calendar Year Out-of-Pocket Stop Loss Maximum can be met by one covered person or any combination of covered persons.	Individual PPO or Indemnity Coinsurance Plan				
	<i>Deductible</i>	<i>100/0%</i>	<i>80/20%</i>	<i>50/50%</i>	
	\$1,050	\$1,050	\$5,250	\$5,250	
	\$1,750	\$1,750	\$5,250	\$5,250	
	\$2,600	\$2,600	\$5,250	\$5,250	
	\$5,000	\$5,000	N/A	N/A	
	Family PPO or Indemnity Coinsurance Plan				
	<i>Deductible</i>	<i>100/0%</i>	<i>80/20%</i>	<i>50/50%</i>	
	\$2,100	\$2,100	\$10,500	\$10,500	
	\$3,500	\$3,500	\$10,500	\$10,500	
	\$5,200	\$5,200	\$10,500	\$10,500	
	\$10,000	\$10,000	N/A	N/A	
	If the PPO plan is elected, the Individual and Family Non-PPO Calendar Year Out-of-Pocket maximum is double the PPO calendar year out-of-pocket maximum.				
<b>Coinsurance<sup>(3)</sup></b>		<i>PPO</i>	<i>NonPPO</i>	<i>Indemnity</i>	
		100/0%	80/20%	100/0%	
		80/20%	60/40%	80/20%	
		(CO only) 50/50%	50/50%	50/50%	
<b>Physician Office Visits</b>	Subject to calendar year deductible and coinsurance				
<b>Outpatient Prescription Drugs</b>	Subject to calendar year deductible and coinsurance				
<b>Optional Benefits</b>	24 Hour Occupational Coverage Mental Illness and Nervous Disorders (GA only)				
Preventive Care Benefits (subject to deductible and coinsurance unless mandated otherwise)					
<b>Routine Physical Exams</b>	Covered after insured 12 months; up to \$150 maximum per examination per covered insured/spouse per benefit period (every two years), including lab tests (blood/urine) associated with the same routine physical exam. Subject to coinsurance only.				
<b>Child Health Supervision</b> (includes immunization)	Specific age intervals from birth to 6 years (GA) (thru 12 in CO). Not subject to calendar year deductible.				
<b>Pap Smear</b>	One screening per calendar year.				
<b>Mammograms</b>	Females: One baseline ages 35-39 and one every year for ages 40 and older. (In CO, one baseline ages 35-39; one every two years for ages 40-49 and one every year for ages 50 and older. In CO, routine mammogram is not subject to calendar year deductible or coinsurance.)				
<b>Prostate Cancer Screening (PSA) Tests</b>	Males: Age 40 and over. One per calendar year. (In CO, Males: Age 50 and over, 40 if high risk, and not subject to calendar year deductible or coinsurance.				
<sup>(2)</sup> The Calendar Year Deductible and Out-of-Pocket Stop Loss Maximum amounts are subject to annual cost of living adjustments as may be required by the Federal Government to coincide with the Consumer Price Index (CPI).					
<sup>(3)</sup> PPO and NonPPO out-of-pocket stop loss maximums and coinsurance accumulate separately.					

# Saver One Plan Benefits and Features

after you have met your calendar year Out-of-Pocket Stop Loss Maximum

All plan benefits subject to deductible and coinsurance unless mandated or stated otherwise.

Plan Benefits* and Features	PPO and INDEMNITY
Ambulance Service	Covered
Anesthetics and their Administration	Covered
Chemotherapy and Radiation Therapy	Covered
Confinement in an Intensive, Intermediate Care Unit, Observation or Specialized Care Unit	Covered
Dental Treatment to Sound Natural Teeth resulting from a covered injury	Covered
Dressings, Sutures, Casts, Splints, Trusses, Crutches, Rental of Durable Medical Equipment	Covered
Emergency Treatment Received Outside the U.S.	Covered
Home Health Care (in lieu of a covered hospital confinement)	Covered up to 40 visits per calendar year (In CO, up to 60 visits per calendar year)
Homeopathic Treatment (provided by a licensed homeopathist)	Covered up to \$50 per visit to a maximum up to \$500 per calendar year
Hospice Care	Up to a \$5,000 lifetime maximum (In CO, up to \$100 per day per 6 month benefit period maximum two benefit periods; \$5,000 maximum does not apply.)
Hospice Care - Bereavement Counseling Not subject to calendar year deductible or coinsurance	Covered up to 3 months after insured's death up to maximum of \$500 (In CO, covered up to 12 months after insured's death up to maximum of \$1,500.)
Hospital Daily Room and Board (semi-private rate), Hospital Inpatient Miscellaneous Medical Services and Supplies, Hospital Outpatient Services	Covered
Inpatient Psychiatric Care, Chemical Dependency, Substance Abuse, Alcohol and Drug Rehabilitation	Covered up to 55 days or \$2,000 per calendar year, whichever occurs first
Outpatient Psychiatric Care	Covered up to \$20 per visit with a maximum of 55 visits per calendar year
Organ Transplants or Replacements	Covered for specific transplants or replacements
Oxygen and Rental of Equipment for the Administration of Oxygen	Covered
Physician Charges (inpatient and outpatient)	Covered
Physical, respiratory and speech therapy for rehabilitative treatment	Covered
Preexisting Conditions	Covered if disclosed on the application and not otherwise excluded under the policy or by rider or endorsement
Private Duty Nursing (while not hospital confined)	Covered up to \$2,000 per insured per calendar year
Skilled Nursing Facility for Convalescent Care	Covered
Spinal Manipulation and other Manipulative Therapy	Up to 15 visits per insured per calendar year

\* Plan benefits may be subject to exclusions, limitations and maximum benefits and may vary by state. Complete description of benefits is contained in the Policy.

## Outpatient Prescription Drugs



**Outpatient Prescription Drugs** are subject to the calendar year deductible and coinsurance.

For reimbursement of covered prescriptions, mail receipts to the plan administrator at the non-network address on your insurance ID card.

Prescription Drug benefits are not payable for drugs purchased without a prescription; contraceptive drugs, devices or supplies (contraceptive drugs and devices covered in GA); immunization agents or therapeutic devices. A complete listing of the Rx exclusions is listed in the Prescription Drug Benefit.

Additionally, an Express Scripts® discount card is provided for all plans at no additional charge. Simply present your discount card at an affiliated network pharmacy when you purchase your prescription to receive your Rx discount. While the cost of the Rx drug is your responsibility until any plan benefits are payable, you can enjoy the valuable discount provided when you utilize the affiliated Express Scripts pharmacy(ies). The discount card is not an insurance benefit. The Rx discount is not available for drugs purchased at pharmacies not affiliated with Express Scripts.

## Optional Benefits

**24 Hour Occupational Coverage** - To be eligible for this optional Rider, the applicant and/or spouse must be: (1) a sole proprietor, partner, owner or other individual gainfully employed in an occupation eligible for the Rider; and (2) eligible to opt out of Workers' Compensation by their state law and have done so. This optional Rider provides benefits for injuries or sicknesses, that arise out of or in the course of employment, on the same basis as any other covered illness. Benefits are payable provided the covered person is not insured or required to be covered under any Workers' Compensation or similar law, and the expenses are incurred while the Rider is in force. The Rider will terminate on the date the covered person changes occupation, or on the date the covered person becomes covered or is required to be covered by Workers' Compensation. If the covered person's occupation changes, the covered person is required to provide notification within 30 days of the date of the change in occupation. If the Rider terminates because the covered person's occupation changes, the individual can request to the plan administrator to add this Rider to their certificate under their new occupation if gainfully employed in an eligible occupation and is eligible to opt out of Workers' Compensation and has done so. If this Rider is not elected, there is no on the job coverage.

**Mental Illness and Nervous Disorders (GA only)** - Paid on same basis as any other illness up to maximum of 30 days inpatient treatment per calendar year and 48 outpatient treatments per calendar year. If this option is not elected, benefits for inpatient and outpatient psychiatric care are payable in accordance with the policy's provision.

## Additional Plan Features

**Initial 12 Month Rate Guarantee** - Initial premium rates, excluding fees, guaranteed for 12 months. Initial premium rates may change if you move, change your plan or add/delete covered dependents.

**Medical Emergencies** - Medical benefits for emergency (as defined in the policy) services will be considered for payment at participating provider benefit level. Emergency services must be provided within 72 hours following the onset of the injury or illness.

**Medically Necessary Covered Services Not Available From A PPO Provider** - and referred to a NonPPO provider will be considered for payment at PPO level.

## Discounts

\* **Family Premium Discount** of 5% applies when a policy is issued with two or more family members applying together.

\* **Preferred Health Discount** of 20% applies to qualified individuals ages 18-39.

## General Information

\*Effective dates are the 1st or 15th of a month contingent on underwriting approval.

\*10 Day Free Look Provision.

### Eligibility:

\* Individuals can apply for coverage if they are between the ages of 18 through 64.

\* Individual's dependents can apply for coverage if they are a legally married spouse through age 64, and unmarried dependent children under age 19 (20 in GA) (under age 25 if enrolled full time in an accredited two-year or four-year college or university).

\* Children only coverage available for infant through 18 (19 in GA) (24 if full-time student). Parent/guardian must be applicant.

### Termination of Insurance:

Insurance will remain in force until:

- \* The date there is fraud or material misrepresentation with regard to the policy or its benefits.
- \* The date the insured's premium is due if not received by the end of the grace period.
- \* The date of death of the covered insured.
- \* The premium due date following the date the insurer terminates all policies in the insured's state of residence.
- \* Dependent child's coverage terminates on the premium due date following: the date of the covered dependent's marriage; the date the covered dependent reaches age 19 (20 in GA) (or 25 if a full-time student). (Termination of insured's insurance will also result in dependent termination.)

**In the absence of fraud or misrepresentation, insureds cannot be singled out for a rate increase nor can their policy be cancelled due to claims on an individual basis.**

**Failure to fully disclose health information can result in rescission (voiding) or reformation of coverage and the denial of a claim. Please refer to the Application and the Policy for further details.**

**Colorado** - An illness, injury or pregnancy of a covered person for which the covered person has incurred charges, received medical advice, treatment, services, diagnostic tests, consultation from a physician or taken prescription medication during the 12 months prior to the covered person's effective date of coverage under the policy. Benefits will be payable for a pre-existing condition, unless the condition is specifically excluded under the policy or excluded by endorsement or rider attached to the policy, if at the end of a continuous period of 12 months commencing on or after the effective date of the covered person's coverage, the person has been covered under the policy. This period is reduced by the time covered under prior creditable coverage where there is not a break in coverage greater than 90 days immediately prior to the covered person's effective date.

**Georgia** - An illness or injury of a covered person for which the covered person has received medical advice, treatment, services, diagnostic tests, consultation or medication during the twelve (12) months prior to the covered person's effective date of coverage under the policy. Benefits will be payable for a pre-existing condition, unless the condition is specifically excluded under the policy or excluded by endorsement or rider attached to the policy, if at the end of a continuous 12-month period commencing on or after the effective date of the covered person's coverage, the person has not received medical advice, treatment, services, diagnostic tests, consultation or medication in connection with such illness or injury; or, at the end of the two (2) year period commencing on the effective date of the covered person's coverage, the person has been covered under the policy.

**Health conditions duly disclosed in the application for coverage of the covered person and otherwise covered by this policy, unless the condition is specifically excluded by endorsement or rider attached to the policy, are covered from the effective date of coverage under the policy.**



## Pre-Existing Conditions - Definition and Limitation

## Exclusions & Limitations

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Except as specifically provided for in the policy, the policy does not cover:

- preexisting conditions; • **GA only: charges incurred prior to the date the covered person has been covered under the policy for six consecutive calendar months for the care or treatment of: hernia; tonsils; adenoiditis; any disease or disorder of the reproductive system; any rectal disease or disorder; gall bladder; varicose veins; or laminectomy, discectomy or spinal fusion. Any such condition may also be excluded as a preexisting condition. This limitation shall not apply to services provided for an emergency where such condition is not excluded as a preexisting condition.** This exclusion will not apply to a covered person receiving treatment due to a malignancy, provided such treatment is not being rendered to a preexisting condition; • expenses incurred before the effective date; • expenses incurred after coverage under the policy terminates, regardless of when the condition originated; • expenses covered by any optional rider attached to the policy providing additional benefits; • any conditions specifically excluded by riders or exclusions attached to the policy; • expenses incurred to treat complications resulting from treatment, drugs, supplies, devices, procedures or conditions which are not covered under the policy; • experimental, investigational, or unproven services; • expenses determined to be educational; • amounts in excess of the usual, reasonable and customary charges; • expenses the covered person is not required to pay, or which would not have been billed if no insurance existed; • care in government institutions unless the covered person is obligated to pay for such care; • charges incurred for illness or injury that arises out of, as a result of, or in the course of employment; • non-emergency treatment received outside of the United States; • charges incurred by a covered person while on active duty in the Armed Services; • expenses resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection; • expenses incurred or expense related thereto, while engaging in an illegal act or occupation or during the commission, or the attempted commission, of a felony; • pregnancy or childbirth, except for complications of pregnancy; • charges incurred for voluntary termination of pregnancy; • any drug (including birth control pills), implants or injections, supply, treatment, device or procedure that prevents or terminates conception and/or childbirth; • treatment of infertility, including but not limited to any attempt to induce fertilization by any method other than by natural means; in vitro fertilization, artificial insemination or similar procedures whether the covered person is the donor, recipient or surrogate (in CO: diagnosis of infertility also not covered); • any drugs, supplies, treatments, devices or procedures related to sex transformation or reversal thereof, sexual dysfunctions, penile implants or sexual inadequacies; • sterilization or reversal of sterilization; • physical exams or other services or supplies not needed for medical treatment; • prophylactic treatment, including surgery or diagnostic testing; • outpatient treatment of alcoholism; • outpatient treatment of chemical dependency, substance abuse and/or drug addiction; • programs, treatment, supplies, or procedures for tobacco use cessation; • expenses resulting from intentional self-inflicted injury, suicide or attempted suicide, whether sane or insane; • charges incurred which result from: (a) the voluntary taking of drugs, except those taken as prescribed by a physician, (b) the voluntary taking of poison, (c) the voluntary inhaling of gas, or (d) in GA: being intoxicated or under the influence of any narcotic unless administered on the advice of a physician, (d) in CO: being under the influence of alcohol; • dental treatment or care; • orthodontia or other treatment involving the teeth and supporting structures; • in CO: treatment by any method for jaw joint problems including temporomandibular joint dysfunction (TMJ), TMJ pain syndromes, craniomandibular disorders, myofascial pain dysfunction or other conditions of the joint linking the jaw bone (mandible) and skull and the complex of muscles, nerves and other tissues related to the joint; • surgical or non-surgical correction of refractive error; vision therapy; routine vision exams to assess the initial need for or changes to prescription eyeglasses or contact lenses; the purchase, fitting or adjustment of eyeglasses or contact lenses; eyeglasses or contact lenses for the treatment of aphakia; • routine hearing exams to assess the need for or change to hearing aids; the purchase, fittings or adjustments of hearing aids; • cosmetic or reconstructive procedures, services or supplies; • charges for breast reduction unless medically necessary; • charges for breast augmentation; • removal of breast implants; • medications and drugs, including vitamins and vitamin–mineral supplements, available over-the-counter (OTC) whether or not by a physician’s prescription order; • any expense related to the treatment of hair loss; • treatment of weak, strained, flat, unstable, or unbalanced feet, metatarsalgia, bunions or the removal of one or more corns, calluses or toenails; • charges for blood or blood plasma that has been replaced; • treatment of autism (CO only), developmental delays and learning disabilities, testing and training for education or vocation; • treatment of acne; • weight loss programs, diets, or treatment of obesity, extreme obesity or morbid obesity, including surgery for reconstruction, repair or reversal of a gastric bypass; • transportation charges; • rest and/or recuperation cures or care in a skilled nursing facility, convalescent nursing home or facility, extended care facility, or home for the aged, whether or not part of a hospital; • services or supplies for personal comfort or convenience, including custodial care or homemaker services; • services and/or supplies furnished and/or provided by an immediate family member or a person who ordinarily resides in the home of the covered person or by the employer of an immediate family member, except for covered expenses rendered while hospital confined; • any charges incurred in connection with a hospital admission on Friday or Saturday unless the attending physician states in writing that the admission was an emergency; • immunizations not necessary for the treatment of an illness or injury; • expenses incurred for occupational therapy; • acupuncture unless the charges incurred are in lieu of anesthesia; • marriage or family counseling; • sex therapy.

**Coverage under the plan may be uniformly modified prospectively subject to HIPAA and state law.**

This brochure is a brief description of the important features of the Policy. It is not a contract.

**Applicants should not cancel any existing medical insurance plan until they have been notified in writing by the insurance company or its designated plan administrator that their new insurance is in effect.**

## What is a Health Savings Account (HSA)?

- An HSA is a tax-advantaged savings account tied to a high deductible health insurance plan. **The savings account may be used to pay for deductibles, coinsurance and other qualified healthcare expenses** (Section 213(d) of the Internal Revenue Code), **on a tax-free basis.**
- Unlike other types of health savings vehicles, HSA contributions and earnings carry over from year to year allowing you to build up your savings over time. If not used by age 65 you may also use the funds in your HSA to supplement your retirement income.
- Unlike most other employer sponsored savings plans, HSAs are portable and remain with you regardless of your employment status. You control your money.



## Advantages of an HSA

- **Tax-deductible Contributions:** Contributions are tax deductible for individuals, the self-employed and employers.
- **Tax-free: Withdrawals** used to pay for qualified healthcare expenses are tax-free.
- **Low Cost: Qualified HSA insurance plans cost less** due to the high deductible regulations.
- **Options:** You also have the option of selecting from a variety of investment vehicles.
- **Easy Access:** If you select one of our recommended HSA trustees/custodians, accessing your HSA savings is easy **with a convenient Visa Check Card** that is included when you establish your HSA.

## How Do I Qualify for an HSA?

Most Americans qualify for HSAs. If you meet the following criteria, you qualify:

- You have a qualified high deductible health plan (the Saver One plans qualify)
- You have no other health insurance (with a few exceptions: accident only, dread disease, etc.)
- You are not eligible for Medicare
- You cannot be claimed as a dependent on someone else's tax return
- You have gross income

## Setting up Your HSA

- The election of your HSA trustee (bank or financial institution approved by the IRS) is your choice. To simplify this process you will be provided materials and information from an approved trustee with your policy kit.
- If you select one of our recommended HSA trustees/custodians, all you need to do is fill out the forms and send them in to the trustee/custodian with a check for your initial deposit and fees. You do not need to set up an HSA or select one of our recommended HSA trustees to purchase the Saver One Insurance plans. These insurance plans are available with or without an HSA.

## Funding Your HSA

- **Individual Contribution Limit:** 100% of your selected annual individual insurance deductible or \$2,700, whichever is less.\*
- **Family Contribution Limit:** 100% of your selected annual family insurance deductible or \$5,450, whichever is less.\*
- If you are 55 or older you are eligible to contribute an additional \$700 in 2006, increasing by \$100 each year until 2009.
- You, your employer and/or another interested individual can make contributions to your HSA. However, all contributions cannot exceed the annual contribution limit.
- Any partial year that you participate in an HSA, the contribution is prorated for that year based on the effective or cancellation date of your insurance plan. Each month in the plan qualifies you for one twelfth of the total contribution limit.
- You have until April 15 or the tax-filing deadline to contribute the allowable limit for the previous tax year.



## Additional Examples of Qualified Tax-Free Medical Expenses

- Weight Loss Programs
- Eyeglasses and Contact Lenses
- Maternity Expenses, Prenatal Care
- Alcoholism Treatments
- Dental Treatment/Braces
- Hearing Aids
- Long Term Care Insurance
- Podiatrist, Orthopedist and Psychiatrist
- Healthcare Premiums When Unemployed
- Medical Expenses Not Covered by Your Insurance Policy
- Health Plan During Any Period of Continuation of Coverage Required Under Any Federal Law

*\*Annual deductibles and contributions are subject to annual cost of living adjustments as may be required by the Federal Government to coincide with the Consumer Price Index (CPI).*

*American Select Insurance Management Corporation, Empire Insurance Companies, and our Alliance Companies are not licensed tax advisors. For tax-related questions, please consult your attorney or accountant for advice. This section is for general information and is intended to assist the consumer in analyzing their needs and reaching an informed conclusion.*

## Notice To Colorado Residents


Colorado law requires carriers to make available a Colorado Health Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

**If a covered person obtains services from a non-PPO provider, the covered person may be billed by the non-PPO provider for any calendar year deductibles, coinsurance, co-payments or service deductibles and any amount that exceeds the usual, reasonable and customary charge. Reimbursement rates to non-PPO providers for specific health care services and the access plan may be obtained by sending a written request to the plan administrator. Depending upon the PPO network you choose, there may not be providers in the following counties: Dolores, Hinsdale, Jackson, San Juan, and San Miguel.**

## Underwritten By



*Empire is rated A (Excellent) by A.M. Best Company (A.M. Best is an independent analyst of the insurance industry; rating based on financial and operating performance)*

A member of the  Zurich Financial Services Group

In CO:

Policy Form #EM 28 18 (04-01)-P-CO

Plan #SS1 05/04-001-CO

In GA:

Policy Form #EM 28 18 (04-01)-P-GA

Plan #SS1 05/04-001-GA

Insurance premiums vary by age, sex, state, zip code, plan deductibles and coinsurance selected, effective date and underwriting decision. Premiums may also vary based on PPO network and occupation. Benefits, exclusions and limitations may vary by state. The plans described in this brochure are intended for Colorado and Georgia residents only.

## National Program Manager



## Marketed By