

HPA AME Plan Overview

Understanding the details and benefits of the **Healthcare Practitioners Association Accident Medical Expense Plan**

DISCLAIMER

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may not be available in all states.

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The HPA AME Plan

- Comprehensive accident coverage through **Healthcare Practitioners Association**
- **Accidental Death and Dismemberment** for various situations
- **Accident Medical Expense** and support tools
- **24-hour Coverage** through the plan
- **Affordability and Accessibility** support

Key Features and Benefits

24-hour Coverage

Accidental Death and Dismemberment

Accident Medical Expense (varies by plan)

Comprehensive Support through Healthcare Practitioners Association



Cost Management Tools

Accident Medical Expense Benefit (AME)

Deductible System

Coverage Limits Support

How AME Works

1. Enroll through **Healthcare Practitioners Association**
2. Access coverage for accidental injuries
3. Submit claims for covered expenses
4. Receive **Accident Medical Expense** benefits
5. Utilize support tools for claims management

Preventive Care and Wellness

- **Physician Services** Coverage
- **Hospitalization** Programs
- **Virtual Visits** provides telehealth services

Telehealth Services

- **Virtual Consultations**
- **Remote Monitoring**
- **24/7 Access** available
- **Convenient Access** to care

Advocacy and Support Services

- **Comprehensive** healthcare advocacy
- **Claims Management** assistance
- **Wellness Programs** options
- **Advocacy Services** support

HPA AME 2500 (1/2)

Accidental Death and Dismemberment

- Principal Sum: \$2,500
- Loss of Life: 100% of Principal Sum
- Loss of Two or More Hands or Feet: 100% of Principal Sum
- Loss of Sight of Both Eyes: 50% of Principal Sum
- **Conditions of Coverage:** The loss must occur within 365 days of the accident

Accident Medical Expense Benefit

- Maximum: \$2,500
- Deductible: \$250
- Inpatient Benefits: 100% coverage for semi-private room, ICU, and emergency room treatment
- **Dependent Care:** Coverage available for eligible dependents

SCHEDULE OF BENEFITS

POLICYHOLDER:	Healthcare Practitioners Association, Inc.
BLANKET POLICY NUMBER:	ADD110822
POLICY EFFECTIVE DATE:	12/01/2022
POLICY TERM:	12/01/2023
ELIGIBLE PERSONS:	An Eligible Person is an individual who meets all of the requirements of one of the covered classes shown below:
Class	Principal Sum
All Members of the Policyholder who are enrolled in the Policyholder's Accident Plan 1 for whom the required premium as on file with the plan administrator has been paid	\$5,000

CONDITIONS OF COVERAGE

The benefits provided by this Policy will be paid, subject to the applicable conditions, limitations and exclusions, under the following coverages as described in the Conditions of Coverage section of this Policy:

24-HOUR COVERAGE

BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss must occur within	365 days of the Covered Loss
Primary Insured	\$5,000
Insured Spouse	100% of the Primary Insured Principal Sum
Insured Dependent Child(ren)	50% of the Primary Insured Principal Sum
Schedule of Benefits for this Benefit	
Type of Loss	Benefit Amount
Loss of Life	100% of the Principal Su
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	50% of the Principal Sum

HPA AME 2500 (2/2)

Outpatient Benefits

- Physician Visits: 100% up to \$75 per visit
- X-ray, CT, MRI: 100% up to \$500 per injury

Additional Services

- Ambulance: 100% up to \$1,000 per injury
- Prescription Drugs: 100% up to \$500 per injury

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Schedule of Benefits for this Benefit

Type of Loss	Benefit Amount
Loss of Life	100% of the Principal Su
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	50% of the Principal Sum

HPA AME 5000 (1/2)

Accidental Death and Dismemberment

- Principal Sum: \$5,000
- Loss of Life: 100% of Principal Sum
- Loss of Two or More Hands or Feet: 100% of Principal Sum
- Loss of Sight of Both Eyes: 50% of Principal Sum
- **Conditions of Coverage:** The loss must occur within 365 days of the accident

Accident Medical Expense Benefit

- Maximum: \$5,000
- Deductible: \$250
- Inpatient Benefits: 100% coverage for semi-private room, ICU, and emergency room treatment
- **Dependent Care:** Coverage available for eligible dependents

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Primary Insured	\$10,000
Insured Spouse	100% of the Primary Insured Principal Sum
Insured Dependent Child(ren)	50% of the Primary Insured Principal Sum
Schedule of Benefits for this Benefit	
Type of Loss	Benefit Amount
Loss of Life	100% of the Principal Su
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	50% of the Principal Sum

HPA AME 5000 (2/2)

Outpatient Benefits

- Physician Visits: 100% up to \$75 per visit
- X-ray, CT, MRI: 100% up to \$500 per injury

Additional Services

- Ambulance: 100% up to \$1,000 per injury
- Prescription Drugs: 100% up to \$500 per injury

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Schedule of Benefits for this Benefit

Type of Loss	Benefit Amount
Loss of Life	100% of the Principal Su
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	50% of the Principal Sum

HPA AME 7500 (1/2)

Accidental Death and Dismemberment

- Principal Sum: \$7,500
- Loss of Life: 100% of Principal Sum
- Loss of Two or More Hands or Feet: 100% of Principal Sum
- Loss of Sight of Both Eyes: 50% of Principal Sum
- **Conditions of Coverage:** The loss must occur within 365 days of the accident

Accident Medical Expense Benefit

- Maximum: \$7,500
- Deductible: \$250
- Inpatient Benefits: 100% coverage for semi-private room, ICU, and emergency room treatment
- **Dependent Care:** Coverage available for eligible dependents

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24-HOUR COVERAGE

BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Loss must occur within	365 days of the Covered Loss
Primary Insured	\$15,000
Insured Spouse	100% of the Primary Insured Principal Sum
Insured Dependent Child(ren)	50% of the Primary Insured Principal Sum
Schedule of Benefits for this Benefit	
Type of Loss	Benefit Amount
Loss of Life	100% of the Principal Su
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	50% of the Principal Sum

HPA AME 7500 (2/2)

Outpatient Benefits

- Physician Visits: 100% up to \$75 per visit
- X-ray, CT, MRI: 100% up to \$500 per injury

Additional Services

- Ambulance: 100% up to \$1,000 per injury
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Type of Loss	Benefit Amount
Loss of Life	100% of the Principal Su
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	50% of the Principal Sum

HPA AME 10000 (1/2)

Accidental Death and Dismemberment

- Principal Sum: \$10,000
- Loss of Life: 100% of Principal Sum
- Loss of Two or More Hands or Feet: 100% of Principal Sum
- Loss of Sight of Both Eyes: 50% of Principal Sum
- **Conditions of Coverage:** The loss must occur within 365 days of the accident

Accident Medical Expense Benefit

- Maximum: \$10,000
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HPA AME 10000 (2/2)

Outpatient Benefits

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Schedule of Benefits for this Benefit

Type of Loss	Benefit Amount
Loss of Life	100% of the Principal Su
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	50% of the Principal Sum

Comparing the Plans

Feature	HPA AME 2500	HPA AME 5000	HPA AME 7500	HPA AME 10000
Principal Sum	\$2,500	\$5,000	\$7,500	\$10,000
Loss of Life	100%	100%	100%	100%
Loss of Two or More Hands/Feet	100%	100%	100%	100%
Loss of Sight of Both Eyes	50%	50%	50%	50%
Accident Medical Expense Max	\$2,500	\$5,000	\$7,500	\$10,000
Deductible	\$250	\$250	\$250	\$250

Definitions and Limitations

Exclusions

- Pre-existing conditions
- Professional athletics injuries
- Routine physical care

Limitations

- Deductibles apply
- Coordination with other insurance

Agent Responsibility

- Agents must review all exclusions and limitations with the consumer to ensure full understanding

DESCRIPTION OF BENEFITS

Please read these and the Common Exclusions section in order to understand all of the terms, conditions, and limitations applicable to these Benefits.

If the Insured Person sustains more than one Covered Loss as a result of the same Covered Accident, the Company will pay the Benefit for the Covered Loss for which the largest benefit is payable.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

The Company will pay the Benefit Amount for any one of the Covered Losses listed in the Schedule of Benefits, subject to all applicable conditions and exclusions, if the Insured Person suffers a Covered Loss within the applicable time period specified in the Schedule of Benefits.

If the Insured Person suffers a Covered Death, the Company will pay for Accidental Death and any other Covered Losses will not exceed the Principal Sum.

ACCIDENT MEDICAL EXPENSE BENEFIT

Covered Expenses and any applicable Deductible are shown in the Schedule of Benefits.

Other Insurance Benefits

When Other Insurance provides benefits in the form of services rather than cash payments, the Company will consider the reasonable cash value of such service in determining whether any Deductible has been satisfied, or any amount by which any benefit provided by this Policy will be reduced.

Full Excess Medical Expense

The Company will pay Covered Expenses:

1. after the Insured Person satisfies any Deductible; and
2. only when they are in excess of amounts payable by any Other Insurance whether or not claim has been made for benefits it provides.

The Company will pay the benefits shown in Schedule of Benefits for the Insured Person's Necessary Treatment Covered Expenses, subject to all applicable conditions and exclusions, for treatment of a Covered Injury.

Benefits will be paid:

1. When Covered Expenses exceed any applicable Deductible within the number of days from the date of the Covered Injury specified in the Schedule of Benefits; and
2. The Company shall not pay more than the Maximum Benefit Amount shown in the Schedule of Benefits.
3. The Covered Expenses must be provided within the Maximum Benefit Period shown in the Schedule of Benefits.
4. The Company will multiply the Covered Expenses by the Co-Insurance percentage contained in the Schedule of Benefits to determine the amount payable.
5. The Company may impose limits on certain types or categories of Covered Expenses. These limits are contained in the Schedule of Benefits.

Limitations and Excluded Accident Medical Benefit Expenses

Non-Duplication of Benefits

This provision applies if:

1. any Other Insurance covers the Insured Person; and
2. total benefits under all Plans would exceed the expenses for services provided to the Insured Person; and
3. we are not defined as primary under another Other Insurance Coordination of Benefits provision.

When the total of benefits payable by all Other Insurances, whether or not claim is made for those benefits, exceeds Covered Expenses, any Covered Expense- Accident Benefit Medical Benefits, the amount We will pay will be reduced by such excess.

Key Takeaways and Reminders

- **Flexibility** benefits
- **Balance** included
- **Cost-effective** benefits
- **Enrollment** required

Thank You!

Continue to be great!



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