

HTH Global HealthGuard

Long-term worldwide major medical
Group Plans

HTH Worldwide

US SAILING

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Group Health Insurance for US SAILING members

Attention Eligible US SAILING Members:

- Certified US SAILING Instructor or Coach
- Collegiate Sailing Athlete
- US SAILING Team Member
- Professional Crew or Captain
- International Cruising
- Sailors Cruising/Racing Internationally

US SAILING is proud to offer you a creditable **health insurance plan** brought to you by **HTH Worldwide**. HTH Worldwide is a leader in helping world travelers gain access to quality healthcare services all around the globe. HTH combines ongoing research, a contracted global community of physicians and hospitals, advanced Internet applications and wide experience in international health insurance to ensure customers' health, safety and peace of mind.

US SAILING Plan Highlights:

- Worldwide coverage
- No lifetime maximum
- 100% coverage outside the U.S.
- 80% coverage in the U.S. in-network with a \$5,000 out of pocket maximum
- No waiting periods associated with preventative services
- Alcohol-related and sailboat racing injuries covered to policy maximum
- Guaranteed issue / No underwriting
- Online enrollments and automatic monthly credit card deductions

ENROLL ONLINE TODAY!

Visit <http://www.hthbusiness.com/USSAILING>

This is a group policy being offered to eligible, current US SAILING members. Enrollment into this plan can ONLY occur during the three (3) month open enrollment period (July 1, 2011 – Sept. 30, 2011).

HTH Worldwide understands mariners, our unique needs, and the global range of our professional life. HTH has created an outstanding program that meets our needs, they provide excellent service, and they pay claims promptly and without fuss. In the eyes of our members, HTH Worldwide has thoroughly "redeemed" the health insurance industry, through great products and service. Our members are extremely satisfied with HTH. *-Bert Rogers, Executive Director, American Sail Training Association*

Questions?

Contact Allen Insurance and Financial

Rick Bagnall or Barbie Murray

Email rbagnall@allenfg.com

Call 800.439.4311 x. 540

Allen Insurance and Financial has served customers from Camden, Maine, since 1866



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US SAILING HTH Global HealthGuard Benefit Summary 2011-2012

OVERVIEW MATRIX

	Limits Outside the U.S.	Limits In Network, U.S.	Limits Out-of-Network, U.S.
MEDICAL EXPENSES			
Deductible Any deductible paid for one column will be applied towards the deductible in another column.	\$1,000 per Insured Person per Policy Year and \$2,500 per Family per Policy Year	\$1,000 per Insured Person per Policy Year and \$2,500 per Family per Policy Year	\$1,500 per Insured Person per Policy Year and \$3,750 per Family per Policy Year
Payment Level One	The Insurer will pay 100% of the Usual and Customary Fee.	The Insurer will pay 80% of the Negotiated Rate.	The Insurer will pay 60% of the Usual and Customary Fee.
Payment Level Two		Once the Coinsurance Maximum is satisfied the Insurer will pay 100% of the Negotiated Rate.	Once the Coinsurance Maximum is satisfied the Insurer will pay 100% of the Usual and Customary Fee.
Coinsurance Maximum Any Coinsurance paid for one column will be applied towards the deductible in another column.	\$5,000 per Insured Person per Policy Year and \$12,500 per Family per Policy Year		
ACCIDENTAL DEATH AND DISMEMBERMENT	Maximum Benefit: Principal Sum up to \$10,000		
REPATRIATION OF REMAINS	Maximum Benefit up to \$25,000		
MEDICAL EVACUATION	Maximum Lifetime Benefit for all Evacuations up to \$250,000		
BEDSIDE VISIT	Up to a maximum benefit of \$2,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person		

SCHEDULE OF BENEFITS
 (Subject to Maximums, Coinsurance, and Deductibles in Overview Matrix)

Benefits	Outside the U.S.	In Network, U.S.	Out-of-Network, U.S.
Preventive Care Services – Deductible is not applicable			
For Dependent Children (Birth to Age 19)	100% of the Usual and Customary Fee	100% of the Negotiated Rate	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.
For Adults (Age 20 and Older)	100% of the Usual and Customary Fee	100% of the Negotiated Rate	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.
Services Provided by a Physician or Provider – Copayments and Deductible apply			
Physician Office Visits	Deductible is not applicable The Insurer will pay 100% of the Usual and Customary Fee.	Deductible is not applicable After a \$30 Copayment, the Insurer will pay 100% of the Negotiated Rate.	Deductible is not applicable 60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.
Surgical Care	The Insurer will pay 100% of the Usual and Customary Fee.	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate.	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.
Medical Care	The Insurer will pay 100% of the Usual and Customary Fee.	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate.	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.

Benefits	Outside the U.S.	In Network, U.S.	Out-of-Network, U.S.
Emergency Care	The Insurer will pay 100% of the Usual and Customary Fee.	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate.	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.
Other Physician services	The Insurer will pay 100% of the Usual and Customary Fee.	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate.	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.
Annual Physical Examination/Health screening for services not covered by Preventative Care	The Insurer will pay 100% of the Usual and Customary Fee, up to a Maximum of \$500 and limited to one per Policy Year	100% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, up to a Maximum of \$500 and limited to one per Policy Year	100% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied up to a Maximum of \$500 and limited to one per Policy Year
Services and Supplies Provided by a Hospital – Copayments and Deductible apply if applicable			
Inpatient Hospital Care	The Insurer will pay 100% of the Usual and Customary Fee.	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate.	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.
Outpatient Hospital Care	The Insurer will pay 100% of the Usual and Customary Fee.	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate.	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.
Emergency Care¹	The Insurer will pay 100% of the Usual and Customary Fee.	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate.	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.

Benefits	Outside the U.S.	In Network, U.S.	Out-of-Network, U.S.
Other Services and Special Conditions – Copayments and Deductible apply if applicable			
Ambulance Transportation	The Insurer will pay 100% of the Usual and Customary Fee.	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate.	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.
Ambulatory Surgical Facility	The Insurer will pay 100% of the Usual and Customary Fee.	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate.	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.
Dental Care for an Accidental Injury	100% of Covered Expenses up to \$1,000 per Policy Year maximum and limited to \$200 per tooth		
Maternity	The Insurer will pay 100% of the Usual and Customary Fee.	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate.	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.
Mental Illnesses – Inpatient Treatment	The Insurer will pay 100% of the Usual and Customary Fee.	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate.	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.
Serious Mental Illness – Outpatient Treatment	Deductible is not applicable The Insurer will pay 100% of the Usual and Customary Fee.	Deductible is not applicable After a \$30 Copayment, the Insurer will pay 100% of the Negotiated Rate	Deductible is not applicable 60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.

Benefits	Outside the U.S.	In Network, U.S.	Out-of-Network, U.S.
Mental Illness – Outpatient Treatment	Deductible is not applicable The Insurer will pay 100% of the Usual and Customary Fee and limited to 30 visits per Policy Year.	Deductible is not applicable After a \$30 Copayment, the Insurer will pay 100% of the Negotiated Rate and limited to 30 visits per Policy Year.	Deductible is not applicable 60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee and limited to 30 visits per Policy Year.
Substance Abuse rehabilitation – Inpatient Treatment	The Insurer will pay 100% of the Usual and Customary Fee and limited to 30 days per Policy Year	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate and limited to 30 days per Policy Year	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee and limited to 30 days per Policy Year
Substance Abuse rehabilitation – Outpatient Treatment	Deductible is not applicable The Insurer will pay 100% of the Usual and Customary Fee and limited to 30 visits per Policy Year.	Deductible is not applicable After a \$30 Copayment, the Insurer will pay 100% of the Negotiated Rate and limited to 30 visits per Policy Year.	Deductible is not applicable 60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee and limited to 30 visits per Policy Year.
Chiropractic Care	Deductible is not applicable. The Insurer will pay 100% of the Usual and Customary Fee and as many as 20 visits per Policy Year	Deductible is not applicable. After a \$30 Copayment, the Insurer will pay 100% of Negotiated Rate and limited to 20 visits per Policy Year.	Deductible is not applicable. 60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee and limited to 20 visits per Policy Year.

Benefits	Outside the U.S.	In Network, U.S.	Out-of-Network, U.S.
Physical/Occupational/Speech Therapy/Medicine	Deductible is not applicable. The Insurer will pay 100% of the Usual and Customary Fee and as many as 50 visits per Policy Year.	Deductible is not applicable. After a \$30 Copayment, the Insurer will pay 100% of Negotiated Rate and limited to 50 visits per Policy Year	Deductible is not applicable. 60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee and limited to 50 visits per Policy Year.
Human Organ Transplants	The Insurer will pay 100% of the Usual and Customary Fee.	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate.	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.
Home Health Care	The Insurer will pay 100% of the Usual and Customary Fee up to a maximum of 120 visits per Policy Year	The Insurer will pay 80% of the Negotiated Rate until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate up to a maximum of 120 visits per Policy Year	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee up to a maximum of 120 visits per Policy Year
Skilled Nursing Facilities	The Insurer will pay 100% of the Usual and Customary Fee up to a maximum of 120 visits per Policy Year	The Insurer will pay 80% of the Negotiated Rate until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate up to a maximum of 120 visits per Policy Year	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee up to a maximum of 120 visits per Policy Year
Hospice	The Insurer will pay 100% of the Usual and Customary Fee.	80% of the Negotiated Rate, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Negotiated Rate.	60% of the Usual and Customary Fee, until the Coinsurance Maximum is satisfied, then the Insurer will pay 100% of the Usual and Customary Fee.

Benefits	Outside the U.S.	In Network, U.S.	Out-of-Network, U.S.
Pharmacy Benefits			
Pharmacy – Outside the US Maximum 180 day supply	the Copayment stated below		
1. Prescription Drugs	All except a \$10 Copayment per prescription, per 30 day supply		
2. Injectables	All except a 30% Copayment per Prescription, per 30 day supply		
Pharmacy – Inside the US Maximum 180 day supply	the Copayment stated below		
1. Generic Drugs	All except a \$10 Copayment per prescription, per 30 day supply		
2. Brand name Drugs	All except a \$25 Copayment per prescription, per 30 day supply		
3. Injectables	All except a 30% Copayment per Prescription, per 30 day supply		
Hearing Services	No Deductible. 100% of Covered Expenses per Policy Year up to a maximum of \$500 for Hearing Services that are not the result of an Injury or Illness. In addition, for a Covered Person who is a Dependent Child under age 24, 100% of Covered Expenses up to a maximum of \$1,000 per Hearing Aid every three years.		

- 1 If an Insured Person requires emergency treatment of an Injury or Sickness and incurs covered expenses at a non-Preferred Provider, Covered Medical Expenses for the Emergency Medical Care rendered during the course of the emergency will be treated as if they had been incurred at a Preferred Provider.



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US SAILING HTH Global HealthGuard Rates

This is a group policy being offered to eligible members. Enrollment into this plan can ONLY occur during the three (3) month open enrollment period (July 1, 2011 – September 30, 2011) or due to a qualifying life event (i.e. becoming a newly eligible member, marriage, birth, etc.). All coverage dates must be valid through August 31, 2012. All policies will need to be renewed on September 1, 2012, you will be notified prior to renewal.

This is an annual policy which is billed through monthly credit card deductions.

The monthly premium rate for this plan is:

	Age Under 30	Age 30-49	Age 50-64
Participant Only	\$145 per month	\$208 per month	\$428 per month
Participant & Spouse	\$345 per month	\$498 per month	\$1,028 per month
Participant & Child	\$331 per month	\$477 per month	\$983 per month
Family	\$531 per month	\$767 per month	\$1,582 per month