

Excess Electronic Equipment coverage pays toward the cost to replace your electronic equipment or media when coverage is not provided for excess electronic equipment, tapes, records, discs and other media. It is offered for an additional charge.

HEALTH INSURANCE

Health insurance is an important coverage that helps protect you and your family from the devastating financial effects of unexpected health problems or catastrophic illness and can be an important policy in the event of a disaster.

You may receive health coverage through an individual insurance policy, through a policy issued to you as a member of an association group or through employer sponsored health plan.

Although there are many forms of health insurance, most comprehensive coverage includes some form of managed care services:

- Policies that provide managed care services;
- Policies that provide limited benefits.

TYPES OF MANAGED CARE

Preferred Provider Organizations (PPOs) - PPOs offer a provider network to meet the health care needs of their insureds. The PPO contracts with a group of health care providers, or with a PPO network, to control the cost of providing health care. The insured chooses who will provide their health care; but if the insured chooses a provider in the network, the insured will usually pay less in deductibles and coinsurance.

Health Maintenance Organization (HMO) - HMO members pay a monthly fixed dollar amount (similar to an insurance premium), which gives them access to a wide range of health care services. In many cases, members also pay a predetermined amount, or copayment, for each doctor or emergency room visit and for prescription drugs, rather than paying the provider in full and obtaining a portion of the reimbursement later. Members must use the HMO's network of providers, which are the doctors, pharmacies and hospitals under contract with that particular HMO.

HMO Plan with a Point of Service option (POS) - In the HMO has a POS option; members may choose, at the point of service, whether to receive care from a physician within the plan's network or to go out of the network for services. The POS plan provides less coverage for health care expenses provided outside the network than for expenses incurred within the network. Also, the POS plan will usually require you to pay deductibles and coinsurance costs for medical care received out of network.