



DAVIS & TOWLE
INSURANCE GROUP

Limited Benefit Health Insurance

Limited Medical Benefit Coverage is designed specifically for eligible League of New Hampshire Craftsmen members and provides specific, supplemental or limited health coverage, offering an affordable option for those who may not have access to, or be able to afford comprehensive medical insurance, or those who have comprehensive medical plans with high plan deductibles, requiring significant out-of-pocket payments that may be supplemented by this plan. Benefits are paid directly to the insured person, independent of actual medical costs and regardless of other insurance.

United States Fire Insurance Company Limited Medical Health Insurance provides specific, supplemental or limited health coverage that pays a lump-sum payment directly to covered Contractors for covered events. This coverage is NOT major medical insurance nor is it meant to replace basic health insurance or major medical coverage.

PLAN OPTIONS

	A	B	C
Lifetime Maximum	\$1,000,000	\$1,000,000	\$1,000,000
Policy Year Maximum	\$250,000	\$250,000	\$250,000

Waiting Period

Accidental Injury	0	0	0
Sickness	30 days	30 days	30 days
Deductible	0	0	0

Preventive Benefits

Physician's Office (per visit – 3 pp/py-6 max pf)	\$50	\$75	\$100
Wellness Visit (1 per year)	\$50	\$75	\$100
Diagnostic, Xray, Lab(per test – 3 pp/py)	\$50	\$75	\$100
Emergency Room (per visit – 1/year pp)	100	\$100	\$100

Hospital Benefits

Hospital Semi - Benefit – max 31 days	\$500	\$750	\$1,000
Hospital – ICU - max 31 days	\$500	\$750	\$2,000

Surgery Benefits

Available to eligible juried members of



To learn more contact: Linda Quinn, Account Executive
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Surgery – In-patient (1 per yr)	\$1,000	\$1,000	\$1,000
Anesthesia (% of surgical IP and OP)	25%	25%	25%
Surgery – Out-patient (1 per yr)	\$1,000	\$1,000	\$1,000

Other Benefits

Ambulance (ground – max 1 per yr)	\$100	\$100	\$100
Ambulance (air – max 1 per yr))	\$100	\$100	\$100
Out Patient Prescription Drug Benefit	Included	Included	Included

Accidental Death & Dismemberment

Primary	\$20,000	\$30,000	\$40,000
Spouse	\$5,000	\$5,000	\$10,000
Child	\$2,500	\$2,500	\$2,500
Included – Dental - Accident related per policy	Included	Included	Included

MONTHLY ESTIMATED PREMIUM INDICATIONS

PLAN OPTION	Single	Single and Spouse	Single and Child(ren)	Family
A	\$77.89	\$161.70	\$161.61	\$222.90
B	\$102.12	\$211.80	\$211.71	\$291.91
C	\$134.22	\$278.46	\$278.20	\$383.70

Our Benefits Division Team is also ready to assist you with your Health Insurance, Dental, Life, Long and Short Term Disability, Retirement and Investment Planning needs. Call us today to learn more!

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