

# Financial Independence Co. Insurance Services & Professional Partners Group

*Proudly Presents*



## “For The Employee in Transition”

Health Insurance Options

by

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**Sheila H. Hartman, President**

## **Sheila H. Hartman, President Financial Independence Co. Insurance Services**

Sheila Hartman, president and founder of Financial Independence Company Insurance Services (FICIS) of Woodland Hills, California is known as a “goodwill ambassador” for the insurance industry. Her national, full - service insurance brokerage specializes in providing affordable insurance services and bilingual education and training to her clients’ diverse workforce of multicultural, hourly employees.

Considered a leader in her industry for setting a new standard for education and customer service in multiple industries, her main focus has been hospitality. FICIS has represented some of the top, national hotel chains in the country such as Sheraton Hotels and Wyndham Hotels & Resorts. Currently she represents Cendant franchisee hotel chains: Ramada Inns, Super 8, Days Inn, Knight Inn, Travelodge, Amerihost Inn, Wingate, Howard Johnson and Villager. Her company also represents leading real estate companies: Century 21, Coldwell Banker, ERA and Sotheby’s International; noted travel firm, Galileo International; vehicle rental: Avis, Budget; prestigious financial company Jackson Hewitt Tax Service and leading manufacturing firms.

Born in Florida and raised in Mexico, Sheila came to United States at age 13 when her parents moved to the USA. After earning a Bachelor’s Degree in education from California State University, Los Angeles, she attained her teaching credentials. Over the next fourteen years, Sheila taught Spanish, English as a second language, and Special Education for the Los Angeles Unified School District and the William S. Hart School System as well as teaching Spanish language skills to adults.

In 1983, she transitioned into the insurance industry recognizing that the growing Spanish-speaking market was not being served by the insurance industry. Her mission then, and remains the same today, was to service this market by providing education and training for the minority workforce to properly utilize the insurance benefits offered by their employers.

Sheila’s first major client was Sheraton Hotels for which she provided medical and dental insurance benefits. Recognizing the value of her staff’s bilingual capabilities and outreach services, her company was hired to represent Sheratons’ entire Western Region (approximately 20,000 employees at thirty (30) hotels). For the next twelve years, FICIS provided insurance services to the Sheraton chain until their corporate acquisition by Starwood.

As word spread of her company’s added - value services with the bilingual workforce, Sheila’s company became the broker/consultant for Wyndham Hotels & Resorts and remained as such for over 10 years.

Always thinking “out of the box,” Sheila has made a name for herself and her company by creating innovative solutions to meet the needs of today’s employers. FICIS offers a full range of insurance packages for all classifications of employees: salaried, hourly, part time, seasonal, 1,099 employees, and executive benefits plans for top - level management.

With her goal to provide affordable healthcare and lifestyle benefits to the forty-one (41) million, currently, uninsured Americans, Sheila’s remains committed to the needs of the multi-cultural workforce.

Sheila chose the name Financial Independence Company for her business to acknowledge the vision that immigrants have of the United States - “The Land of Dreams, The Land of Opportunities.” Sheila states: “People come to this country from all over the world to become financially independent.” “Our logo, the American flag, is a symbol of this country and the opportunity we give to everyone; our focus on diversity is to educate and provide added value to employers with a large minority workforce.”

As president of FICIS, Sheila Hartman has received multiple awards for her company’s growth, leadership, and high level of service offered. Since 1997, her company has been awarded eight “Golden Eagle Awards” from the National Association of Health Underwriters. In 2000, Sheila was inducted into the National Association of Women Business Owners (NAWBO) “Hall of Fame” and listed in the prestigious *Who’s Who in North America*, Special Limited Edition. In 2002, Sheila was selected as NAWBO’s “Member of the Year.” In 2004, Sheila was honored as one of the Top 25 Women Business Honorees in the Los Angeles County.

Sheila Hartman is a member for the American Resort and Development Association and a member of the American Hotel and Lodging Association. She serves on the American Hotel & Lodging Association’s Multicultural Diversity Advisory Council and Advisory Council of Small and Independent Properties as well as their Government Affairs Committee. Sheila was recently appointed to the Hospitality Industry Diversity Institute Advisory Board at the University of Houston.

In addition, she is an active supporter of the American Hotel & Lodging Educational Foundation, the National Association of Health Underwriters, and serves on the board of the Pacific Boys Lodge, the San Gabriel Valley Council, Boy Scouts of America and the Los Angeles Jewish Symphony.

## About Our Company

Financial Independence Co. Insurance Services (FICIS) is a national, bilingual employee benefits company dedicated solely to providing effective, quality insurance benefits.

At FICIS, we offer employers and their employees much more than just group insurance. A company's Employee Benefit program plays an essential part in its ability to retain valued employees, and directly affects the well-being and lifestyle of the company's most valuable asset—its employees. An effective company program should also provide comprehensive protection for staff and offer the employer a seamless process for administration.

One of our core areas of expertise has been to create affordable Healthcare and Lifestyle Benefits for those employers that cannot afford to offer benefits to their employees; including 1099 (independent contractors) seasonal, part-time, or full-time employees that have not been eligible for benefits in the past.

Combining our expertise, industry insights and resources, they develop comprehensive employee benefit programs that are customized to meet the individual customer's financial and healthcare needs. We guide owners with full human resources support and help you provide the best program possible for your staff. A professional, bilingual client service team is in place to ensure the delivery of exceptional customer service to meet the increasingly diverse and multi-cultural workforce.

With over 20 years of experience, we serve a broad array of industries including hospitality, real estate, manufacturing, financial services and associations, among others. Leading insurance partners include Aetna, SafeCo, Assurity, Colonial Life and Accident, Cigna, United Healthcare, Blue Cross Blue Shield, HealthNet, Universal Care.

## About Our Commitment

As a trusted ally and partner to our client, we are dedicated to the pursuit of excellence in providing professional benefit management services. With our commitment to provide quality healthcare and lifestyle protection plans to thousands of Americans nationwide, we hope to continue our journey with you as a National Leader in Employee Benefits Solutions.

## About Our Staff

### Dedicated Specialists

Each one of our fully licensed FIC Specialists focuses on specific aspects of the management of employee benefits Programs, including financial market, and benefit analysis, client services, corporate retention and quality assurance. With decades of insurance and benefit experience, our Specialists continue to understand the latest news and trends within the insurance industry through our Professional Development curriculum, industry curriculum, industry conferences and seminars.

### Industry Expertise

With a deep understanding of our clients' needs, federal and state legislation and insurance company policies, we are able to effectively negotiate with insurance companies for the best programs suited to your business needs. FICIS Specialists have worked with national insurance companies in sales, underwriting, claims, client service, contracts and premium analysis. Through these established relationships, we deliver an efficient resolution of service, premium or claims issues.

## About Our Enrollment Team

Financial Independence Co. Insurance Services (FICIS) has partnered with Colonial Life & Accident Insurance Company in order to provide a national enrollment team that has the capability to reach locations across the United States. To promote quality, consistent enrollment communications, Colonial enrollers communicate not only core benefits (benefits offered by FICIS), but also Colonial benefits. Through the Colonial College training program, enrollers receive consistent training and recertification on products and enrollment technology.

Colonial enrollers can support you not only in one phase of the process, but in planning the enrollment, conducting the enrollment, and providing superior service after the enrollment. Colonial enrollers use their own laptop enrollment systems in order to submit business electronically and more efficiently, along with the flexibility to bring in larger or smaller enrollment teams, depending on your needs and schedules.

Colonial is a company of people who understand people. Colonial is a concerned and responsible supplemental insurance provider, who stands apart from other supplemental insurance companies through their benefits communication, service standards and supplemental insurance portfolio.

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OUTLINE OF TOPICS  
FOR TRANS-HEALTH CARE FORUM  
MARCH 18, 2006

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Overview: A basic review of health plans available and services provided for Transgendered: Trans-Men (F2M) and Trans-Women (M2F) in regards to Out-Patient and In-Patient services in California by the various insurance carriers polled: Blue Cross, Blue Shield, Health Net, Aetna, Cigna, PacifiCare, United Healthcare, Humana, Universal Care, and Kaiser. This is not a complete list of plan outlines offered should you have any questions or comments please don't hesitate to contact our office.

- I. HEALTH INSURANCE BASICS
  - a. H.M.O.
  - b. P.P.O.
  - c. P.O.S.
  - d. M.S.A.
  - e. H.S.A.
- II. GROUP MAJOR MEDICAL & HEALTH CARE OPTIONS FOR TRANS-MEN/WOMEN
  - a. Kaiser
    - i. HMO
    - ii. PPO
  - b. HealthNet
    - i. HMO
    - ii. PPO
    - iii. POS
  - c. Blue Shield
    - i. PPO
- III. HEALTH INSURANCE LIMITATIONS/EXCLUSIONS
  - a. Availability of Coverage
    - i. Private Employer
    - ii. Public
    - iii. Groups/Associations
    - iv. Self-Funding Organizations.
  - b. Waiting Periods
  - c. Things you need to know.
  - d. Utilization Review by insurers
    - i. Standards Of Care ("SOC")
- IV. QUESTIONS

## DEFINITIONS

### **Health Insurance**

*Noun:* Insurance against loss through illness or injury of the insured; *especially:* insurance providing compensating for medical expenses.

### **H.M.O. Health Maintenance Organization**

HMO. A form of health insurance combining a range of coverages in a group basis. A group of doctors and other medical professionals offer care through the HMO for a flat monthly rate with no deductibles. However, only visits to professionals within the HMO network are covered by the policy. All visits, prescriptions and other care must be cleared by the HMO in order to be covered. A primary physician within the HMO handles referrals.

### **P.P.O. Preferred Provider Organization**

PPO. A health care organization composed of physicians, hospitals, or other providers which provides health care services at a reduced fee. A PPO is similar to an HMO, but care is paid for as it is received instead of in advance in the form of a scheduled fee. PPO's may also offer more flexibility by allowing for visits to out-of-network professionals at a greater expense to the policy holder. Visits within the network require only the payment of a small fee. There is often a deductible for out-of-network expenses and a higher co-payment. A policy holder will have a primary physician within the network who will handle referrals to specialists that will be covered by the PPO. After any visit, the policy holder must submit a claim, and will be reimbursed for the visit minus his/her co-payment.

### **P.O.S. Point Of Service**

POS. Point-of-service plans are similar to PPOs, but they introduce the gatekeeper, or Primary Care Physician ("PCP"). You'll need to choose your PCP. You can still choose to refer yourself, but it will mean more hassles and more money coming out of your pocket. If your PCP refers you to a doctor who is out of the network, the plan should pick up most of the cost. But, if you refer yourself out, then you'll probably have to deal with more paperwork and a smaller reimbursement. You may also have to pay a deductible if you go outside the network. POS plans may also cover more preventive care services, and may even offer health improvement programs like workshops on nutrition and smoking cessation, and discounts at health clubs.

## M.S.A. Medical Savings Account

A medical savings account is **not** an insurance plan. It's actually a **means** of making coverage more affordable for people who traditionally have high health insurance costs. It's official name is the Archer MSA.

Here's how the medical savings plan works: Rather than pay a high monthly premium for a policy with a low deductible and low co-pays, you opt for a **high deductible** policy (to help in the event of an emergency or major medical expense) *and* you make regular **deposits** into a medical savings account (to cover the minor expenses like office visits).

Deposits made toward the medical savings plan are **100% tax-deductible**, and can be used towards **any out-of-pocket medical expense**, like paying your premium, satisfying your deductible, covering office visits, paying for prescription drugs, etc.

And any medical savings account funds you *don't* use will remain in the account, drawing interest on a tax-favored basis, until needed for future medical expenses **or** retirement.

## H.S.A. Health Savings Account

The new health savings account legislation was signed into law by President Bush on December 8, 2003. The new HSA is really the "next generation" of MSA plans. Although some aspects of the program remain the same, there are some important changes. Perhaps most importantly, ALMOST EVERYONE qualifies for the new HSA plans!

Health savings account is a tax-sheltered savings account similar to the IRA, but earmarked for medical expenses. Deposits are 100% tax-deductible for the self-employed (and now almost everyone with the HSA) and can be easily withdrawn by check or debit card to pay routine medical bills with tax-free dollars. Larger medical expenses are covered by a low-cost, high deductible health insurance policy. What is not used from the account each year stays in the account and continues to grow interest on a tax-favored basis to supplement retirement, just like an IRA--**it's a medical IRA** (we think that is the really cool part!).

When combined with a low-cost, high deductible health insurance policy (required), the health savings account is meant to replace a traditional high-cost health insurance policy (with its low co-pays and mountains of restrictions on medical choices). A health savings plan will restore a high degree of freedom of choice by allowing you to choose your own physician (typically from an extensive PPO directory) without the extensive restrictions imposed by HMO-type plans.

WHAT SERVICES ARE PROVIDED FOR TRANS-GENDERED MEMBERS  
(TRANSEXUALS) in regards to IN-PATIENT AND OUT-PATIENT

Carrier Name: Kaiser

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Male to Female Trans-Gendered (Transsexuals)

<b>Procedure</b>	<b>HMO</b>	<b>PPO</b>	<b>POS</b>
Electrolysis	No	Customized upon Request	
Therapy/Mental Health Services	Yes	Customized upon Request	
Hormones Replacement Therapy (HRT)	Yes	Customized upon Request	
Sex Reassignment Surgery (SRS)	No	Customized upon Request	
SRS Vaginoplasty	No	Customized upon Request	
SRS Labiaplasty	No	Customized upon Request	
Orchiectomy (Castration)	No	Customized upon Request	
Facial Feminization Surgery (FFS)	No	N/A	
Vaginal Revisions (Post Operative)	No	Customized upon Request	
Regular Check-ups; OBGYN Services (Post Operative)	Yes	Customized upon Request	

Special Note: Kaiser's PPO plans are modifiable by rider and flexible based on needs; customized upon request. Group size minimum must be 51+ insured.

Carrier Name: Kaiser

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Female to Male Trans-Gendered (Transsexuals)

<b>Procedure</b>	<b>HMO</b>	<b>PPO</b>	<b>POS</b>
Therapy/Mental Health Services	Yes	Customized upon Request	
Hormones (HRT)	Yes	Customized upon Request	
Mastectomies	No	Customized upon Request	
Sex Reassignment Surgery (SRS)	No	Customized upon Request	
Hysterectomy	No	Customized upon Request	
Vaginectomy	No	Customized upon Request	
Metioplasty	No	Customized upon Request	
Phalloplasty	No	Customized upon Request	
Cosmetic Surgery(s)	No	N/A	
Regular Check-ups; OBGYN Services	Yes	Yes	

Special Note: Kaiser's PPO plans are modifiable by rider and flexible based on needs; customized upon request. Group size minimum must be 51+ insured.

Carrier Name: Health Net, Inc

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Male to Female Trans-Gendered (Transsexuals)

<b>Procedure</b>	<b>HMO</b>	<b>PPO</b>	<b>POS</b>
Electrolysis	Electrolysis or laser hair removal of skin graft for genital surgery is covered (otherwise excluded, i.e. face chest)	Same	Same
Therapy/Mental Health Services	Yes	Yes	Yes
Hormones Replacement Therapy (HRT)	Yes	Yes	Yes
Sex Reassignment Surgery (SRS)	Yes	Yes	Yes
SRS	Yes	Yes	Yes
Vaginoplasty			
SRS Labiaplasty	Yes	Yes	Yes
Orchiectomy (Castration)	Yes	Yes	Yes
Facial Feminization Surgery (FFS)	No	No	No
Vaginal Revisions (Post Operative)	Yes	Yes	Yes
Regular Check-ups; OBGYN Services (Post Operative)	Yes	Yes	Yes

Special Note: \$75,000 lifetime maximum benefit; benefit only provided to certain employer groups. Member must be part of participating employer group for at least one year. Benefit coverage is based on guidelines published in the Harry Benjamin Standards of Care. Group size minimum must be 51+ insured

Carrier Name: Health Net, Inc

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Female to Male Trans-Gendered (Transsexuals)

<b>Procedure</b>	<b>HMO</b>	<b>PPO</b>	<b>POS</b>
Therapy/Mental Health Services	Yes	Yes	Yes
Hormones (HRT)	Yes	Yes	Yes
Mastectomies	Yes	Yes	Yes
Sex Reassignment Surgery (SRS)	Yes	Yes	Yes
Hysterectomy	Yes	Yes	Yes
Vaginectomy	Yes	Yes	Yes
Metioplasty	Yes	Yes	Yes
Phalloplasty	Yes	Yes	Yes
Cosmetic Surgery(s)	No	No	No
Regular Check-ups; OBGYN Services	Yes	Yes	Yes

Special Note: \$75,000 lifetime maximum benefit; benefit only provided to certain employer groups. Member must be part of participating employer group for at least one year. Benefit coverage is based on guidelines published in the Harry Benjamin Standards of Care. Group size minimum must be 51+ insured.

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Carrier Name: Blue Shield

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Male to Female Trans-Gendered (Transsexuals)

<b>Procedure</b>	<b>HMO</b>	<b>PPO</b>	<b>POS</b>
Electrolysis		Customized upon Request	
Therapy/Mental Health Services		Customized upon Request	
Hormones Replacement Therapy (HRT)		Customized upon Request	
Sex Reassignment Surgery (SRS)		Customized upon Request	
SRS Vaginoplasty		Customized upon Request	
SRS Labiaplasty		Customized upon Request	
Orchiectomy (Castration)		Customized upon Request	
Facial Feminization Surgery (FFS)		N/A	
Vaginal Revisions (Post Operative)		Customized upon Request	
Regular Check-ups; OBGYN Services (Post Operative)		Customized upon Request	

Special Note: Blue Shield's PPO plans are modifiable by rider and flexible based on needs; customized upon request. Group size minimum must be 300+ insured. As a rider option there is no waiting period once the member is on the plan.

Carrier Name: Blue Shield

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Female to Male Trans-Gendered (Transsexuals)

<b>Procedure</b>	<b>HMO</b>	<b>PPO</b>	<b>POS</b>
Therapy/Mental Health Services		Customized upon Request	
Hormones (HRT)		Customized upon Request	
Mastectomies		Customized upon Request	
Sex Reassignment Surgery (SRS)		Customized upon Request	
Hysterectomy		Customized upon Request	
Vaginectomy		Customized upon Request	
Metioplasty		Customized upon Request	
Phalloplasty		Customized upon Request	
Cosmetic Surgery(s)		N/A	
Regular Check-ups; OBGYN Services	Yes	Yes	Yes

Special Note: Blue Shield's PPO plans are modifiable by rider and flexible based on needs; customized upon request. Group size minimum must be 300+ insured. As a rider option there is no waiting period once the member is on the plan.

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Carrier Name: Universal Care

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Universal Care: Exclusions. “Sex Transformation” Procedures, services, medications and supplies related to sex transformation are not covered.

Carrier Name: Aetna

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Aetna: Exclusions. The following are not Covered Benefits except as described in the Covered Benefits section of this EOC or by a rider attached to the EOC: Transsexual Surgery, sex change or transformation, including any procedure or treatment or related service designed to alter a members physical characteristics from the Member’s biologically determined sex to those of another sex, regardless of any diagnosis of gender role or psychosexual orientation problems

## Things You Should Know

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**Private Employer** – Employer sponsored plans are available on a large group bases only. Participating employer groups of 51+ are eligible for the Trans-Gendered services included as a rider to an existing plan or available upon request for new groups.

**Public (Individuals)** - Trans-Gendered services meaning surgeries such as Vaginectomy and feminine facial reconstructive surgery is not available as medically necessary services on most individual plans.

**Associations** - Plans are available on a large group bases only. Groups of 51+ are eligible for the Trans-Gendered services included as a rider to an existing plan or available upon request for new groups. Offers the Trans-Gendered members on a voluntary basis the ability to join a group plan that provides for there specific needs.

**Self-Funding Group** - Plans are available on a large group bases only. Groups of 51+ are eligible for the Trans-Gendered services included as a rider to an existing plan or available upon request for new groups. May be expensive, TPA may charge additional administration fees.

**Waiting Periods** - Meaning the time that must pass before a benefit can begin. Such as a carrier may place a time allowance for example 12 months before its members can take advantage of the SRS Sex Reassignment Surgery.

**Probationary Period / Eligibility** - Meaning that any new hires or members to a group sponsored plan must wait for 30, 60, or 90 days before they become eligible to join. New employees or members at the group administrators or owners discretion may choose to have no probationary period and make it so that new hires or members may be eligible 1<sup>st</sup> of the month following date of hire or joining of the association.

Notes:

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