

AVAILABLE OPTIMED BENEFIT OPTIONS (All medical benefit maximums shown are <u>per person</u>)	Benefit Amounts
Calendar Year Overall Maximum Medical Benefit	\$100,000
Outpatient Physician; Office Visit Benefit - \$1,200 calendar year maximum	\$100 per visit
Emergency Room Benefit for Sickness - Included in office visit maximum	\$100 per visit
Wellness Care Benefit - \$150 calendar year maximum	\$150 per visit
Outpatient X-Ray & Lab - \$500 calendar year maximum	\$100 per day
Hearing Exam Benefit- Benefit is payable one time per 24 consecutive month period per insured and dependent spouse and one time per 12 consecutive month period per dependent child	\$70 exam
Ambulance Trip— 3 trips per calendar year/5 trips lifetime maximum	\$150 per trip
Emergency Room Benefit for Accidents (For treatment in an emergency room if performed within 72 hours of the accident)	\$1,000 per visit
Inpatient Surgical Schedule - \$5,000 calendar year maximum - See surgical schedule	\$5,000
• Outpatient Surgical Schedule - 50% of Inpatient	\$2,500
• Anesthesiology—Inpatient and Outpatient	20% of surgical benefit paid
Hospital Indemnity Benefit (for sickness or accidents) - Requires 24 hour stay	\$1,000 per day
• Intensive Care - 30 day calendar year maximum (paid in addition to Hospital Indemnity Benefit)	\$1,000 per day
• Skilled Nursing - for stays in a Skilled Nursing Facility after a 3+ day hospital stay 60 days maximum per stay	\$500 per day
Employee Term Life Insurance/AD&D	\$20,000/\$20,000
Dependent Life - Term Life Insurance Only	
• Spouse	\$10,000
• Children 6 months to 19 (25 if full time student)	\$5,000
• Infants 14 days to 6 months	\$500
Outpatient Prescription Drug Card \$10 generic co-pay/\$15 oral contraceptives co-pay/\$50 brand co-pay Prescription drug formulary applies. - Drugs not on the formulary receive discounts only. (Limitations/exclusions apply)	\$10 generic co-pay \$50 brand co-pay
• Employee Only (calendar year maximum)	\$2,500
• Employee + 1 (calendar year maximum)	\$4,000
• Family (calendar year maximum)	\$5,000

This is not a contract of insurance. Above Indemnity and Outpatient Prescription Drug plan benefits provided through Fidelity Security Life Insurance Company. This is a brief summary of a group limited medical indemnity insurance plan designed to assist you in the process of comparing several health insurance options. This plan is not major medical insurance and is NOT designed to replace, provide, or modify major medical insurance. Some provisions, benefits, and exclusions or limitations listed herein may vary by state.

Additional Included OptiMed Programs - These are not insurance benefits

-National Medical PPO
-Patient Advocacy Service
-Consult-A-Doctor

-Cobra Administration
-Section 125 Premium Only Plans (POP)



*The OptiMed Plan is a limited medical plan which is packaged with certain non-insured benefits, including PPO savings.

Disclosures: Administered by United Group Programs, Inc. Term life, AD&D and limited medical benefits underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 64111 Policy Form Nos. M-6004/M-6005/M-9022/M-9031/ M-9091/M-9096/HC-104/HC-105.

Certain states require a minimum of 51+ eligible employees. Before any presentation of a proposal, please check with your OptiMed sales representative to be certain that the program being proposed is appropriate for the state intended. This is not an offer of sale. No offering of this material should be given without the expressed approval of OptiMed, and any offering will be based upon state availability, underwriting guidelines, agent guide, and minimum group size and participation requirements being met. The OptiMed program is not available in all states, including Washington. Please check with your OptiMed Group Sales Representative to confirm that OptiMed is available in the state or states in which you may have an interest in offering OptiMed.