



OptiMed Mini Medical Indemnity Plans

- *Guaranteed Issue for Eligible Groups*
- *No Health Questions Asked*
- *No Employer Contribution Required*
- *No Pre-existing Condition Clause for Groups of 10 or More*
- *Patient Advocacy Service*
- *Benefits Paid Directly to Provider*
- *Participation Requirements apply**

** For Groups 10 or more, no pre-existing condition limitation applies.*

** For Groups 5-9 enrolled employees a pre-existing condition limitation of 12/6/12 applies.*

Minimum of 5 employees required to issue a policy in certain states. States that require a minimum of 51+ employees include: Florida, New Jersey and Ohio.

This program is not available in all states, including the state of 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.

OptiMed Health Plans

*4 Terry Drive, Suite 1
Newtown, PA 18940
(800) 482-8770 x 215*

*2500 North Military Trail, Suite 450
Boca Raton, FL 33431
(800) 810-9892 x 4770*

*Southeastern Regional Office
(866) 553-0862*

Please obtain an official proposal from your OptiMed Group Sales Representative. OptiMed is not bound to accept proposals that were not issued by OptiMed.

OptiMed™ *IN THE NEWS*

About OptiMed Plans

We specialize in providing employers, agents and brokers alternatives to control the increasingly high cost of providing healthcare benefits. Our clients represent all walks of life, employing both the professional, skilled and the unskilled worker. Our health benefit packages provide a sense of security and comfort to employees worldwide by providing assurance that their health care needs are protected. At the same time, employers remain assured that they are providing a cost-effective benefit package that satisfies their employees' basic needs.

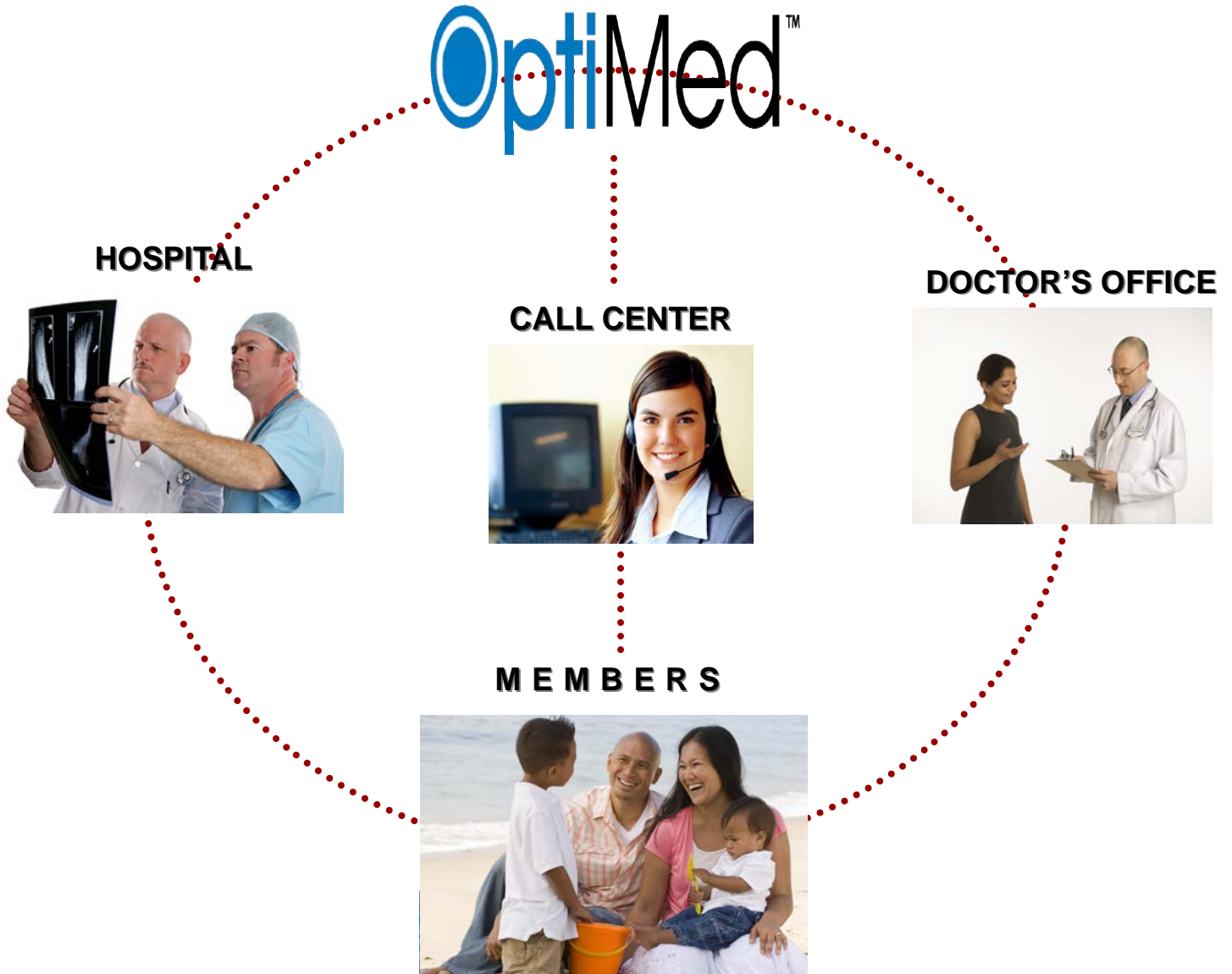
Moreover, the current healthcare crisis has created a paradigm whereby employers are forced to cut benefit costs without losing employees. High turnover may result in lost profits and productivity. OptiMed is a pioneer in the recognition that this crisis may be creatively addressed through the implementation of limited medical indemnity Plans. The offering of an affordable benefits package can be an effective means of retaining employees, reducing turnover and increasing productivity through improved morale.

The Leader in Limited Medical Indemnity Plans

OPTIMED/UGP: *FEATURED ARTICLES*

- The New York Times
- USA Today
- The Wall Street Journal
- Health Insurance Underwriter Magazine
- National Underwriter Magazine
- Benefit Selling Magazine
- Managed Care Magazine
- AMA Magazine
- Broker World
- California Broker Magazine
- Newsweek
- Time Magazine
- Los Angeles Times
- Employee Benefit Adviser Magazine
- Kiplinger Magazine
- Kaiser Network
- Benefits Marketing Online Magazine
- Benefits & Compensation Solutions Magazine
- Employee Benefit News
- Human Resource Executive Magazine

Please Note: The OptiMed Program is not a comprehensive Major Medical Program.



OptiMed Patient Advocacy Program

"EXPERIENCE THE DIFFERENCE"

- Verifying Benefits
- Providing Financial Assistance Advice
- Helping Negotiate Bills
- Answering Benefit Questions
- Office Visit PPO Discounts Provided Instantly
- Helping Members Find the Correct Centers of Excellence
- Finding the Appropriate Facility

(Note: The OptiMed Patient Advocacy Program is not an insurance benefit)

OPTIMED'S PATIENT ADVOCACY PROGRAM

AND CUSTOMER SERVICE UNIT: *

- Provided in English or Spanish for the member's convenience.
- Single, toll-free call-center number for all customer issues and benefits.
- Assisting members in locating and contacting new providers.
- Explanation of benefits, coverage, claims payment and claim history.
- Verification of coverage to providers.
- Addressing the provider's expectations.
- Facilitating negotiations with hospitals and providers to obtain potential savings.
- Large claims negotiation assistance.

OPTIMED PPO PROVIDER RELATIONS DEPARTMENT*

OptiMed will help answer the following questions:

- Is the provider accepting new patients?
- Is the office closed on specific days?
- What are the office hours?
- Does the provider offer bilingual staff assistance?
- Does the provider offer senior services?

OPTIMED HIGH DOLLAR CLAIMS NEGOTIATION*

Should a member find they cannot afford a large medical bill, they may contact OptiMed customer service and request assistance. The member will be put in touch with an OptiMed claims negotiator who will gather the appropriate information from the member, including provider contact information. Once the OptiMed claims negotiator is familiar with the case they will call the provider and attempt to negotiate additional savings on behalf of the member or work to connect the member with any charity/assistance programs the provider may offer to members in financial distress.



HOW CAN I LOCATE A NETWORK PROVIDER?

Step 1:	<i>Contact OptiMed Customer Service (800-482-8770).</i>
Step 2:	<i>Member identifies their name, group and the type of doctor or facility they desire. OptiMed customer service will verify the member's status, coverage and specific PPO network.</i>
Step 3:	<i>OptiMed customer service will search for providers. If requested, OptiMed will contact providers specific to the member's zip code and verify that the physician/facility understands they are part of the PPO network and that they will accept the member's coverage.</i>
Step 4:	<i>Member will make appointment and visit one of the providers within the PPO network.</i>
Step 5:	<i>Provider will submit a bill directly to OptiMed. OptiMed will assign the appropriate PPO reduction, helping the member save out of pocket expense, and then OptiMed will pay the provider directly. The provider bills the member, if there is an additional portion owed by the member.</i>

Please Note: The member may log online and search for providers 24/7.

CUSTOMER SERVICE

OptiMed customer service is standing by to assist members with an explanation of benefits and coverage. The member is walked through their benefit program, how it works and how to best maximize their benefit dollars. In addition, OptiMed customer service is also available to explain claim payment and claim history.

OPTIMED FEELS COMMUNICATION IS KEY

Effective communication is key in the successful rollout and implementation of any limited benefit plan. The purpose of offering a benefit program is to provide your employees a valuable benefit which will in return help boost retention rates. OptiMed feels we can bring our unique energy, superior service, attention to detail and experience at performing large scale enrollments to the table to best suit your needs.

(Note: The OptiMed Patient Advocacy Program is not an insurance benefit)

OPTIMED OFFERS A FULL SUITE OF OPTIONS FOR CLIENTS TO CONSIDER

ENROLLMENT SUPPORT OPTIONS

- Customizable bilingual communication template pieces: letters, payroll stuffers, posters, enrollment kits.
- Telephonic both inbound and outbound options by trained enrollment specialists.
- Full online functionality in both HR and member online tools:
 - HR Tools:** full suite of online HR tools permitting terms and adds, report generation, eligibility and bill review.
 - Member Tools:** Member online suite permits enrollment, plan design review, ID card request and printing of temporary ID cards, EOB and claims history review.
- Train-the-Trainers Support: Includes outbound telephonic management training sessions.

TELEPHONIC COMMUNICATION SUPPORT

- Toll-free number, bilingual benefits call center, customer services staffed by trained claim examiners.
- Benefit explanations available before and after enrollment.
- Benefit verification In-Bound and out-bound provider relations including: Access & benefit verification.
- Patient advocacy.



SIMPLE AND EASY PLAN ADMINISTRATION

OptiMed's integrated seamless and simple approach to the administration process frees employers from major headaches associated with health plan administration.

- One dedicated account executive available by phone and email.
- One dedicated billing contact available by phone and email.
- "Train-the-Trainer" support for the employer's managers & HR.
- Single source administration allows rapid support and issue resolution.
- Online HR administration tools and options allow immediate administration including adds/terms, report generation and a host of additional tools.
- Online member tools allow plan design information review, provider searches, EOB & claim history review, ability to print temporary ID cards, online enrollment options and email support.
- Free dedicated website for each client, upon request.
- Automated data/file exchange options.
- Point-to-Point online billing and email billing options.
- Simple list billing or direct member billing options
- High level direct access to Claims Manager, Manager of Administration and Chief Financial Officer via telephone and email should the client have the need.
- COBRA administration.



(Note: This is not an insurance benefit)

OPTIMED'S TELEPHONIC DOCTOR VISITS

OptiMed's Unlimited Telephonic Doctor Visits provides **on-demand, 24/7 phone and e-mail access to licensed physicians.** Individuals and families can consult immediately with our national network of U.S.-based, state-licensed doctors for common, non-emergent medical conditions.

OptiMed's Unlimited Telephonic Doctor Visits redefines traditional healthcare delivery by harnessing the power of digital telephony and the Internet. The result: Americans nationwide can now experience real-time, quality physician care 24/7.

OPTIMED UNLIMITED TELEPHONIC DOCTOR VISITS

- *On-demand physician care.
- Call or e-mail a doctor 24/7, without long waits at the doctor's office.
- Easy-to-use online health tools.
- Request prescription medication* or a refill.
- All physicians are U.S.-based, licensed and board certified.

OPTIMED UNLIMITED TELEPHONIC DOCTOR EMPLOYER

BENEFITS

- Lower employee absenteeism.
- Improve access to care.
- Enhance employee productivity.
- Augment your consumer-driven healthcare strategy.



HOW TO USE YOUR TELEPHONIC DOCTOR VISITS

1.	<p><u>On-Call Tele-Consult</u> <i>Talk to a doctor immediately</i> <i>On-demand consultation</i> <i>Receive medical advice</i></p>
2.	<p><u>By Priority Appointment Tele-Consult</u> <i>Set a time to talk to a doctor</i> <i>Comprehensive consultation</i> <i>Get prescription medication*</i> <i>Call back within an hour</i></p>
3.	<p><u>E-Consult</u> <i>E-mail a doctor about sensitive medical issues</i> <i>Secure, discreet, compliant</i> <i>Doctor response within 24 hours</i></p>

WHEN TO USE OPTIMED'S UNLIMITED TELEPHONIC DOCTOR VISITS

- Need information for non-emergent medical issues.
- After-hours or on weekends and holidays, when your primary care physician is unavailable.
- Require medical advice and care, without the inconvenience of time off work.
- Need prescription medication for a common malady or a refill*.
- While traveling or on-the-go.

OPTIMED UNLIMITED TELEPHONIC DOCTOR: MEMBERS

Entitles covered employees and their families to **unlimited** access to OptiMed's Unlimited Telephonic Doctor visits.

UNLIMITED CALLS & E-MAILS
There are no limits on usage!

OptiMed's Telephonic Doctor Visits
 are provided by Consult-A-Doctor

(Note: The OptiMed Telephonic Doctor Visits is not an insurance benefit)

*There is no guarantee that you will be prescribed medication. Physicians do not prescribe controlled medications. This is not health insurance and does not replace your primary care physician. If you have an emergency please dial 911. All services are HIPAA-compliant.



Outpatient Laboratory Savings*

OUTPATIENT LABORATORY SAVINGS
FOR You AND Your FAMILY!

SAVE UP TO 83%

SAMPLE SAVINGS CHART

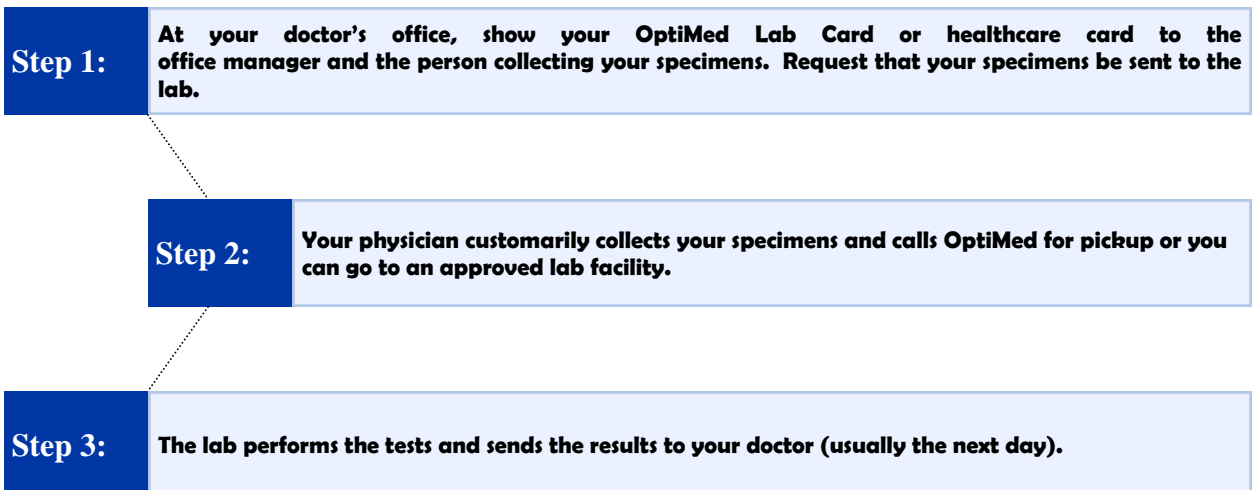
Description	Typical Lab Fees	OptiMed Lab Card Fees	Savings with OptiMed Card
<i>BASIC METABOLIC PANEL</i>	\$34.52	\$5.72	\$28.80
<i>DRUG SCREEN</i>	\$49.00	\$14.12	\$34.88
<i>URINALYSIS, AUTO, W/SCOPE</i>	\$17.00	\$5.29	\$11.71
<i>CHOLESTEROL</i>	\$19.44	\$5.89	\$13.55
<i>PROSTATE SPECIFIC ANTIGEN</i>	\$71.10	\$23.54	\$47.56
<i>TISSUE EXAM BY PATHOLOGIST</i>	\$148.10	\$84.75	\$63.35

OUTPATIENT LABORATORY SAVINGS

This is a voluntary, member-driven program that provides you with reduced-cost outpatient laboratory testing services. To participate, it's up to you to request that your doctor collects your specimens and sends them to a participating lab.

How The Program Works

ACCESS YOUR DISCOUNTS IN THREE EASY STEPS



*(Note: This is not an insurance benefit)



BENEFITS	OptiMed Med-Choice Plan	OptiMed Med-Choice Plus Plan	OptiMed Value Care Plan	OptiMed Value Care Plus Plan	OptiMed Preferred Care Plus Plan
Overall Per Person Calendar Year Maximum	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Physician Office Visits General Office Visits	\$40 Per Visit \$280 Max Per Person Per Calendar Year	\$40 Per Visit \$280 Max Per Person Per Calendar Year	\$50 Per Visit \$400 Max Per Person Per Calendar Year	\$60 Per Visit \$480 Max Per Person Per Calendar Year	\$70 Per Visit \$700 Max Per Person Per Calendar Year
Emergency Room - Sickness - Included in Office Visit Maximum	\$40 Per Visit	\$40 Per Visit	\$50 Per Visit	\$60 Per Visit	\$70 Per Visit
Wellness Benefit \$150 Calendar Year Maximum Per Person	\$50 Per Visit	\$50 Per Visit	\$50 Per Visit	\$50 Per Visit	\$50 Per Visit
Outpatient X-Ray and Lab - \$ Calendar Year Maximum	N/A	N/A	\$20 Per Day \$300 Max Per Person Per Calendar Year	\$30 Per Day \$300 Max Per Person Per Calendar Year	\$40 Per Day \$300 Max Per Person Per Calendar Year
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	\$70 Exam	\$70 Exam	\$70 Exam	\$70 Exam
Ambulance Trip – 3 trips per calendar year/5 trips lifetime maximum	\$150 Per Trip	\$150 Per Trip	\$150 Per Trip	\$150 Per Trip	\$150 Per Trip
Emergency Room - Accident For treatment in an emergency room if performed within 72 hours of the accident	\$300 Per Visit	\$300 Per Visit	\$500 Per Visit	\$500 Per Visit	\$1,000 Per Visit
Surgery and Anesthesia - Scheduled Benefit Indemnity Inpatient - Calendar Year Maximum Per Person Outpatient - Calendar Year Maximum Per Person Anesthesiology	N/A	N/A	N/A	N/A	\$1,000 Calendar Year Max 50% of Inpatient 20% of Surgical Benefit
Hospital Confinement Indemnity for Bodily Sickness & Injuries Requires 24 hours stay - Payable from first day of confinement	\$100 Per Day	\$100 Per Day	\$200 Per Day	\$500 Per Day	\$500 Per Day
Intensive Care Confinement Indemnity Paid in addition to Daily Hospital Confinement Benefit 30 Day Calendar Year Maximum Per Person	\$100 Per Day	\$100 Per Day	\$200 Per Day	\$500 Per Day	\$500 Per Day
Confinement Benefit for Skilled Nursing	\$50 Per Day	\$50 Per Day	\$100 Per Day	\$250 Per Day	\$250 Per Day
Life/AD&D (Employee Only)	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Outpatient Prescription Drug Benefit Member pays 100% of discounted price for drugs not covered under the formulary. Annual Maximums : \$2,500 Employee \$4,000 Employee + 1 \$5,000 Employee + Family	Discount Card	\$10 Generic Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)
Additional Included OptiMed Programs - Not insurance benefits					
Patient Advocacy Service	Included	Included	Included	Included	Included
National PPO Network*	Included	Included	Included	Included	Included
Consult-A-Doctor	Included	Included	Included	Included	Included
Cobra Administration	Included	Included	Included	Included	Included
Section 125 - Premium Only Plans (POP)	Included	Included	Included	Included	Included

This is only a brief summary benefit description and not a complete description of benefits, and or limitations. Each benefit has benefit limits and maximums. Please see brochure and SPD for complete benefit descriptions. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Underwritten by Fidelity Security Life Insurance Company. Policy Form Nos. M-6004/M-6005/M-9022/M-9031/M-9091/M-9096/HC-104/HC-105.

Coverage will continue as long as the premiums are paid, the master policy remains in effect, the employee remains eligible for coverage and remains employed by the Policyholder. Riders terminate concurrently with the Policy and Certificate to which they are attached.

Disclosures:
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.

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BENEFITS	OptiMed Select Care Plan	OptiMed Premier Care Plan	OptiMed Executive Plan	OptiMed Executive Plus Plan
Overall Per Person Calendar Year Maximum	\$100,000	\$100,000	\$100,000	\$100,000
Physician Office Visits General Office Visits	\$75 Per Visit \$900 Max Per Person Per Calendar Year	\$75 Per Visit \$900 Max Per Person Per Calendar Year	\$90 Per Visit \$1,080 Max Per Person Per Calendar Year	\$100 Per Visit \$1,200 Max Per Person Per Calendar Year
Emergency Room - Sickness - Included in Office Visit Maximum	\$75 Per Visit	\$75 Per Visit	\$90 Per Visit	\$100 Per Visit
Wellness Benefit \$150 Calendar Year Maximum Per Person	\$75 Per Visit	\$150 Per Visit	\$150 Per Visit	\$150 Per Visit
Outpatient X-Ray and Lab - \$ Calendar Year Maximum	\$40 Per Day \$300 Max Per Person Per Calendar Year	\$60 Per Day \$300 Max Per Person Per Calendar Year	\$80 Per Day \$500 Max Per Person Per Calendar Year	\$100 Per Day \$500 Max Per Person Per Calendar Year
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	\$70 Exam	\$70 Exam	\$70 Exam
Ambulance Trip – 3 trips per calendar year/5 trips lifetime maximum	\$150 Per Trip	\$150 Per Trip	\$150 Per Trip	\$150 Per Trip
Emergency Room - Accident For treatment in an emergency room if performed within 72 hours of the accident	\$1,000 Per Visit	\$1,000 Per Visit	\$1,000 Per Visit	\$1,000 Per Visit
Surgery and Anesthesia - Scheduled Benefit Indemnity Inpatient - Calendar Year Maximum Per Person Outpatient - Calendar Year Maximum Per Person Anesthesiology	\$2,000 Calendar Year Max 50% of Inpatient 20% of Surgical Benefit	\$3,000 Calendar Year Max 50% of Inpatient 20% of Surgical Benefit	\$4,000 Calendar Year Max 50% of Inpatient 20% of Surgical Benefit	\$5,000 Calendar Year Max 50% of Inpatient 20% of Surgical Benefit
Hospital Confinement Indemnity for Bodily Sickness & Injuries Requires 24 hours stay - Payable from first day of confinement	\$800 Per Day	\$1,000 Per Day	\$1,000 Per Day	\$1,000 Per Day
Intensive Care Confinement Indemnity Paid in addition to Daily Hospital Confinement Benefit 30 Day Calendar Year Maximum Per Person	\$800 Per Day	\$1,000 Per Day	\$1,000 Per Day	\$1,000 Per Day
Confinement Benefit for Skilled Nursing	\$400 Per Day	\$500 Per Day	\$500 Per Day	\$500 Per Day
Life/AD&D (Employee Only)	\$5,000	\$5,000	\$10,000	\$20,000
Outpatient Prescription Drug Benefit Member pays 100% of discounted price for drugs not covered under the formulary. Annual Maximums : \$2,500 Employee \$4,000 Employee + 1 \$5,000 Employee + Family	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)
Additional Included OptiMed Programs - Not insurance benefits				
Patient Advocacy Service	Included	Included	Included	Included
National PPO Network*	Included	Included	Included	Included
Consult-A-Doctor	Included	Included	Included	Included
Cobra Administration	Included	Included	Included	Included
Section 125 - Premium Only Plans (POP)	Included	Included	Included	Included

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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 Physicians Office Visit Benefit - \$280 calendar year maximum	\$40 per visit
Emergency Room Benefit for Sickness - Included in office visit maximum	\$40 per visit
Wellness Care Benefit - \$150 calendar year maximum	\$50 per visit
Outpatient X-Ray & Lab	N/A
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)	\$300 per visit
Inpatient Surgical Schedule	N/A
• Outpatient Surgical Schedule	N/A
• Anesthesiology - Inpatient and Outpatient	N/A
Hospital Indemnity Benefit (for sickness or accidents) - Requires 24 hour stay	\$100 per day
• Intensive Care - 30 day calendar year maximum (paid in addition to Hospital Indemnity Benefit)	\$100 per day
• Skilled Nursing - For stays in a Skilled Nursing Facility after a 3+ day hospital stay 60 days maximum per stay	\$50 per day
Employee Term Life Insurance/AD&D	\$5,000/\$5,000
Dependent Life - Term Life Insurance Only	
• Spouse	\$2,500
• Children 6 months to 19 (25 if full time student)	\$1,250
• Infants 14 days to 6 months	\$125
Outpatient Prescription Drug Card Member pays 100% of discounted price	discount card

This is not a contract of insurance. Above Indemnity 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)



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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.

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• Skilled Nursing - For stays in a Skilled Nursing Facility after a 3+ day hospital stay 60 days maximum per stay	\$50 per day
Employee Term Life Insurance/AD&D	\$5,000/\$5,000
Dependent Life - Term Life Insurance Only	
• Spouse	\$2,500
• Children 6 months to 19 (25 if full time student)	\$1,250
• Infants 14 days to 6 months	\$125
Outpatient Prescription Drug Card Prescription drug formulary applies. - Drugs not on the formulary receive discounts only. (\$15 generic co-pay for oral contraceptives. Limitations/exclusions apply)	\$10 generic co-pay
• Employee Only (calendar year maximum)	\$2,500
• Employee + 1 (calendar year maximum)	\$4,000
• Family (calendar year maximum)	\$5,000

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Emergency Room Benefit for Sickness - Included in office visit maximum	\$50 per visit
Wellness Care Benefit - \$150 calendar year maximum	\$50 per visit
Outpatient X-Ray & Lab - \$300 calendar year maximum	\$20 per day
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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)	\$500 per visit
Inpatient Surgical Schedule	N/A
• Outpatient Surgical Schedule	N/A
• Anesthesiology - Inpatient and Outpatient	N/A
Hospital Indemnity Benefit (for sickness or accidents) - Requires 24 hour stay	\$200 per day
• Intensive Care - 30 day calendar year maximum (paid in addition to Hospital Indemnity Benefit)	\$200 per day
• Skilled Nursing - for stays in a Skilled Nursing Facility after a 3+ day hospital stay 60 days maximum per stay	\$100 per day
Employee Term Life Insurance/AD&D	\$5,000/\$5,000
Dependent Life - Term Life Insurance Only	
• Spouse	\$2,500
• Children 6 months to 19 (25 if full time student)	\$1,250
• Infants 14 days to 6 months	\$125
Outpatient Prescription Drug Prescription drug formulary applies. - Drugs not on the formulary receive discounts only. (\$15 generic co-pay for oral contraceptives. Limitations/exclusions apply)	\$10 generic co-pay
• Employee Only (calendar year maximum)	\$2,500
• Employee + 1 (calendar year maximum)	\$4,000
• Family (calendar year maximum)	\$5,000

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Additional Included OptiMed Programs - These are not insurance benefits

-National Medical PPO
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-Cobra Administration
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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 Physicians Office Visit Benefit - \$480 calendar year maximum	\$60 per visit
Emergency Room Benefit for Sickness - Included in office visit maximum	\$60 per visit
Wellness Care Benefit - \$150 calendar year maximum	\$50 per visit
Outpatient X-Ray & Lab - \$300 calendar year maximum	\$30 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)	\$500 per visit
Inpatient Surgical Schedule	N/A
• Outpatient Surgical Schedule	N/A
• Anesthesiology - Inpatient and Outpatient	N/A
Hospital Indemnity Benefit (for sickness or accidents) - Requires 24 hour stay	\$500 per day
• Intensive Care - 30 day calendar year maximum (paid in addition to Hospital Indemnity Benefit)	\$500 per day
• Skilled Nursing - for stays in a Skilled Nursing Facility after a 3+ day hospital stay 60 days maximum per stay	\$250 per day
Employee Term Life Insurance/AD&D	\$5,000/\$5,000
Dependent Life - Term Life Insurance Only	
• Spouse	\$2,500
• Children 6 months to 19 (25 if full time student)	\$1,250
• Infants 14 days to 6 months	\$125
Outpatient Prescription Drug Prescription drug formulary applies. - Drugs not on the formulary receive discounts only. (\$15 generic co-pay for oral contraceptives. Limitations/exclusions apply)	\$10 generic co-pay
• Employee Only (calendar year maximum)	\$2,500
• Employee + 1 (calendar year maximum)	\$4,000
• Family (calendar year maximum)	\$5,000

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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 - \$700 calendar year maximum	\$70 per visit
Emergency Room Benefit for Sickness - Included in office visit maximum	\$70 per visit
Wellness Care Benefit - \$150 calendar year maximum	\$50 per visit
Outpatient X-Ray & Lab - \$300 calendar year maximum	\$40 per day
Hearing Exam Benefit- <i>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</i>	\$70 exam
Ambulance Trip-- <i>3 trips per calendar year/5 trips lifetime maximum</i>	\$150 per trip
Emergency Room Benefit for Accidents <i>(For treatment in an emergency room if performed within 72 hours of the accident)</i>	\$1,000 per visit
Inpatient Surgical Schedule - \$1,000 calendar year maximum - See surgical schedule	\$1,000
<ul style="list-style-type: none"> Outpatient Surgical Schedule - 50% of inpatient 	\$500
<ul style="list-style-type: none"> Anesthesiology - Inpatient and Outpatient 	20% of surgical benefit paid
Hospital Indemnity Benefit <i>(for sickness or accidents) - Requires 24 hour stay</i>	\$500 per day
<ul style="list-style-type: none"> Intensive Care - 30 day calendar year maximum <i>(paid in addition to Hospital Indemnity Benefit)</i> 	\$500 per day
<ul style="list-style-type: none"> Skilled Nursing - for stays in a Skilled Nursing Facility after a 3+ day hospital stay <i>60 days maximum per stay</i> 	\$250 per day
Employee Term Life Insurance/AD&D	\$5,000/\$5,000
Dependent Life - Term Life Insurance Only	
<ul style="list-style-type: none"> Spouse Children 6 months to 19 (25 if full time student) Infants 14 days to 6 months 	\$2,500 \$1,250 \$125
Outpatient Prescription Drug \$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
<ul style="list-style-type: none"> Employee Only (calendar year maximum) Employee + 1 (calendar year maximum) Family (calendar year maximum) 	\$2,500 \$4,000 \$5,000

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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 Physicians Office Visit Benefit - \$900 calendar year maximum	\$75 per visit
Emergency Room Benefit for Sickness - Included in office visit maximum	\$75 per visit
Wellness Care Benefit - \$150 calendar year maximum	\$75 per visit
Outpatient X-Ray & Lab - \$300 calendar year maximum	\$40 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 - \$2,000 calendar year maximum - See surgical schedule	\$2,000
<ul style="list-style-type: none"> Outpatient Surgical Schedule - 50% of Inpatient 	\$1,000
<ul style="list-style-type: none"> Anesthesiology—Inpatient and Outpatient 	20% of surgical benefit paid
Hospital Indemnity Benefit (for sickness or accidents) - Requires 24 hour stay	\$800 per day
<ul style="list-style-type: none"> Intensive Care - 30 day calendar year maximum (paid in addition to Hospital Indemnity Benefit) 	\$800 per day
<ul style="list-style-type: none"> Skilled Nursing - for stays in a Skilled Nursing Facility after a 3+ day hospital stay 60 days maximum per stay 	\$400 per day
Employee Term Life Insurance/AD&D	\$5,000/\$5,000
Dependent Life - Term Life Insurance Only	
<ul style="list-style-type: none"> Spouse 	\$2,500
<ul style="list-style-type: none"> Children 6 months to 19 (25 if full time student) 	\$1,250
<ul style="list-style-type: none"> Infants 14 days to 6 months 	\$125
Outpatient Prescription Drug	
\$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
<ul style="list-style-type: none"> Employee Only (calendar year maximum) 	\$2,500
<ul style="list-style-type: none"> Employee + 1 (calendar year maximum) 	\$4,000
<ul style="list-style-type: none"> Family (calendar year maximum) 	\$5,000

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Calendar Year Overall Maximum Medical Benefit	\$100,000
Outpatient Physician; Office Visit Benefit - \$900 calendar year maximum	\$75 per visit
Emergency Room Benefit for Sickness - Included in office visit maximum	\$75 per visit
Wellness Care Benefit - \$150 calendar year maximum	\$150 per visit
Outpatient X-Ray & Lab - \$300 calendar year maximum	\$60 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 - \$3,000 calendar year maximum - See surgical schedule	\$3,000
• Outpatient Surgical Schedule - 50% of Inpatient	\$1,500
• 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	\$5,000/\$5,000
Dependent Life - Term Life Insurance Only	
• Spouse	\$2,500
• Children 6 months to 19 (25 if full time student)	\$1,250
• Infants 14 days to 6 months	\$125
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

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Calendar Year Overall Maximum Medical Benefit	\$100,000
Outpatient Physician; Office Visit Benefit - \$1,080 calendar year maximum	\$90 per visit
Emergency Room Benefit for Sickness - Included in office visit maximum	\$90 per visit
Wellness Care Benefit - \$150 calendar year maximum	\$150 per visit
Outpatient X-Ray & Lab - \$500 calendar year maximum	\$80 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 - \$4,000 calendar year maximum - See surgical schedule	\$4,000
• Outpatient Surgical Schedule - 50% of Inpatient	\$2,000
• 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	\$10,000/\$10,000
Dependent Life - Term Life Insurance Only	
• Spouse	\$5,000
• Children 6 months to 19 (25 if full time student)	\$2,500
• Infants 14 days to 6 months	\$250
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

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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
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• Employee + 1 (calendar year maximum)	\$4,000
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Individual Annual Deductible	\$50
Annual Maximum	\$500 per person per calendar year
Predetermination Amount	\$300 per treatment

Annual deductible applies to preventive and diagnostic services	Yes
A 3-month waiting period applies to basic services	No
A 12-month waiting period applies to major services	N/A

Covered Services	Plan Pays*	Benefit Guidelines
PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES		
Periodic Oral Examinations	80%	Up to once per 6 month period.
Bite-Wing X-rays	80%	One series of films per year.
Complete Series or Panorex X-rays	80%	One time per 36 months.
Dental Prophylaxis (Cleanings)	80%	Up to once per 6 month period.
BASIC DENTAL SERVICES (Minor Restorative & Oral Surgery)		
Amalgam Restorations (Fillings)	60%	One restoration allowed per surface every 3 years.
Composite Resin Restorations (Fillings)	60%	One restoration allowed to anterior surface every 3 years.
Space Maintainers	60%	For covered persons under the age of 14 years, once per lifetime.
Simple Extractions	60%	
Surgical Extractions including Impacted Wisdom Teeth	60%	
General Anesthesia	60%	When clinically necessary.
Palliative Treatment (Relief of Pain)	60%	Covered as a separate benefit only if no other services except exam and X-rays were performed during the visit.
Repairs to Full Dentures, Partial Dentures, Bridges	60%	For repairs or adjustments done after 6 months following the initial insertion.
Fluoride Treatments	60%	For covered persons under the age of 14 years, up to once per calendar year.
Sealants	60%	For covered persons under the age of 14 years, once per first or second permanent molar every 3 years.

*The percentage of benefits is based on the 80th percentile of usual and customary rates prevailing in the geographic area in which the expenses are incurred.

Additional Included OptiMed Programs - These are not insurance benefits

- National Dental PPO
- Patient Advocacy Service
- Cobra Administration
- Section 125 Premium Only Plans (POP)

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

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Individual Annual Deductible	\$50
Annual Maximum	\$750 per person per calendar year
Predetermination Amount	\$300 per treatment

Annual deductible applies to preventive and diagnostic services	Yes
A 3-month waiting period applies to basic services	Yes
A 12-month waiting period applies to major services	Yes

Covered Services	Plan Pays*	Benefit Guidelines
PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES		
Periodic Oral Examinations	80%	Up to once per 6 month period.
Bite-Wing X-rays	80%	One series of films per year.
Complete Series or Panorex X-rays	80%	One time per 36 months.
Dental Prophylaxis (Cleanings)	80%	Up to once per 6 month period.
BASIC DENTAL SERVICES (Minor Restorative & Oral Surgery)		
Amalgam Restorations (Fillings)	60%	One restoration allowed per surface every 3 years.
Composite Resin Restorations (Fillings)	60%	One restoration allowed to anterior surface every 3 years.
Space Maintainers	60%	For covered persons under the age of 14 years, once per lifetime.
Simple Extraction	60%	
Surgical Extraction including Impacted Wisdom Teeth	60%	
General Anesthesia	60%	When clinically necessary.
Palliative Treatment (Relief of Pain)	60%	Covered as a separate benefit only if no other services except exam and X-rays were performed during the visit.
Repairs to Full Dentures, Partial Dentures, Bridges	60%	For repairs or adjustments done after 6 months following the initial insertion.
Fluoride Treatments	60%	For covered persons under the age of 14 years, up to once per calendar year.
Sealants	60%	For covered persons under the age of 14 years, once per first or second permanent molar every 3 years.
MAJOR DENTAL SERVICES (including Endodontics & Periodontics)		
Root Canal Treatment	40%	
Root Planing	40%	
Periodontal Surgery	40%	
Crowns	40%	Once every 5 years.
Fixed Bridges	40%	Once every 5 years (alternate benefits for a partial denture may be applied).
Full Dentures	40%	Once every 5 years; no allowance for overdentures or customized dentures.
Inlays and Onlays	40%	Once every 5 years.
Partial Dentures	40%	Once every 5 years; no allowance for precision or semi precision attachments.
Relining Dentures	40%	Once every two years.

*The percentage of benefits is based on the 80th percentile of usual and customary rates prevailing in the geographic area in which the expenses are incurred.

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- Section 125 Premium Only Plans (POP)

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

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Individual Annual Deductible	\$50
Annual Maximum	\$1,000 per person per calendar year
Predetermination Amount	\$300 per treatment

Annual deductible applies to preventive and diagnostic services	No
A 3-month waiting period applies to basic services	Yes
A 12-month waiting period applies to major services	Yes

Covered Services	Plan Pays*	Benefit Guidelines
PREVENTIVE AND DIAGNOSTIC DENTAL SERVICES		
Periodic Oral Examinations	90%	Up to once per 6 month period.
Bite-Wing X-rays	90%	One series of films per year.
Complete Series or Panorex X-rays	90%	One time per 36 months.
Dental Prophylaxis (Cleanings)	90%	Up to once per 6 month period.
BASIC DENTAL SERVICES (Minor Restorative & Oral Surgery)		
Amalgam Restorations (Fillings)	70%	One restoration allowed per surface every 3 years.
Composite Resin Restorations (Fillings)	70%	One restoration allowed to anterior surface every 3 years.
Space Maintainers	70%	For covered persons under the age of 14 years, once per lifetime.
Simple Extraction	70%	
Surgical Extraction including Impacted Wisdom Teeth	70%	
General Anesthesia	70%	When clinically necessary.
Palliative Treatment (Relief of Pain)	70%	Covered as a separate benefit only if no other services except exam and X-rays were performed during the visit.
Repairs to Full Dentures, Partial Dentures, Bridges	70%	For repairs or adjustments done after 6 months following the initial insertion.
Fluoride Treatments	70%	For covered persons under the age of 14 years, up to once per calendar year.
Sealants	70%	For covered persons under the age of 14 years, once per first or second permanent molar every 3 years.
MAJOR DENTAL SERVICES (including Endodontics & Periodontics)		
Root Canal Treatment	50%	
Root Planing	50%	
Periodontal Surgery	50%	
Crowns	50%	Once every 5 years.
Fixed Bridges	50%	Once every 5 years (alternate benefits for a partial denture may be applied).
Full Dentures	50%	Once every 5 years; no allowance for overdentures or customized dentures.
Inlays and Onlays	50%	Once every 5 years.
Partial Dentures	50%	Once every 5 years; no allowance for precision or semi precision attachments.
Relining Dentures	50%	Once every two years.

*The percentage of benefits is based on the 80th percentile of usual and customary rates prevailing in the geographic area in which the expenses are incurred.

Additional Included OptiMed Programs - These are not insurance benefits

- National Dental PPO
- Cobra Administration
- Patient Advocacy Service
- Section 125 Premium Only Plans (POP)

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

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BENEFITS	IN-NETWORK	OUT-OF-NETWORK
EYE EXAMINATION	Covered in full	Reimbursed up to \$35.00
SPECTACLE LENSES		
Standard Single Vision	Covered in full	Reimbursed up to \$25.00
Standard Bifocal	Covered in full	Reimbursed up to \$40.00
Standard Trifocal	Covered in full	Reimbursed up to \$50.00
Standard Lenticular	Covered in full	Reimbursed up to \$80.00
Progressive	20% off retail, plus \$50 allowance	Reimbursed up to \$40.00
Specialty	20% off retail, plus corresponding standard lens reimbursement	Corresponding standard lens reimbursement
LENS OPTIONS	Preferred Pricing ¹	N/A
FRAME	\$35 wholesale allowance ²	Reimbursed up to \$45.00
CONTACT LENSES³		
Elective	\$110 Allowance	Reimbursed up to \$110.00
Medically Necessary	Covered in full	Reimbursed up to \$250.00
LASIK SURGERY	\$100 onetime/lifetime Allowance	\$100 onetime/lifetime Allowance

¹Average Savings of 20% off the providers usual and customary fees. ²Approximately \$75-\$100 retail frame after applicable materials co-payment is met. ³Contact lenses are in lieu of spectacle lenses and frame. Contact lenses and Out-of-network benefits are not subject to co-payment

CO-PAYS	
Vision Examination	\$10.00
Materials	\$25.00
FREQUENCY	
Exam	12 Months
Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months

FRAME ALLOWANCE

Approximate retail value

\$75 - \$100
(\$35 WHOLESALE)

Frames from participating corporate Wal-Mart Locations are covered up to a \$52 retail value.

CONTACT LENS ALLOWANCE

\$110

Discount of up to 20% is received prior to applying the contact lens allowance.

Rates are good for 90 days from the date this proposal was created

- EO** = Employee Only
- E1** = Employee + One
- ES** = Employee + Spouse
- EC** = Employee + Child(ren)
- EF** = Employee + Family



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Vision Preferred Plus Plan

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
EYE EXAMINATION	Covered in full	Reimbursed up to \$35.00
SPECTACLE LENSES		
Standard Single Vision	Covered in full	Reimbursed up to \$25.00
Standard Bifocal	Covered in full	Reimbursed up to \$40.00
Standard Trifocal	Covered in full	Reimbursed up to \$50.00
Standard Lenticular	Covered in full	Reimbursed up to \$80.00
Progressive	20% off retail, plus \$50 allowance	Reimbursed up to \$40.00
Specialty	20% off retail, plus corresponding standard lens reimbursement	Corresponding standard lens reimbursement
LENS OPTIONS	Preferred Pricing ¹	N/A
FRAME	\$50 wholesale allowance ²	Reimbursed up to \$45.00
CONTACT LENSES³		
Elective	\$110 Allowance	Reimbursed up to \$110.00
Medically Necessary	Covered in full	Reimbursed up to \$250.00
LASIK SURGERY⁴	\$100 onetime/lifetime Allowance	\$100 onetime/lifetime Allowance

¹Average Savings of 20% off the providers usual and customary fees. ²Approximately \$75-\$100 retail frame after applicable materials co-payment is met. ³Contact lenses are in lieu of spectacle lenses and frame. Contact lenses and Out-of-network benefits are not subject to co-payment. ⁴Provider discount up to 25%, plus \$100 allowance.

CO-PAYS	
Vision Examination	\$10.00
Materials	\$25.00
FREQUENCY	
Exam	12 Months
Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months

FRAME ALLOWANCE

Approximate retail value
\$100 - \$150
 (\$50 WHOLESALE)

Frames from participating corporate Wal-Mart Locations are covered up to a \$68 retail value.

CONTACT LENS ALLOWANCE

\$110
 Discount of up to 20% is received prior to applying the contact lens allowance.

Rates are good for 90 days from the date this proposal was created

- EO** = Employee Only
- E1** = Employee + One
- ES** = Employee + Spouse
- EC** = Employee + Child(ren)
- EF** = Employee + Family



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BENEFITS	IN-NETWORK	OUT-OF-NETWORK
EYE EXAMINATION	Covered in full	Reimbursed up to \$35.00
SPECTACLE LENSES		
Standard Single Vision	Covered in full	Reimbursed up to \$25.00
Standard Bifocal	Covered in full	Reimbursed up to \$40.00
Standard Trifocal	Covered in full	Reimbursed up to \$50.00
Standard Lenticular	Covered in full	Reimbursed up to \$80.00
Progressive	20% off retail, plus \$50 allowance	Reimbursed up to \$40.00
Specialty	20% off retail, plus corresponding standard lens reimbursement	Corresponding standard lens reimbursement
LENS OPTIONS	Preferred Pricing ¹	N/A
FRAME	\$50 wholesale allowance ²	Reimbursed up to \$45.00
CONTACT LENSES³		
Elective	\$130 Allowance	Reimbursed up to \$130.00
Medically Necessary	Covered in full	Reimbursed up to \$250.00
LASIK SURGERY	\$150 onetime/lifetime Allowance	\$150 onetime/lifetime Allowance

¹ Average Savings of 20% off the providers usual and customary fees. ² Approximately \$100-\$150 retail frame after applicable materials co-payment is met. ³ Contact lenses are in lieu of spectacle lenses and frame. Contact lenses and Out-of-network benefits are not subject to co-payment

CO-PAYS	
Vision Examination	\$10.00
Materials	\$10.00
FREQUENCY	
Exam	12 Months
Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months

FRAME ALLOWANCE

Approximate retail value
\$100 - \$150
(\$50 WHOLESALE)

Frames from participating corporate Wal-Mart Locations are covered up to a \$68 retail value.

CONTACT LENS ALLOWANCE
\$130

Discount of up to 20% is received prior to applying the contact lens allowance.

Rates are good for 90 days from the date this proposal was created

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- EF** = Employee + Family



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EXCLUSIONS

Limited Medical Indemnity

(See Compliance for state specific exclusions)

Notwithstanding any provision in the Policy to the contrary, the Policy does not provide any benefits for the following charges, services or supplies:

- 1) suicide or any attempt of suicide, while sane or insane (while sane in Colorado or Missouri);
- 2) any intentionally self-inflicted Injury or Sickness or any attempt thereof (while sane in Colorado or Missouri);
- 3) participation in a riot, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly. For purposes of this exclusion, "participation" means to take an active part in common with others; "riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss, that occurs while acting in a lawful manner within the scope of authority;
- 4) committing, attempting to commit, or taking part in a felony, battery, assault, or engaging in an illegal occupation;
- 5) participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee jumping, scuba diving, stunt driving, rock climbing, flying ultra-light aircraft, skydiving, hang gliding or any hazardous sports activity for exhibition purposes;
- 6) flying as a pilot, crew member, or passenger in any aircraft, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route;
- 7) any Accident occurring while the Insured Person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Accident took place);
- 8) declared or undeclared war or acts thereof;
- 9) accidental bodily Injury occurring while serving on full-time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by the Company prorated for any period of active duty);
- 10) Accident or Sickness arising out of or in the course of any occupation for compensation, wage or profit or Benefits that the Insured Person is entitled to under any Workers' Compensation Law, Occupational Disease Law or similar law, whether or not application for such Benefits have been made;
- 11) Charges for the treatment of the voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a Physician and taken according to the prescribed dosage;
- 12) charges for the treatment of:
 - a) codependency;
 - b) social, occupational or religious maladjustment;
 - c) compulsive gambling; or
 - d) chronic marital or family problems when not related to the primary focus of treatment which must be a diagnosable mental disorder;
- 13) unless specifically provided for in the Policy, rest care or rehabilitative care and treatment;
- 14) cosmetic surgery or care or treatment solely for cosmetic purposes or complications from such surgery, care or treatment. This includes but is not limited to: reconstructive surgery and prosthetic devices, unless due to an Accident and performed within one year from the Accident to repair a congenital or abnormal defect of a newborn child, while covered under the Policy;
- 15) unless specifically provided for in the Policy, immunization shots and routine examinations such as: health exams, periodic check-ups, pre-marital exams, and routine physicals, unless they are necessary for the diagnosis and treatment of a Sickness;
- 16) routine newborn care such as Hospital and Physician services during Hospital Confinement immediately following birth. Payment for routine Physician's services will be limited to one routine Inpatient examination of the well newborn child performed by a Physician other than the Physician who delivered the baby or administered anesthesia during delivery;
- 17) voluntary abortion, except with respect to the insured or covered spouse:
 - a) where such person's life would be endangered if the fetus were carried to term; or
 - b) where medical complications have arisen from an abortion;
- 18) the reversal of tubal ligation and vasectomies;
- 19) charges for treatment of male or female infertility; artificial insemination, in vitro or in vivo fertilization, including any related testing, medications or Physician's services;
- 20) dependent child maternity;
- 21) sex changes;
- 22) unless specifically provided for in the Policy, treatment of obesity, weight reduction or dietetic control; except morbid obesity or disease etiology;
- 23) unless specifically provided for in the Policy, charges for Outpatient food, food supplements or vitamins;
- 24) unless specifically provided for in the Policy, charges for services in the nature of educational or vocational testing or training;
- 25) charges related to smoking cessation;
- 26) Pre-Existing Conditions, except as described in the Schedule of Benefits
- 27) unless specifically provided for in the Policy, air, water or ground ambulance service;

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EXCLUSIONS (Continued)

- 28) unless specifically provided for in the Policy, charges for treatment or services for temporomandibular joint dysfunction or TMJ pain syndrome, orofacial, or myofacial syndrome whether medical or dental in scope;
- 29) with regard to any Outpatient benefit, visits made, examinations given, or x-rays or laboratory tests performed as an inpatient while Confined to a Hospital;
- 30) unless specifically provided for in the Policy, prescription drugs;
- 31) unless specifically provided for in the Policy, routine eye examinations, refractions, eyeglasses, or their fitting;
- 32) unless specifically provided for in the Policy, any procedure intended to enhance an Insured Person's quality of vision that is not essential to the treatment of a Sickness or Injury;
- 33) unless specifically provided for in the Policy, hearing aids or their fitting;
- 34) unless specifically provided for in the Policy, dental examinations, dental care or oral surgery other than expenses resulting from accidental Injury;
- 35) experimental or investigational treatments or surgery;
- 36) unless specifically provided for in the Policy, diagnostic and surgical procedures, including but not limited to, diagnostic laboratory and pathology procedures, diagnostic radiology, nuclear medicine and ultra sound procedures;
- 37) charges for stand-by surgeons, pediatricians, anesthesiologists, anesthesiologists, or other doctors as defined by the plan, or stand-by supplies, equipment, rooms, or any other services, supplies or treatment not actually used in the care or treatment of an Accident or Sickness;
- 38) charges made by, durable equipment recommended by, or drugs dispensed by; a physician, surgeon, nurse or other doctor who:
 - a) normally lives with the Insured Person;
 - b) is a member of the Insured Person's family; or
 - c) is the Insured Person's plan sponsor;
- 39) charges for services provided outside the scope of the license of the institution or practitioner rendering service;
- 40) any charge for which there is no legal obligation to pay; no charge is made; or in the absence of coverage, no charge would be made;
- 41) charges incurred prior to the Insured Person's Effective Date of coverage or after termination of coverage;
- 42) charges for care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law;
- 43) charges which are not Medically Necessary for treatment of an Accident or Sickness;
- 44) charges for services which are not related to and consistent with the treatment of any Accident or Sickness of the Insured Person;
- 45) charges for medical care, services or supplies which are not furnished or prescribed by a Physician;
- 46) charges for care, treatment, services or supplies that are not approved or accepted for the treatment of an Injury, Accident or Sickness by any of the following:
 - a) The American Medical Association;
 - b) The U.S. Surgeon General;
 - c) The U.S. Department of Public Health; or
 - d) The National Institute of Health;
- 47) charges in excess of the policy maximums as shown in the Schedule of Benefits; or
- 48) any charge for a service or supply not specifically covered in the Schedule of Benefits.

Note: Sickness means a bodily disorder, disease or illness that begins while the insured person's coverage is in force, including pregnancy and complications of pregnancy. Sickness includes Mental or Nervous Disorders, alcoholism and substance abuse.

Hearing Exam Policy Exclusions

Hearing Exam benefits are not payable for the services, procedures, treatments or materials that are:

- 1) Provided free of charge in the absence of insurance;
- 2) Payable under any Workers' Compensation law, or similar statutory authority;
- 3) Payable under any governmental plan or program whether Federal, state or subdivisions thereof, except for medical assistance benefits under Title XIX of the Social Security Act (Medicaid);
- 4) For the medical and/or surgical treatment of the ear, ears or supporting structures;
- 5) Provided by a Hearing Aid Dispenser;
- 6) Required by an Employer as a condition of employment;
- 7) Not prescribed by a Physician or Audiologist

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Term Life and AD&D Rider Exclusions

Suicide while sane or insane is not covered under the Term Life Insurance Benefit for two years (one year in Colorado, Missouri or North Dakota) from the Insured Person's Effective Date. In such event, the Company will only pay a benefit equal to the premium paid.

No benefit will be payable for any Accidental Death or Dismemberment Loss caused by or contributed to by:

- 1) Sickness, bodily or mental health, or diagnostic medical or surgical treatment;
- 2) infection, except pyogenic infections resulting from an accidental bodily Injury or resulting from the accidental ingestion of a contaminated substance;
- 3) attempted suicide or intentional self-inflicted Injury or Sickness while sane or insane (while sane in Colorado or Missouri);
- 4) declared or undeclared war or acts thereof;
- 5) military service for any country or organization, including service with military forces as a civilian whose duties do not include combat; war or any act of war whether declared or undeclared. Upon notice to the Company of entering the armed forces, the Company will return to the Insured, pro-rata any premium paid, less any benefits paid, for any period during which the insured is in such service;
- 6) participation in a riot or insurrection. "Participation" means taking an active part in common with others. "Riot" means any use or threat to use force or violence by three or more persons without authority of law;
- 7) Insured's commission or attempted commission of a felony, assault or illegal action;
- 8) voluntary taking of any poison, drug, sedative or narcotic or inhalation of any kind of gas unless prescribed by a Physician and taken according to the prescribed dosage; or
- 9) legal intoxication where the blood alcohol content of the Insured exceeds the legal limit of the state in which the accident took place;
- 10) an on the job Injury that is covered by Workers' Compensation; or
- 11) participation in any non-occupational activity in which the Insured purposely exposes themselves to an increase accidental bodily Injury. These activities include but are not limited to:
 - a. belaying and repelling rock climbing;
 - b. flying ultra-light aircraft;
 - c. hang-gliding, skydiving, scuba diving, para-sailing;
 - d. motorized vehicle stunt driving, racing, jumping drag racing and demolition;
 - e. bungee jumping;
 - f. any hazardous activity for exhibition purposes; or
 - g. flying as a pilot, crew member, or passenger in any aircraft, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route.

Disclosures:

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Outpatient Prescription Drug Policy Exclusions and Limitations

Outpatient Prescription Drug benefits are not payable for the following items except as set forth in the rider:

- 1) all over-the counter products and medications unless shown under the definition of Prescription Drug. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements and all other over-the-counter products and medications;
- 2) blood glucose meters and insulin injecting devices;
- 3) Depo-Provera, levonorgestral, condoms, contraceptive sponges, spermicides, sexual dysfunction drugs;
- 4) biologicals (including allergy tests), blood products, growth hormones, hemophilic factors, MS injectables, immunizations, all other injectables unless shown under the definition of Prescription Drug;
- 5) Aerochamber, Aerochamber with Mask, Peak Flow Meter, all other medical supplies and durable medical equipment unless shown under the definition of Prescription Drug;
- 6) liquid nutritional supplement, pediatric Legend Drug vitamins, prenatal Legend Drug vitamins, prescribed versions of Vitamins A, D, K, B12, Folic Acid and Niacin – used in treatment versus as a dietary supplement, all other Legend Drug vitamins and nutritional supplements;
- 7) anorexiant; Any cosmetic drugs including, but not limited to, Renova, skin pigmentation preps, Any drugs or products used for the treatment of baldness, Topical dental fluorides;
- 8) refills in excess of that specified by the prescribing physician, or refills dispensed after one year from the original date of prescription;
- 9) all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication;
- 10) any drug labeled “Caution – limited by Federal Law for Investigational Use” or experimental drugs;
- 11) any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment;
- 12) drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder, or the Insured Person taking part in the commission of a felony;
- 13) drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an Insured Person while on active duty in any armed forces;
- 14) any expenses related to the administration of any drug;
- 15) needles or syringes unless shown under the definition of Prescription Drug;
- 16) drugs or medicines taken while in or administered by a hospital or any other health care facility or office;
- 17) Drugs covered under Workers’ Compensation, Medicare, Medicaid or other governmental programs;
- 18) Drugs, medicines or products which are not Medically Necessary;
- 19) Brand Name Prescription Drugs (unless specifically provided for in the policy);
- 20) Diaphragms, Erectile dysfunction Legend Drugs, unless specifically listed in the definition of Prescription Drug, Infertility Legend Drugs;
- 21) Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard, Glucagon-auto injection, Imitrex-auto injection;
- 22) Smoking deterrents, Legend or over-the-counter.

Limitation: Retail-the lesser of a 30-day supply or specified unit doses. Mail order not available.

Coverage will continue as long as premiums are paid and the Group Master Policy remains in force. If you, as the Employer, currently sponsor health insurance coverage other than comprehensive major medical, you may not be eligible for OptiMed. Please contact your OptiMed group representative regarding availability.

Disclosures:

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Dental Exclusions and Limitations

Notwithstanding any provision in the Policy to the contrary, the Policy does not provide any benefits for the following charges, services or supplies:

1. that, in the absence of insurance, the Insured would not be required to pay;
2. related to self-inflicted injuries (while sane in Colorado & Missouri);
3. related to war or an act of war, whether or not declared;
4. related to the Insured's commission of a felony or an assault on another person;
5. related to a riot, nuclear accident, or a major disaster;
6. caused by, related to, or as a condition of employment, including self-employment. This exclusion applies even if Workers' Compensation or any Occupational Disease or similar law does not cover the charges;
7. that are more than Reasonable and Customary Charges;
8. that are incurred, or for which treatment began, before the Insured's effective date of coverage or after the Insured's termination of coverage;
9. related to congenital or development malformations existing when the Insured's coverage began effective under the Policy;
10. which are not Medically Necessary, appropriate or are primarily for cosmetic reasons;}
11. which are Experimental/Investigational;
12. related to surgical implants or transplants of any type (including prosthetic devices attached to them);
13. related to temporomandibular joint syndrome;
14. related to periodontal splinting;
15. related to facings on crowns, or pontics posterior to the 2nd bicuspid;
16. for replacement of partial or full dentures, fixed bridge work, crowns, gold restorations and jackets more often than once in any 5 year period;
17. related to relining of dentures more often than once in any two year period;
18. related to lost, stolen, or missing dentures or bridges or for duplicates;
19. related to fixed or removable bridgework involving replacement of a natural tooth or teeth that were lost prior to the Insured's effective date of coverage under the Policy. Benefits may be payable for bridgework required for loss of teeth while insured under the Policy, if such bridgework is not an abutment for non-covered bridgework;
20. related to prescription drugs and analgesia pre-medication;
21. related to charges for telephone consultations, failure to keep a scheduled appointment, to complete claim forms or attending physician statements, and any other services or supplies that are not part of the direct treatment of the Insured;
22. that are not made by a Dentist;
23. related to dental education or training programs (this includes oral hygiene or plaque control programs);
24. related to counseling on diet and nutrition;
25. received from a provider who (i) is the Insured's spouse, child brother, sister, parent or in-law, (ii) resides with the Insured, or (iii) is acting outside the scope of his/her license;
26. caused by or related to an Insured's military service, including service in a military reserve unit;
27. for services and supplies not included in a Covered Procedure;
28. related to orthodontia;
29. related to prosthodontics;
30. that are payable under any medical insurance;
31. made by any government entity unless the Insured is required to pay; or by any public entity from which coverage could have been obtained by application or enrollment even if application or enrollment was not actually made;
32. related to the use of materials, other than fluorides or sealants, to prevent tooth decay;
33. for bite registrations;
34. bacteriologic cultures in connection with a covered dental service; or
35. therapeutic injections administered by a Dentist.

Coverage will continue as long as premiums are paid and the Group Master Policy remains in force. If you, as the Employer, currently sponsor health insurance coverage other than comprehensive major medical, you may not be eligible for OptiMed. Please contact your OptiMed group representative regarding availability.

Disclosures: Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO, 64111 Policy Nos. DT-221/DT-222; Policy Form No. M-9037/M-9040. Some provisions, benefits, limitations and exclusions listed herein may vary by state.

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 Alaska, Montana, and the state of 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.



Vision Exclusions and Limitations

The managed vision plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating provider. Benefits are payable only for expenses incurred while the group and individual member's coverage is in force.

There are no benefits under the vision plan for professional services or materials connected with and arising from:

1. Orthoptics or vision training;
2. Subnormal vision aids and any associated supplemental testing;
3. Plano (non-prescription) lenses or Plano sunglasses;
4. Two pair of glasses in lieu of bifocals and blended lenses;
5. Any medical or surgical treatment of the eyes or supporting structures;
6. Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
7. Any eye examination or corrective eyewear required by an employer as a condition of employment;
8. Services or materials provided as a result of any Worker's Compensation Law, or similar legislation, required by any governmental agency whether federal, state or subdivision thereof.

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible. If you, as the Employer, currently sponsor health insurance coverage other than comprehensive major medical, you may not be eligible for OptiMed. Please contact your OptiMed group representative regarding availability.