



A United Group Programs, Inc. Brand

LIMITED MEDICAL INDEMNITY

Indemnify Specific Frequent Services

OptiMed Limited Medical plans offer attractive benefit packages easing medical expenses in numerous areas that can include:

- Doctor visits
- ER for sickness or injury
- Wellness
- Hearing
- Outpatient diagnostic X-ray and lab
- Ambulance
- Hospital confinement
- Treatment in Intensive Care Unit
- Skilled nursing
- Indemnity outpatient prescription drugs



The plan provides employees and their covered dependents basic insurance coverage that pays specific amounts for specified services.

Three sample plan configurations are listed on the back, with at least another 10 plan configurations readily available from your OptiMed sales representative.

KEY FEATURES

- A minimum of five employees are required to issue a policy in most states (Florida and Ohio require 51 or more).
- Employees who work 15 hours or more per week and have satisfied their waiting period are eligible for coverage.
- No pre-existing limitations nor any health questions asked.
- Guaranteed issue for eligible groups.
- No requirement of employer contribution.
- Assignment of benefits to your medical provider.
- Non-insurance benefits, including:
 - Assistance with finding providers within OptiMed's national PPO and verification of coverage from specific providers.
 - Unlimited telephonic doctor office visits available 24/7 by both phone and email.
 - Access to a nurse-staffed wellness line.
 - OptiMed's Patient Advocacy Service for addressing all member concerns, in both English and Spanish.
 - Employee Assistance Program (EAP).
 - COBRA administration.
 - Section 125 - Premium Only Plans (POP).

Add MEC for Preventive Services

A Limited Benefit Medical plan is not a comprehensive major medical plan, nor is it intended to replace a major medical plan. From a benefit offering perspective, employers with part time and hourly employees find these benefits an effective way to attract and retain employees. Limited Medical plans can also supplement an ACA-compliant Minimum Essential Coverage plan by adding sickness and injury coverage to MEC's preventive services. OptiMed Limited Medical plans are considered excepted benefits and not ACA credible coverage.

- Example plans on back of page

SAMPLE LIMITED MEDICAL PLAN CONFIGURATIONS

BENEFIT DESCRIPTION		PREMIER CARE	VALUE CARE	BASIC PLAN
		Maximum Amount x Total Number of Services Per Person		
Inpatient				
	Hospitalization	\$1,000 x unlmtd	\$200 x unlmtd	\$100 x unlmtd
	Surgery	\$1,500 x 2	N/A	N/A
	Intensive Care	\$1,000 x 30 days	\$200 x 30 days	\$100 x 30 days
	Anesthesiology (based on surgical benefit)	20%	N/A	
	Skilled Nursing (under age 65; follow 3+ day hospital stay; 120-day max lifetime)	\$500 x 60 days	\$100 x 60 days	\$50 x 3 days
Outpatient				
	Doctor Office (general and specialist)	\$80 x 12 visits	\$50 x 8 visits	\$30 x 6 visits
	Surgery	\$750 x 2	N/A	N/A
	Emergency Room - Sickness	\$75 x 3 visits	\$50 x 3 visits	\$50 x 3 visits
	Emergency Room Injury (within 72 hours)	\$1,000 x 3 visits	\$500 x 3 visits	\$300 x 3 visits
	Anesthesiology (based on surgical benefit)	20%	N/A	N/A
Diagnostic, X-ray & Laboratory				
	Outpatient Diagnostic Laboratory Test	\$60 x 3 tests	\$20 x 3 tests	N/A
	Outpatient Diagnostic Test	\$60 x 3 tests	\$50 x 3 tests	N/A
	Level I: Ultrasound, Mammogram, Stress test, Electroencephalogram (EEG), Electrocardiogram (EKG), Echocardiogram * 3 days per person Level I & Level II combined	\$150 x 3* tests	\$50 x 3* tests	N/A
	Level II: CT (CAT) Scan, Magnetic Resonance Imaging (MRI) Scan, Magnetic Resonance Angiogram (MRA) Scan, Positron Emission Tomography (PET) Scan * 3 days per person Level I & Level II combined	\$450 x 3* tests	\$150 x 3* tests	N/A
Other				
	Ambulance (ground or water)	\$150 x 3 trips	\$150 x 3 trips	N/A
	Wellness (under age 1)	\$150 x 4 visits	\$50 x 4 visits	\$50 x 4 visits
	Wellness (age 1 and older)	\$150 x 3 visits	\$50 x 3 visits	\$50 x 3 visits
	Hearing Exam (insured and spouse)	\$70 / exam 1x in 24 mos	\$70 / exam 1x in 24 mos	\$70 / exam 1x in 24 mos
	Hearing Exam (dependent child)	\$70 / exam 1x in 12 mos	\$70 / exam 1x in 12 mos	\$70 / exam 1x in 12 mos
	Term Life / AD&D (employee only)	\$5,000	\$5,000	N/A
Indemnity Outpatient Prescription Drugs				
	Average Tier Insured Cost: • Generic \$10, Generic/Brand \$50. Annual Maximums : \$3,000 per insured - subject to drug formulary. Cost may vary by Formulary Tier and Pharmacy. Member pays 100% of discounted price for drugs not covered under the formulary. * Does not include specialty drugs	Generic/Brand*	Generic Only*	Generic Only*