

ABC Company

Description	Value	Select	Premier
Doctor's Office Visit¹ Benefits paid if a covered person visits a doctor's office for medically necessary treatment, care or advice of an injury or sickness covered under the policy.	\$20 Co-pay / 100% UCR ¹ (6 visits)	\$20 Co-pay / 100% UCR ¹ (10 visits)	\$15 Co-pay / 100% UCR ¹ (10 visits)
Adult Wellness Visit¹ Benefits paid for an annual routine examination. Covered services include a medical history, physical examination, X-rays and laboratory tests including Pap tests, colorectal screening, prostate cancer screening, mammography and bone density screening.	\$20 Co-pay / 100% UCR ¹ Up to \$100 per visit (1 visit)	\$20 Co-pay / 100% UCR ¹ Up to \$150 per visit (2 visits)	\$15 Co-pay / 100% UCR ¹ Up to \$200 per visit (2 visits)
Well Child Visit¹ For children (birth through age four), benefits paid for well child care. Covered services include a medical history, physical examination and laboratory tests.	\$20 Co-pay / 100% UCR ¹ Up to \$100 per visit (3 visits)	\$20 Co-pay / 100% UCR ¹ Up to \$150 per visit (3 visits)	\$15 Co-pay / 100% UCR ¹ Up to \$200 per visit (3 visits)
Outpatient X-Ray & Lab¹ Benefits paid for outpatient laboratory tests and x-rays if a covered person is not confined in a hospital and the tests or x-rays are ordered by a doctor and performed by an appropriately licensed technician.	Up to \$150 per visit (4 visits)	Up to \$250 per visit (6 visits)	Up to \$250 per visit (6 visits) Up to \$500 per visit (1 visit)
Advanced Studies - includes but not limited to CT scan, Pet scan, MRI.			
Emergency Room Benefit¹ Benefits paid for emergency room visits for a medical emergency.	Up to \$250 per visit (1 sickness)	Up to \$250 per visit (2 sickness)	Up to \$250 per visit (2 sickness)
In-Patient/Out-Patient Surgery & Anesthesia Benefits¹ Benefit paid if a covered person undergoes medically necessary surgery at the direction of a doctor for a covered injury or sickness. Benefits paid at 25% of the surgery benefit for anesthesia services for pre-operative screening and the administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.	Up to \$2,500/Plan Year 25% of Surgery benefit up to \$625/Plan Year	Up to \$3,500/Plan Year 25% of Surgery benefit up to \$875/Plan Year	Up to \$4,500/Plan Year 25% of Surgery benefit up to \$1,125/Plan Year
Ambulance¹ Benefits paid if a covered person requires transportation in an ambulance to the nearest hospital for treatment of an injury or sickness.	Up to \$250 per trip (1 trip)	Up to \$250 per trip (2 trips)	Up to \$250 per trip (2 trips)
First Hospital Confinement¹ Benefits paid when a covered person is confined in a hospital for the first time in the Plan Year; no benefits are available for any subsequent hospitalizations in the same Plan Year. This benefit is paid in addition to the Hospital Confinement benefit.	N/A	Days 1-5: \$1,000 per day	Days 1-5: \$1,000 per day
Hospital Confinement¹ Benefits paid if a covered person is confined as an inpatient in a hospital because of a covered injury or sickness.	Day 1: Pays \$1,500 Days 2-100: \$750 per day	Pays \$1,000 per day (Maximum of 100 days)	Pays \$1,000 per day (Maximum of 100 days)
Maternity¹ Benefits paid under the applicable provision for Doctor's Office Visits, Outpatient X-ray & Lab, Surgery or Hospital Confinement for pregnancy-related expenses.	Included	Included	Included
ICU Confinement¹ Pays in addition to the Hospital Confinement Benefit.	Pays \$750 per day (Maximum of 30 days)	Pays \$1,000 per day (Maximum of 30 days)	Pays \$1,000 per day (Maximum of 30 days)
Substance Abuse Confinement¹ Benefits paid for confinement in a rehab facility for substance abuse.	Pays \$375 per day (Maximum of 30 days)	Pays \$500 per day (Maximum of 30 days)	Pays \$500 per day (Maximum of 30 days)
Mental Illness Disorder Confinement¹ Benefits paid for confinement in a rehab facility for mental or nervous disorders.	Pays \$375 per day (Maximum of 30 days)	Pays \$500 per day (Maximum of 30 days)	Pays \$500 per day (Maximum of 30 days)
Skilled Nursing Facility Confinement¹ Benefits paid for confinement in a skilled nursing facility. Confinement must begin within 3 days of hospital confinement.	Pays \$375 per day (Maximum of 60 days)	Pays \$500 per day (Maximum of 60 days)	Pays \$500 per day (Maximum of 60 days)

All of the above benefits are per covered person per Plan Year.

"Plan Year" means the 12 consecutive months beginning on the group's effective date of coverage.

See Important Notices Page



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Accident Medical ² (\$100 deductible per occurrence)	Up to \$5,000 per occurrence	Up to \$5,000 per occurrence	Up to \$5,000 per occurrence
Accidental Death & Dismemberment ²			
Employee	\$15,000	\$15,000	\$15,000
Spouse	\$7,500	\$7,500	\$7,500
Child(ren)	\$3,000	\$3,000	\$3,000
Term Life ³			
Employee	\$20,000	\$20,000	\$20,000
Critical Illness ⁴			
Employee	N/A	N/A	\$10,000
Spouse			\$10,000
Child(ren)			\$1,000
Pharmaceutical Benefits ⁵	Co-Pay Drug	Co-Pay Drug	Co-Pay Drug

Co-Pay Drug

\$10 Generic / Preferred Brand \$50 or 50%, whichever is greater.

Monthly Maximum of \$250 Employee / \$500 Family. No Deductible. Mandatory Generic when available.

PHCS PPO Network Access

All plan designs provide covered individuals access to a PPO Network that allows them to take advantage of network negotiated rates prior to the above benefits being applied.

Dental / Vision / Nurseline

All Plan designs provide covered individuals 24-Hour telephone access to nurses for medical decision support and patient advocacy (available in multiple languages with an audio health information library). Dental savings from 20-60% on most procedures. Vision savings from 10-60% on exams, lenses and contacts.

Monthly Cost ⁶	Value	Select	Premier
Employee	\$192.00	\$250.00	\$290.00
Employee & Spouse	\$423.43	\$545.09	\$620.37
Employee & Child(ren)	\$345.36	\$443.43	\$499.38
Family	\$561.07	\$729.05	\$825.33

see Important Notices page

IMPORTANT NOTICE

This is a program highlight sheet and is not intended to be a complete or legal description of the program of benefits. Complete information will be provided in the group policy provided to the employer and the certificates of insurance or member booklets issued to participating employees for the various programs selected.

1. The Limited Accident & Sickness, Vision and Dental insurance plan is underwritten by ACE American Insurance Company. "UCR" means the average usual and customary charge by most providers for treatment or services in a geographical area.
2. Fairmont Specialty, a division of Crum & Forster Insurance Company is the carrier for these benefits.
3. The Term Life insurance plan is underwritten by The Standard Life Insurance.
4. The Critical Illness insurance plan is underwritten by AIG Companies.
5. PRAM, a division of RegenceRx, is the carrier for these benefits.
6. These rates assume a minimum employer contribution of 50% of the lowest Employee Only cost.

This program is not comprehensive major medical insurance. It is not intended to replace, nor do we recommend that it replace any comprehensive program of insurance in which you currently participate, or are considering participating in.

These benefits are available to all employees in an eligible class designated by the employer and who are actively at work. Employees may enroll their spouse and children (under age 19 / 26 if a full-time student) who are actively at work or, if not employed, able to engage in substantially all of the usual activities of a person in good health of like age and sex and not confined in a hospital or rehabilitation or rest facility.

The following is a brief list of the exclusions and limitations for the Limited Accident & Sickness Insurance plan:

- Occupational injury or sickness
- Dental, eye or vision care
- Mental illness or alcohol or drug abuse (except as provided for inpatient benefits)
- While legally intoxicated or under the influence of drugs
- Suicide or attempted suicide
- Cosmetic surgery, except reconstructive surgery as the result of an injury or sickness
- Treatment rendered outside of the US except in an emergency
- War or any act of war; service in the military, naval or air force of any country
- Elective abortion
- Expenses for which the covered person would not be responsible for in the absence of insurance
- Experimental drugs, services, supplies or procedures

In addition, a 6 month pre-existing conditions limitation applies to hospital and surgery benefits only. Waived for:

- groups of 50+ eligibles with at least 50% employer contribution.

A "pre-existing condition" is any condition occurring in the 6 month period prior to becoming insured under the plan for which a person has sought or received medical treatment or is taking prescription medication. It includes any condition that would cause an ordinarily prudent person to seek medical treatment.

A complete list of exclusions follows this page and will be included in the Certificate of Insurance issued to each participating employee.

This information is a brief description of the important features of the Limited Accident & Sickness Insurance plan and other supplemental benefits. It is not a contract. Terms and conditions will be set forth in the group policy issued to the employer. The group policy is subject to the laws of the jurisdiction in which it is issued. Some provisions, benefits, exclusions or limitations may vary depending on the state in which the policy is issued.