

# ABC Company

Description	Value	Select	Premier
<b>Doctor's Office Visit<sup>1</sup></b> 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 Copay / 100% UCR (6 visits)	\$20 Copay / 100% UCR (6 visits)	\$20 Copay / 100% UCR (6 visits)
<b>Wellness/Well Child Visit<sup>1</sup></b> Benefits paid for an annual routine examination or well child care. 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 Copay / 100% UCR Up to \$75 per visit (1 visit)	\$20 Copay / 100% UCR Up to \$100 per visit (1 visit)	\$20 Copay / 100% UCR Up to \$150 per visit (1 visit)
<b>Outpatient X-Ray &amp; Lab<sup>1</sup></b> 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 \$75 per visit (3 visits)	Up to \$125 per visit (3 visits)	Up to \$200 per visit (4 visits)
<b>Emergency Room Benefit<sup>1</sup></b> Benefits paid for emergency room visits for a medical emergency.	Up to \$150 per visit (1 sickness)	Up to \$250 per visit (1 sickness)	Up to \$250 per visit (2 sickness)
<b>Ambulance Room Benefit<sup>1</sup></b> Benefits paid if a covered person requires transportation in an ambulance to the nearest hospital for treatment of an injury or sickness.	N/A	N/A	Up to \$250 per trip (1 trip)
<b>In-Patient/Out-Patient Surgery &amp; Anesthesia Benefits<sup>1</sup></b> 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 an inpatient or outpatient basis.	N/A	Up to \$1,000/Plan Year 25% of Surgery benefit up to \$250/Plan Year	Up to \$2,000/Plan Year 25% of Surgery benefit up to \$500/Plan Year
<b>Hospital Confinement<sup>1</sup></b> Benefits paid if a covered person is confined as an inpatient in a hospital because of a covered injury or illness.	Pays \$250 per day (Maximum of 30 days)	Pays \$350 per day (Maximum of 30 days)	Day 1: Pays \$1,000 Days 2-30: \$500 per day
<b>Maternity<sup>1</sup></b> 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
<b>ICU<sup>1</sup></b> Pays in addition to the Hospital Confinement Benefit.	Pays \$250 per day (Maximum of 10 days)	Pays \$350 per day (Maximum of 10 days)	Pays \$500 per day (Maximum of 10 days)
<b>Substance Abuse<sup>1</sup></b> Benefits paid for confinement in a rehab facility for substance abuse.	Pays \$125 per day (Maximum of 10 days)	Pays \$175 per day (Maximum of 10 days)	Pays \$250 per day (Maximum of 10 days)
<b>Mental Nervous<sup>1</sup></b> Benefits paid for confinement in a rehab facility for mental nervous disorders.	Pays \$125 per day (Maximum of 10 days)	Pays \$175 per day (Maximum of 10 days)	Pays \$250 per day (Maximum of 10 days)
<b>Skilled Nursing Facility<sup>1</sup></b> Benefits paid for confinement in a skilled nursing facility. Confinement must begin within 3 days of hospital confinement.	Pays \$125 per day (Maximum of 20 days)	Pays \$175 per day (Maximum of 20 days)	Pays \$250 per day (Maximum of 20 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.

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Description	Value	Select	Premier
<b>Accident Medical</b> <sup>2</sup> (\$100 deductible per occurrence)	Up to \$5,000 per occurrence	Up to \$5,000 per occurrence	Up to \$5,000 per occurrence
<b>Accidental Death &amp; Dismemberment</b> <sup>2</sup>			
Employee	\$15,000	\$15,000	\$15,000
Spouse	\$7,500	\$7,500	\$7,500
Child(ren)	\$3,000	\$3,000	\$3,000
<b>Term Life</b> <sup>3</sup>			
Employee	N/A	\$10,000	\$10,000
<b>Vision</b> <sup>4</sup>			
Annual Eye Exam - 1 per year	Up to \$25	Up to \$50	Up to \$75
Frames & Lenses or Contacts - 1 every 2 years	Up to \$50	Up to \$1000	Up to \$150
<b>Pharmaceutical Benefits</b> <sup>5</sup>	Discount Drug	Co-Pay Drug	Co-Pay Drug

## Discount Drug

Employees and their dependents pay the lesser of the pharmacy's usual and customary fee or the Regence Rx contract rate. Discounts are available on both generic and brand name drugs. Contraceptive drugs are included. Savings range from 16% to 73% based on the drug type (brand or generic) and the participating pharmacy filling the claim. No claim forms required. Prescriptions for 30-day supplies can be filled at more than 52,000 participating pharmacies nationwide including all of the national chains and over 90% of independent pharmacies. For additional savings, there are also two mail order pharmacies available for 90 day supplies. Visit [www.regencerox.com](http://www.regencerox.com) or call (888) 437-1508 to learn more. Please note - this is not insurance.

## Co-Pay Drug

\$10 Generic Only. No Deductible. Monthly maximum of \$250 employee / \$500 family.

## BeechStreet 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.

## TelaDoc Medical Services<sup>6</sup>

TelaDoc is a national network of board certified physicians providing cross coverage consultations 24 hours a day, 365 days a year for members and dependents over the age of 10. TelaDoc physicians use medical records and telephone consultations to diagnose, recommend treatment and write short term prescriptions, when appropriate.\* TelaDoc is a convenient, cost-effective alternative for minor medical problems and a current solution for the health care issues of cost and access.

TelaDoc does not replace the existing primary care physician relationship, but instead enhances it with an efficient, cost-effective alternative for minor medical problems. Physicians must meet strict physicians credentialing guidelines.

\*TelaDoc does not prescribe DEA controlled substances or lifestyle drugs. TelaDoc is not available to residents of or in the state of Oklahoma. Online information is available at [www.teladoc.com](http://www.teladoc.com)

Monthly Cost <sup>7</sup>	Value	Select	Premier
Employee	<b>\$75.10</b>	<b>\$112.99</b>	<b>\$149.99</b>
Employee & Spouse	<b>\$135.50</b>	<b>\$210.58</b>	<b>\$288.58</b>
Employee & Child(ren)	<b>\$112.50</b>	<b>\$173.63</b>	<b>\$233.63</b>
Family	<b>\$170.50</b>	<b>\$277.75</b>	<b>\$380.75</b>
Monthly Cost <sup>8</sup>	Value	Select	Premier
Employee	<b>\$80.00</b>	<b>\$120.00</b>	<b>\$160.00</b>
Employee & Spouse	<b>\$146.50</b>	<b>\$226.58</b>	<b>\$312.58</b>
Employee & Child(ren)	<b>\$120.50</b>	<b>\$185.63</b>	<b>\$251.63</b>
Family	<b>\$185.50</b>	<b>\$298.75</b>	<b>\$413.75</b>

## 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 to you in the certificate of insurance or member booklets for the various programs in which you choose to participate.

1. The Limited Accident & Sickness insurance plan is underwritten by ACE American Insurance Company.
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 vision plan is underwritten by ACE American Insurance Company.
5. PRAM, a division of RegenceRx, is the carrier for these benefits.
6. TelaDoc is not an insured product and services are not covered under the ACE Accident & Sickness plan.
7. These rates assume a minimum employer contribution of 50% of the lowest Employee Only cost.
8. These rates assume eligible persons pay 100% of premium.

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+ eligible's with 50% employer contribution; or
- initial enrollees only when group is replacing existing coverage. Anyone enrolling after the group's initial effective date will be subject to the 6 month pre-existing condition limitation on hospital or surgery benefits.

A "pre-existing condition" is any condition occurring in the 6 month period prior to becoming insured under the plan, 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.