



# OptiMed Med-Choice Plus Plan

AVAILABLE OPTIMED BENEFIT OPTIONS (All medical benefit maximums shown are <u>per person</u> )	Benefit Amounts
<b>Calendar Year Overall Maximum Medical Benefit</b>	\$100,000
<b>Outpatient Physicians Office Visit Benefit - \$240 calendar year maximum</b>	\$40 per visit
<b>Emergency Room Benefit for Sickness - Included in office visit maximum</b>	\$40 per visit
<b>Wellness Care Benefit - \$150 calendar year maximum</b>	\$50 per visit
<b>Outpatient X-Ray &amp; Lab</b>	N/A
<b>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</b>	\$70 exam
<b>Emergency Room Benefit for Accidents (For treatment in an emergency room if performed within 72 hours of the accident)</b>	\$300 per visit
<b>Inpatient Surgical Schedule</b>	N/A
• <b>Outpatient Surgical Schedule</b>	N/A
• <b>Anesthesiology - Inpatient and Outpatient</b>	N/A
<b>Hospital Indemnity Benefit (for sickness or accidents) - Requires 24 hour stay</b>	\$100 per day
• Intensive Care - 30 day calendar year maximum (paid in addition to Hospital Indemnity Benefit)	\$100 per day
• Substance Abuse - 30 day calendar year maximum	\$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
• Mental Illness - \$5,000/year maximum & \$30,000/lifetime maximum	\$100 per day
<b>Employee Term Life Insurance/AD&amp;D</b>	\$5,000/\$5,000
<b>Dependent Life - Term Life Insurance Only</b>	
• Spouse	\$2,500
• Children 6 months to 19 (25 if full time student)	\$1,250
• Infants 14 days to 6 months	\$125
<b>Outpatient Prescription Drug Card</b> 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

*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**

- Advance Earned Income Tax Credit
- National Medical PPO
- Patient Advocacy Service
- Consult-A-Doctor
- Free Cobra Administration
- Free Section 125 Premium Only Plans (POP)



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

**Disclosures:** Administered by United Group Programs, Inc. Term life, AD&D and limited medical benefits underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 64111 Policy Form Nos. M-6004/M-6005/M-9022/M-9031/ M-9091/M-9096/HC-104/HC-105. Certain states require a minimum of 51+ eligible employees. Before any presentation of a proposal, please check with your OptiMed sales representative to be certain that the program being proposed is appropriate for the state intended. This is not an offer of sale. No offering of this material should be given without the expressed approval of OptiMed, and any offering will be based upon state availability, underwriting guidelines, agent guide, and minimum group size and participation requirements being met. The OptiMed program is not available in all states, including Washington. Please check with your OptiMed Group Sales Representative to confirm that OptiMed is available in the state or states in which you may have an interest in offering OptiMed.