



OptiMed Open Enrollment Kit for Airplanes, Inc. Group#95687

- *No Health Questions Asked*
- *No Deductible*
- *No Coinsurance*
- *No Co-pays on the Medical*
- *No Pre-existing Condition Clause*
- *Benefits Paid Directly to the Provider*
- *National Medical PPO Network*
- *Consult-A-Doctor*
- *Patient Advocacy*

Effective date: 11/01/11





How Does OptiMed Medical Work?

It's Simple...

- 1. Find a Provider:** Locates a participating network provider.
Call OptiMed Customer Service at: **1-800-482-8770**
- 2. Schedule an Appointment:** Set up an appointment and see your doctor.
- 3. Benefit Amounts:** OptiMed pays based on a fixed schedule of benefits. If the plan design states that you are entitled to a \$60 office visit, the benefit you are entitled to is \$60 even if you choose an out of network provider. OptiMed does not reduce the benefit amount.
- 4. Assignment of Benefits:** OptiMed also allows an assignment of benefits. You should have to pay nothing up front. OptiMed does not have any deductibles or coinsurance, and prescriptions are subject to co-pays.
- 5. Payment:** The provider should bill OptiMed directly. If the provider wishes you to pay up front have them call OptiMed customer service while you are at the provider's office. If you elect to pay up front you can easily file a claim with OptiMed.
- 6. Network:** If you chose an in network provider, you are entitled to a discount. This means that you are able to save out of pocket expenses. OptiMed discounts the bill and sends the provider the benefit payment along with an explanation of benefits. You also receive an explanation of benefits. Should there be a balance due, the provider then bills you for the difference. If you choose an out of network provider, you are still entitled to your benefit, but not a discount.

Example: *Figures below are for illustrative purposes only. Actual Provider bills will vary.*

<u>In-Network:</u>		<u>Out of Network:</u>	
Physician office visit bill:	\$100	Physician office visit bill:	\$100
Sample discount at 20%:	-\$ 20	No discount:	-\$ 00
<u>Benefit payment</u>	<u>-\$ 60</u>	<u>Benefit payment</u>	<u>-\$ 60</u>
Member Out of Pocket	\$ 20	Member Out of Pocket	\$ 40



OptiMed Value Care Plus Open Access Plan

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 - \$300 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	\$50 per visit
Surgical Indemnity Benefit -up to a maximum of \$750	\$750 maximum
Accident Coverage - charges incurred up to the maximum benefit per occurrence. <i>(For treatment in an emergency room if performed within 72 hours of the accident)</i>	\$1,000 per visit
Hospital Indemnity Benefit (for sickness or accidents) - Requires 24 hour stay/payable up to calendar year maximum/lifetime maximum of 500 days.	\$500 per day
<ul style="list-style-type: none"> Intensive Care - per day/30 day calendar year maximum <i>(paid in addition to Hospital Indemnity Benefit)</i> 	\$1,000 per day
<ul style="list-style-type: none"> Skilled Nursing - For stays in a Skilled Nursing Facility after a 3+ day hospital stay maximum of 60 days per stay 	\$250 per day
Term Life Insurance/AD&D	\$5,000/\$5,000
Dependent Life - Term Life Insurance Only	
<ul style="list-style-type: none"> Employee Spouse Children 6 months to 19 (25 if full time student) Infants 14 days to 6 months 	\$5,000 \$2,500 \$1,250 \$125
Outpatient Prescription Drug Card ~ \$5 Generic Co-pay Prescription drug formulary applies - Drugs not on the formulary receive discounts only. (\$15 generic co-pay for oral contraceptives. Brand discounts - limitations/exclusions apply)	\$400 per month
<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

	Employee Only	Employee + 1	Family
Rate	\$84.55	\$175.91	\$237.16

**PPO Medical Network:
Galaxy**

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 depending on state of residence.

Additional Included OptiMed Programs - These are not insurance benefits

- | | |
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| <ul style="list-style-type: none"> -National Medical PPO -National Vision Network -National Lab Program -National Dental Network | <ul style="list-style-type: none"> -Patient Advocacy Program -Consult-A-Doctor |
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Disclosures: Administered by United Group Programs, Inc. Prescription, term life, AD&D and medical benefits underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 64111

Policy Nos. LM-108/112
Policy Form Nos. M-6005

Certain Group Reform 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 the States of Washington and Hawaii. For groups with a situs in the following states, the OptiMed program is not available: Connecticut, Massachusetts, Minnesota, Montana, New Hampshire, New York, North Dakota, and Vermont. 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.



Discount Dental Care Program

As a member of the CMC Total-Care Plan, you may take advantage of savings offered by an industry leader in dental care. Careington International Corporation is one of the most recognized professional dental networks in the nation and boasts a provider network of over 62,000 participating dentist.

- Average annual savings of \$1,200 per family on dental work
- Over 62,000 providers nationwide
- Save 20% to 50% on most dental procedures including routine oral exams, unlimited cleanings, and major work such as dentures, root canals, and crowns
- Orthodontics included for both children and adults at a 20% savings
- Cosmetic dentistry such as bonding and veneers also included
- All specialties included-Endodontics, Oral Surgery, Orthodontics, Pediatric Dentistry, Periodontics, and Prosthodontics– a 20% reduction on normal fees where available
- All dentist must meet highly selective credentialing standards based on education, background, license standing and other requirements
- Members may visit any participating dentist on the plan and change providers at any time

SAMPLE SAVINGS CHART

Code	Procedure	Plan Cost	Retail Cost	% Savings
D0120	<i>Periodic Oral Evaluation</i>	\$23	\$49	53%
D0274	<i>Bitewings-Four Films</i>	\$29	\$63	54%
D1110	<i>Prophylaxis-Adult (light Cleaning)</i>	\$45	\$91	51%
D1120	<i>Prophylaxis-Child</i>	\$32	\$67	52%
D2160	<i>Amalgam-Three Surface, Primary or Permanent</i>	\$95	\$210	55%
D2750	<i>Crown-Porcelain Fused to High Noble Metal</i>	\$577	\$1,070	46%
D3330	<i>Root Canal-Molar (Excluding Final Restoration)</i>	\$558	\$1,000	44%
D4341	<i>Periodontal Scaling and Root Planing</i>	\$119	\$248	52%
D7140	<i>Extraction-Erupted Tooth or Exposed Root</i>	\$74	\$167	56%
D8080	<i>Comprehensive Orthodontic Treatment of the Adolescent Dentition</i>	20% Discount	\$5,581	20%

This chart reflects a sample savings and actual retail pricing will vary by location.

These fees represent the CI-5 fee schedule. Normal cost is based on the 80th percentile of the National Dental Advisory Service Comprehensive Fee Report for 2008. Prices subject to change.

How To Access Your Discounts

ACCESS YOUR DISCOUNTS IN THREE EASY STEPS

Step 1: To locate a participating provider, call OptiMed Customer Service toll free at 1-800-482-8770 or visit our website at www.careington.com to access the online provider search.

Step 2: You must show your membership card at the time of visit to receive your discount.

Step 3: You are responsible for the total bill, less the applicable savings, at the time services are rendered.

Members pay 100% of the discounted price

(Note: This is not an insurance benefit)



Discount Vision Care Program

Save 20% to 60% off the retail price on eyewear with your EyeMed Vision Care Discount Program. Members are eligible for discounts on exams, glasses and contact lenses at more than 40,000 providers nationwide, including participating Optometrists, Ophthalmologists, Opticians and leading optical retailers, Sears Optical®, Target Optical® and most Pearl Vision® locations.

PROGRAM DESCRIPTION

Vision Care Service	Member Discount
Exam:	
<i>Exam with Dilation as Necessary</i>	\$5 off comprehensive exam \$10 off contact lens exam
Complete Pair Eyeglass Purchase Discounts:	
<i>*Frames, lenses and lens options purchased in same transaction</i>	
Frames:	
<i>Any available frames at provider location</i>	35% off the retail price
Standard Plastic Lenses:	
<i>Single Vision</i>	\$50
<i>Bifocal</i>	\$70
<i>Trifocal</i>	\$105
Lens Options:	
<i>UV Coating</i>	\$15
<i>Standard Scratch Resistant Coating</i>	\$15
<i>Tint (Solid and Gradient)</i>	\$15
<i>Standard Polycarbonate</i>	\$40
<i>Standard Anti-Reflective Coating</i>	\$45
<i>Standard Progressive (Add-on to Bifocal)</i>	\$65
<i>Other Add-Ons and Services</i>	20% off the retail price
Contact Lenses (Discount applies to materials only)	
<i>Conventional</i>	15% off the retail price
Laser Vision Correction:	
<i>LASIK or PRK from U.S. Laser Network</i>	15% off the retail price or 5% off the promotional price

*Frames, lenses, and lens options discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off retail price.

Members pay 100% of the discounted price

(Note: This is not an insurance benefit)



SAMPLE SAVINGS CHART

Vision Care Service	Retail Price	Member Cost	Savings
<i>Eye Exam</i>	\$50	\$45	\$5
<i>Single Vision Lenses</i>	\$70	\$50	\$20
<i>Frames: Example</i>	\$120	\$78	\$42
<i>Lenses: Scratch Resistant Coating</i>	\$20	\$15	\$15

*This chart reflects a sample savings and actual retail pricing will vary by location.

Value Added Services

Laser Vision Correction:

EyeMed and LCA-Vision have arranged to provide this program to all EyeMed members through one of the largest laser networks available, the U.S. Laser Network. Members are entitled to 15% off the retail price or 5% off the promotional price of LASIK or PRK procedures, whichever is the greater discount from a provider in the US Laser Network. Simply call 1-800-5LASER6 to begin the process.

Replacement Contact Lenses by Mail:

EyeMed members may order replacement contact lenses at competitive prices via the Internet and have them mailed directly to your home. Simply visit www.eyemedvisioncare.com for more information and a link to the ordering site. This service is for replacement contact lenses only, and your EyeMed discount does not apply. Your initial pair of contact lenses must still be purchased from your eye care provider to ensure proper fit and follow-up care.

How To Access Your Discounts

ACCESS YOUR DISCOUNTS IN THREE EASY STEPS

Step 1:

To locate a participating EyeMed provider, call OptiMed Customer Service toll free at 1-800-482-8770 or visit our website at www.eyemedvisioncare.com to access the online provider search.

Step 2:

Schedule an appointment. When making an appointment tell the provider you are an EyeMed member and provide your name, name of your organization or plan and your member number.

Step 3:

When you arrive, identify yourself as an EyeMed member and present your membership card.

(Note: This is not an insurance benefit)

FRAUD WARNING NOTICE

For Residents of All States (except the following):	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Tennessee	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Nebraska	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
Pennsylvania	Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



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;

Disclosures:

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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 myofascial 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.

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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.

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, hemophiliac 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.

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