



## ***OptiMed Mini Medical Indemnity Plans***

- *Guaranteed Issue for Eligible Groups*
- *No Health Questions Asked*
- *No Employer Contribution Required*
- *No Pre-existing Condition Clause for Groups of 10 or More*
- *Patient Advocacy Service*
- *Benefits Paid Directly to Provider*
- *Participation Requirements apply\**

*\* For Groups 10 or more, no pre-existing condition limitation applies.*

*\* For Groups 5-9 enrolled employees a pre-existing condition limitation of 12/6/12 applies.*

*Minimum of 5 employees required to issue a policy in certain states. States that require a minimum of 51+ employees include: Florida, New Jersey, Ohio and Utah.*

*This program is not available in all states, including the state of 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.*

## ***OptiMed Health Plans***

*4 Terry Drive, Suite 1  
Newtown, PA 18940  
(800) 482-8770 x 215*

*2500 North Military Trail, Suite 450  
Boca Raton, FL 33431  
(800) 810-9892 x 4770*

*Southeastern Regional Office  
(866) 553-0862*

*Please obtain an official proposal from your OptiMed Group Sales Representative. OptiMed is not bound to accept proposals that were not issued by OptiMed.*



## About OptiMed Plans

We specialize in providing employers, agents and brokers alternatives to control the increasingly high cost of providing healthcare benefits. Our clients represent all walks of life, employing both the professional, skilled and the unskilled worker. Our health benefit packages provide a sense of security and comfort to employees worldwide by providing assurance that their health care needs are protected. At the same time, employers remain assured that they are providing a cost-effective benefit package that satisfies their employees' basic needs.

Moreover, the current healthcare crisis has created a paradigm whereby employers are forced to cut benefit costs without losing employees. High turnover may result in lost profits and productivity. OptiMed is a pioneer in the recognition that this crisis may be creatively addressed through the implementation of limited medical indemnity Plans. The offering of an affordable benefits package can be an effective means of retaining employees, reducing turnover and increasing productivity through improved morale.

## The Leader in Limited Medical Indemnity Plans

### **OPTIMED/UGP: *FEATURED ARTICLES***

- The New York Times
- USA Today
- The Wall Street Journal
- Health Insurance Underwriter Magazine
- National Underwriter Magazine
- Benefit Selling Magazine
- Managed Care Magazine
- AMA Magazine
- Broker World
- California Broker Magazine
- Newsweek
- Time Magazine
- Los Angeles Times
- Employee Benefit Adviser Magazine
- Kiplinger Magazine
- Kaiser Network
- Benefits Marketing Online Magazine
- Benefits & Compensation Solutions Magazine
- Employee Benefit News
- Human Resource Executive Magazine

**Please Note: The OptiMed Program is not a comprehensive Major Medical Program.**



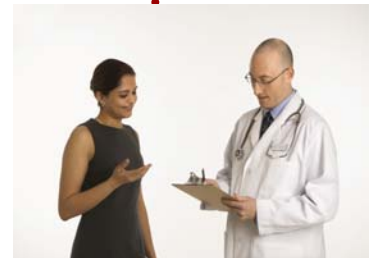
**HOSPITAL**



**CALL CENTER**



**DOCTOR'S OFFICE**



**MEMBERS**



## **OptiMed Patient Advocacy Program**

*"EXPERIENCE THE DIFFERENCE"*

- Verifying Benefits
- Providing Financial Assistance Advice
- Helping Negotiate Bills
- Answering Benefit Questions
- Office Visit PPO Discounts Provided Instantly
- Helping Members Find the Correct Centers of Excellence
- Finding the Appropriate Facility

(Note: The OptiMed Patient Advocacy Program is not an insurance benefit)

**OPTIMED'S PATIENT ADVOCACY PROGRAM**

**AND CUSTOMER SERVICE UNIT: \***

- Provided in English or Spanish for the member's convenience.
- Single, toll-free call-center number for all customer issues and benefits.
- Assisting members in locating and contacting new providers.
- Explanation of benefits, coverage, claims payment and claim history.
- Verification of coverage to providers.
- Addressing the provider's expectations.
- Facilitating negotiations with hospitals and providers to obtain potential savings.
- Large claims negotiation assistance.

**OPTIMED PPO PROVIDER RELATIONS DEPARTMENT\***

OptiMed will help answer the following questions:

- Is the provider accepting new patients?
- Is the office closed on specific days?
- What are the office hours?
- Does the provider offer bilingual staff assistance?
- Does the provider offer senior services?

**OPTIMED HIGH DOLLAR CLAIMS NEGOTIATION\***

Should a member find they cannot afford a large medical bill, they may contact OptiMed customer service and request assistance. The member will be put in touch with an OptiMed claims negotiator who will gather the appropriate information from the member, including provider contact information. Once the OptiMed claims negotiator is familiar with the case they will call the provider and attempt to negotiate additional savings on behalf of the member or work to connect the member with any charity/assistance programs the provider may offer to members in financial distress.



**HOW CAN I LOCATE A NETWORK PROVIDER?**

<b>Step 1:</b>	<i>Contact OptiMed Customer Service (800-482-8770).</i>
<b>Step 2:</b>	<i>Member identifies their name, group and the type of doctor or facility they desire. OptiMed customer service will verify the member's status, coverage and specific PPO network.</i>
<b>Step 3:</b>	<i>OptiMed customer service will search for providers. If requested, OptiMed will contact providers specific to the member's zip code and verify that the physician/facility understands they are part of the PPO network and that they will accept the member's coverage.</i>
<b>Step 4:</b>	<i>Member will make appointment and visit one of the providers within the PPO network.</i>
<b>Step 5:</b>	<i>Provider will submit a bill directly to OptiMed. OptiMed will assign the appropriate PPO reduction, helping the member save out of pocket expense, and then OptiMed will pay the provider directly. The provider bills the member, if there is an additional portion owed by the member.</i>

**Please Note: The member may log online and search for providers 24/7.**

**CUSTOMER SERVICE**

OptiMed customer service is standing by to assist members with an explanation of benefits and coverage. The member is walked through their benefit program, how it works and how to best maximize their benefit dollars. In addition, OptiMed customer service is also available to explain claim payment and claim history.

**OPTIMED FEELS COMMUNICATION IS KEY**

Effective communication is key in the successful rollout and implementation of any limited benefit plan. The purpose of offering a benefit program is to provide your employees a valuable benefit which will in return help boost retention rates. OptiMed feels we can bring our unique energy, superior service, attention to detail and experience at performing large scale enrollments to the table to best suit your needs.

**(Note: The OptiMed Patient Advocacy Program is not an insurance benefit)**

**OPTIMED OFFERS A FULL SUITE OF OPTIONS FOR CLIENTS TO CONSIDER**

**ENROLLMENT SUPPORT OPTIONS**

- Customizable bilingual communication template pieces: letters, payroll stuffers, posters, enrollment kits.
- Telephonic both inbound and outbound options by trained enrollment specialists.
- Full online functionality in both HR and member online tools:
  - HR Tools:** full suite of online HR tools permitting terms and adds, report generation, eligibility and bill review.
  - Member Tools:** Member online suite permits enrollment, plan design review, ID card request and printing of temporary ID cards, EOB and claims history review.
- Train-the-Trainers Support: Includes outbound telephonic management training sessions.

**TELEPHONIC COMMUNICATION SUPPORT**

- Toll-free number, bilingual benefits call center, customer services staffed by trained claim examiners.
- Benefit explanations available before and after enrollment.
- Benefit verification In-Bound and out-bound provider relations including: Access & benefit verification.
- Patient advocacy.



**SIMPLE AND EASY PLAN ADMINISTRATION**

OptiMed’s integrated seamless and simple approach to the administration process frees employers from major headaches associated with health plan administration.

- One dedicated account executive available by phone and email.
- One dedicated billing contact available by phone and email.
- “Train-the-Trainer” support for the employer’s managers & HR.
- Single source administration allows rapid support and issue resolution.
- Online HR administration tools and options allow immediate administration including adds/terms, report generation and a host of additional tools.
- Online member tools allow plan design information review, provider searches, EOB & claim history review, ability to print temporary ID cards, online enrollment options and email support.
- Free dedicated website for each client, upon request.
- Automated data/file exchange options.
- Point-to-Point online billing and email billing options.
- Simple list billing or direct member billing options
- High level direct access to Claims Manager, Manager of Administration and Chief Financial Officer via telephone and email should the client have the need.
- Free COBRA administration.



**(Note: This is not an insurance benefit)**

### OPTIMED'S TELEPHONIC DOCTOR VISITS

OptiMed's Unlimited Telephonic Doctor Visits provides **on-demand, 24/7 phone and e-mail access to licensed physicians.** Individuals and families can consult immediately with our national network of U.S.-based, state-licensed doctors for common, non-emergent medical conditions.

OptiMed's Unlimited Telephonic Doctor Visits redefines traditional healthcare delivery by harnessing the power of digital telephony and the Internet. The result: Americans nationwide can now experience real-time, quality physician care 24/7.

### OPTIMED UNLIMITED TELEPHONIC DOCTOR VISITS

- \*On-demand physician care.
- Call or e-mail a doctor 24/7, without long waits at the doctor's office.
- Easy-to-use online health tools.
- Request prescription medication\* or a refill.
- All physicians are U.S.-based, licensed and board certified.

### OPTIMED UNLIMITED TELEPHONIC DOCTOR EMPLOYER

#### BENEFITS

- Lower employee absenteeism.
- Improve access to care.
- Enhance employee productivity.
- Augment your consumer-driven healthcare strategy.



### HOW TO USE YOUR TELEPHONIC DOCTOR VISITS

<b>1.</b>	<p><b><u>On-Call Tele-Consult</u></b>  <i>Talk to a doctor immediately</i>  <i>On-demand consultation</i>  <i>Receive medical advice</i></p>
<b>2.</b>	<p><b><u>By Priority Appointment Tele-Consult</u></b>  <i>Set a time to talk to a doctor</i>  <i>Comprehensive consultation</i>  <i>Get prescription medication*</i>  <i>Call back within an hour</i></p>
<b>3.</b>	<p><b><u>E-Consult</u></b>  <i>E-mail a doctor about sensitive medical issues</i>  <i>Secure, discreet, compliant</i>  <i>Doctor response within 24 hours</i></p>

### WHEN TO USE OPTIMED'S UNLIMITED TELEPHONIC DOCTOR VISITS

- Need information for non-emergent medical issues.
- After-hours or on weekends and holidays, when your primary care physician is unavailable.
- Require medical advice and care, without the inconvenience of time off work.
- Need prescription medication for a common malady or a refill\*.
- While traveling or on-the-go.

### OPTIMED UNLIMITED TELEPHONIC DOCTOR: MEMBERS

Entitles covered employees and their families to **unlimited** access to OptiMed's Unlimited Telephonic Doctor visits.

**UNLIMITED CALLS & E-MAILS**  
**There are no limits on usage!**

OptiMed's Telephonic Doctor Visits  
are provided by Consult-A-Doctor

**(Note: The OptiMed Telephonic Doctor Visits is not an insurance benefit)**

\*There is no guarantee that you will be prescribed medication. Physicians do not prescribe controlled medications. This is not health insurance and does not replace your primary care physician. If you have an emergency please dial 911. All services are HIPAA-compliant.



*Would you like to help your employees take advantage of a federal program that assists them in paying for affordable healthcare on a monthly basis?*

Employers can do this by giving eligible employees the Advance Earned Income Tax Credit (AEITC) with their pay, and by subtracting the payments you make from payroll taxes. This is possible through the Advance Earned Income Tax Credit (AEITC) programs. This credit reduces the amount of tax owed by the taxpayer and can be used to pay for health insurance premiums on a monthly basis.

Eligible employees can receive part of their Advance Earned Income Tax Credit in their paychecks throughout the year, instead of waiting until they file their tax returns. To be eligible for this AEITC payment, an employee must have a qualifying child and expect to fall within certain income limits. OptiMed handles all aspects of this program, by working with the employee to complete required forms, and by assisting the employee in determining the amount of their monthly tax credit. The Employer’s payroll department then takes over.

The advance payment deduction is added to the employee’s net pay for the pay period and then re-directed to OptiMed for purposes of paying health insurance. Since the AEITC is not wages, you don’t withhold any Income Tax, Social Security, or Medicare taxes from the AEITC portion of the payment.

Generally, you make the advance payments from withheld income tax, employee & employer Social Security and Medicare taxes. However, the payment does not change the amount of employment taxes you would usually withhold from the employee’s pay. If the employee is entitled to an advance payment that is more than his or her withholding, you can still make a payment to the employee.

Report the payments made to your employees by showing the total payments on the AEITC line of your employment tax return, Form 941, Form 943, or Schedule H of Form 1040, whichever applies, and subtract this amount from your total employment taxes.

The IRS States “ Employers...are not required to determine if a completed and signed W-5 is correct.” Employees alone determine if they qualify for the AEITC. The employer has no role in making this determination.

**Who is Qualified for AEITC?**

To be eligible, the employees must have a qualifying child and earn less than the following amounts in the year:

Single Employees	Married Employees
\$35,340	\$38,460

**How Much is the AEITC?**

This depends on marital status and earnings, as set forth in the following table. As you can see, the AEITC becomes smaller as the employee’s earnings increase (figures are for tax year 2009).

Monthly Earnings	Single	Married
\$1,200	\$152.00	\$152.00
\$1,400	\$149.00	\$152.00
\$1,600	\$129.00	\$152.00
\$1,800	\$110.00	\$135.00
\$2,000	\$91.00	\$116.00
\$2,200	\$72.00	\$97.00
\$2,400	\$53.00	\$78.00

**(Note: This is not an insurance benefit)**



<b>BENEFITS</b>	<b>OptiMed Med-Choice Plus Plan</b>	<b>OptiMed Value Care Plan</b>	<b>OptiMed Value Care Plus Plan</b>	<b>OptiMed Preferred Care Plus Plan</b>	<b>OptiMed Select Care Plan</b>	<b>OptiMed Premier Care Plan</b>
<b>Overall Per Person Calendar Year Maximum</b>	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
<b>Physician Office Visits</b> General Office Visits - 6 Visit Calendar Year Maximum Per Person	\$40 Per Visit \$240 Max Per Person Per Calendar Year	\$50 Per Visit \$300 Max Per Person Per Calendar Year	\$60 Per Visit \$360 Max Per Person Per Calendar Year	\$70 Per Visit \$420 Max Per Person Per Calendar Year	\$75 Per Visit \$450 Max Per Person Per Calendar Year	\$75 Per Visit \$450 Max Per Person Per Calendar Year
<b>Emergency Room - Sickness - Included in Office Visit Maximum</b>	\$40 Per Visit	\$50 Per Visit	\$60 Per Visit	\$70 Per Visit	\$75 Per Visit	\$75 Per Visit
<b>Wellness Benefit</b> \$150 Calendar Year Maximum Per Person	\$50 Per Visit	\$50 Per Visit	\$50 Per Visit	\$50 Per Visit	\$75 Per Visit	\$150 Per Visit
<b>Outpatient X-Ray and Lab - \$ Calendar Year Maximum</b>	N/A	\$20 Per Day \$300 Max Per Person Per Calendar Year	\$30 Per Day \$300 Max Per Person Per Calendar Year	\$40 Per Day \$300 Max Per Person Per Calendar Year	\$40 Per Day \$300 Max Per Person Per Calendar Year	\$60 Per Day \$300 Max Per Person Per Calendar Year
<b>Hearing Exam Benefit-</b> 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	\$70 Exam	\$70 Exam	\$70 Exam	\$70 Exam	\$70 Exam	\$70 Exam
<b>Emergency Room - Accident</b> For treatment in an emergency room if performed within 72 hours of the accident	\$300 Per Visit	\$500 Per Visit	\$500 Per Visit	\$1,000 Per Visit	\$1,000 Per Visit	\$1,000 Per Visit
<b>Surgery and Anesthesia - Scheduled Benefit Indemnity</b> Inpatient - Calendar Year Maximum Per Person  Outpatient - Calendar Year Maximum Per Person  Anesthesiology	N/A	N/A	N/A	\$1,000 Calendar Year Max  50% of Inpatient  20% of Surgical Benefit	\$2,000 Calendar Year Max  50% of Inpatient  20% of Surgical Benefit	\$3,000 Calendar Year Max  50% of Inpatient  20% of Surgical Benefit
<b>Hospital Confinement Indemnity for Bodily Sickness &amp; Injuries</b> Requires 24 hours stay - Payable from first day of confinement	\$100 Per Day	\$200 Per Day	\$500 Per Day	\$500 Per Day	\$800 Per Day	\$1,000 Per Day
<b>Intensive Care Confinement Indemnity</b> Paid in addition to Daily Hospital Confinement Benefit 30 Day Calendar Year Maximum Per Person	\$100 Per Day	\$200 Per Day	\$500 Per Day	\$500 Per Day	\$800 Per Day	\$1,000 Per Day
<b>Hospital Confinement Benefit for Mental &amp; Nervous and Substance Abuse</b> Mental & Nervous (\$5,000 Calendar Year Maximum/\$30,000 Lifetime Maximum Per Person) Substance Abuse (Requires 24 hour stay)	\$100 Per Day  \$100 Per Day	\$200 Per Day  \$200 Per Day	\$500 Per Day  \$500 Per Day	\$500 Per Day  \$500 Per Day	\$800 Per Day  \$800 Per Day	\$1,000 Per Day  \$1,000 Per Day
<b>Confinement Benefit for Skilled Nursing</b>	\$50 Per Day	\$100 Per Day	\$250 Per Day	\$250 Per Day	\$400 Per Day	\$500 Per Day
<b>Life/AD&amp;D - \$5,000 (Employee Only)</b>	Included	Included	Included	Included	Included	Included
<b>Outpatient Prescription Drug Benefit</b> Member pays 100% of discounted price for drugs not covered under the formulary. Annual Maximums : \$2,500 Employee \$4,000 Employee + 1 \$5,000 Employee + Family	\$10 Generic Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)
<b>Additional Included OptiMed Programs - Not insurance benefits</b>						
<b>Advanced Earned Income Tax Credit</b>	Included	Included	Included	Included	Included	Included
<b>Patient Advocacy Service</b>	Included	Included	Included	Included	Included	Included
<b>National PPO Network*</b>	Included	Included	Included	Included	Included	Included
<b>Consult-A-Doctor</b>	Included	Included	Included	Included	Included	Included
<b>Free Cobra Administration</b>	Included	Included	Included	Included	Included	Included
<b>Free Section 125 - Premium Only Plans (POP)</b>	Included	Included	Included	Included	Included	Included

This is only a brief summary benefit description and not a complete description of benefits, and or limitations. Each benefit has benefit limits and maximums. Please see brochure and SPD for complete benefit descriptions. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Underwritten by Fidelity Security Life Insurance Company. Policy Form Nos. M-6004/M-6005/M-9022/M-9031/M-9091/M-9096/HC-104/HC-105.

Coverage will continue as long as the premiums are paid, the master policy remains in effect, the employee remains eligible for coverage and remains employed by the Policyholder. Riders terminate concurrently with the Policy and Certificate to which they are attached.

**Disclosures:**

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.

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



# 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</b> - \$240 calendar year maximum	\$40 per visit
<b>Emergency Room Benefit for Sickness</b> - Included in office visit maximum	\$40 per visit
<b>Wellness Care Benefit</b> - \$150 calendar year maximum	\$50 per visit
<b>Outpatient X-Ray &amp; Lab</b>	N/A
<b>Hearing Exam Benefit</b> - 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	\$70 exam
<b>Emergency Room Benefit for Accidents</b> (For treatment in an emergency room if performed within 72 hours of the accident)	\$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</b> (for sickness or accidents) - Requires 24 hour stay	\$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

<ul style="list-style-type: none"> <li>-Advance Earned Income Tax Credit</li> <li>-National Medical PPO</li> <li>-Patient Advocacy Service</li> </ul>	<ul style="list-style-type: none"> <li>-Consult-A-Doctor</li> <li>-Free Cobra Administration</li> <li>-Free Section 125 Premium Only Plans (POP)</li> </ul>
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\*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.

AVAILABLE OPTIMED BENEFIT OPTIONS (All medical benefit maximums shown are per person)	Benefit Amounts
<b>Calendar Year Overall Maximum Medical Benefit</b>	\$100,000
<b>Outpatient Physicians Office Visit Benefit - \$300 calendar year maximum</b>	\$50 per visit
<b>Emergency Room Benefit for Sickness - Included in office visit maximum</b>	\$50 per visit
<b>Wellness Care Benefit - \$150 calendar year maximum</b>	\$50 per visit
<b>Outpatient X-Ray &amp; Lab - \$300 calendar year maximum</b>	\$20 per day
<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>	\$500 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>	\$200 per day
• Intensive Care - 30 day calendar year maximum (paid in addition to Hospital Indemnity Benefit)	\$200 per day
• Substance Abuse - 30 day calendar year maximum	\$200 per day
• Skilled Nursing - for stays in a Skilled Nursing Facility after a 3+ day hospital stay 60 days maximum per stay	\$100 per day
• Mental Illness - \$5,000/year maximum & \$30,000/lifetime maximum	\$200 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</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 and Outpatient Prescription Drug plan 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)



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# OptiMed Value Care 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 - \$360 calendar year maximum</b>	\$60 per visit
<b>Emergency Room Benefit for Sickness - Included in office visit maximum</b>	\$60 per visit
<b>Wellness Care Benefit - \$150 calendar year maximum</b>	\$50 per visit
<b>Outpatient X-Ray &amp; Lab - \$300 calendar year maximum</b>	\$30 per day
<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>	\$500 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>	\$500 per day
• Intensive Care - 30 day calendar year maximum (paid in addition to Hospital Indemnity Benefit)	\$500 per day
• Substance Abuse - 30 day calendar year maximum	\$500 per day
• Skilled Nursing - for stays in a Skilled Nursing Facility after a 3+ day hospital stay 60 days maximum per stay	\$250 per day
• Mental Illness - \$5,000/year maximum & \$30,000/lifetime maximum	\$500 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</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

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### 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)



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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 Physician; Office Visit Benefit</b> - \$420 calendar year maximum	\$70 per visit
<b>Emergency Room Benefit for Sickness</b> - Included in office visit maximum	\$70 per visit
<b>Wellness Care Benefit</b> - \$150 calendar year maximum	\$50 per visit
<b>Outpatient X-Ray &amp; Lab</b> - \$300 calendar year maximum	\$40 per day
<b>Hearing Exam Benefit</b> - 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	\$70 exam
<b>Emergency Room Benefit for Accidents</b> (For treatment in an emergency room if performed within 72 hours of the accident)	\$1,000 per visit
<b>Inpatient Surgical Schedule</b> - \$1,000 calendar year maximum - See surgical schedule	\$1,000
• <b>Outpatient Surgical Schedule</b> - 50% of inpatient	\$500
• <b>Anesthesiology - Inpatient and Outpatient</b>	20% of surgical benefit paid
<b>Hospital Indemnity Benefit</b> (for sickness or accidents) - Requires 24 hour stay	\$500 per day
• Intensive Care - 30 day calendar year maximum (paid in addition to Hospital Indemnity Benefit)	\$500 per day
• Substance Abuse - 30 day calendar year maximum	\$500 per day
• Skilled Nursing - for stays in a Skilled Nursing Facility after a 3+ day hospital stay 60 days maximum per stay	\$250 per day
• Mental Illness - \$5,000/year maximum & \$30,000/lifetime maximum	\$500 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</b> \$10 generic co-pay/\$15 oral contraceptives co-pay/\$50 brand co-pay Prescription drug formulary applies. - Drugs not on the formulary receive discounts only. (Limitations/exclusions apply)	\$10 generic co-pay \$50 brand co-pay
• Employee Only (calendar year maximum)	\$2,500
• Employee + 1 (calendar year maximum)	\$4,000
• Family (calendar year maximum)	\$5,000

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**Additional Included OptiMed Programs - These are not insurance benefits**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>-Advance Earned Income Tax Credit</li> <li>-National Medical PPO</li> <li>-Patient Advocacy Service</li> </ul> | <ul style="list-style-type: none"> <li>-Consult-A-Doctor</li> <li>-Free Cobra Administration</li> <li>-Free Section 125 Premium Only Plans (POP)</li> </ul> |
|---|---|



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<b>Calendar Year Overall Maximum Medical Benefit</b>	\$100,000
<b>Outpatient Physicians Office Visit Benefit - \$450 calendar year maximum</b>	\$75 per visit
<b>Emergency Room Benefit for Sickness - Included in office visit maximum</b>	\$75 per visit
<b>Wellness Care Benefit - \$150 calendar year maximum</b>	\$75 per visit
<b>Outpatient X-Ray &amp; Lab - \$300 calendar year maximum</b>	\$40 per day
<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>	\$1,000 per visit
<b>Inpatient Surgical Schedule - \$2,000 calendar year maximum - See surgical schedule</b>	\$2,000
• <b>Outpatient Surgical Schedule - 50% of Inpatient</b>	\$1,000
• <b>Anesthesiology—Inpatient and Outpatient</b>	20% of surgical benefit paid
<b>Hospital Indemnity Benefit (for sickness or accidents) - Requires 24 hour stay</b>	\$800 per day
• Intensive Care - 30 day calendar year maximum (paid in addition to Hospital Indemnity Benefit)	\$800 per day
• Substance Abuse - 30 day calendar year maximum	\$800 per day
• Skilled Nursing - for stays in a Skilled Nursing Facility after a 3+ day hospital stay 60 days maximum per stay	\$400 per day
• Mental Illness - \$5,000/year maximum & \$30,000/lifetime maximum	\$800 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</b> \$10 generic co-pay/\$15 oral contraceptives co-pay/\$50 brand co-pay Prescription drug formulary applies. - Drugs not on the formulary receive discounts only. (Limitations/exclusions apply)	\$10 generic co-pay \$50 brand co-pay
• Employee Only (calendar year maximum)	\$2,500
• Employee + 1 (calendar year maximum)	\$4,000
• Family (calendar year maximum)	\$5,000

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<b>Wellness Care Benefit - \$150 calendar year maximum</b>	\$150 per visit
<b>Outpatient X-Ray &amp; Lab - \$300 calendar year maximum</b>	\$60 per day
<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>	\$1,000 per visit
<b>Inpatient Surgical Schedule - \$3,000 calendar year maximum - See surgical schedule</b>	\$3,000
• <b>Outpatient Surgical Schedule - 50% of Inpatient</b>	\$1,500
• <b>Anesthesiology—Inpatient and Outpatient</b>	20% of surgical benefit paid
<b>Hospital Indemnity Benefit (for sickness or accidents) - Requires 24 hour stay</b>	\$1,000 per day
• Intensive Care - 30 day calendar year maximum (paid in addition to Hospital Indemnity Benefit)	\$1,000 per day
• Substance Abuse - 30 day calendar year maximum	\$1,000 per day
• Skilled Nursing - for stays in a Skilled Nursing Facility after a 3+ day hospital stay 60 days maximum per stay	\$500 per day
• Mental Illness - \$5,000/year maximum & \$30,000/lifetime maximum	\$1,000 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> \$10 generic co-pay/\$15 oral contraceptives co-pay/\$50 brand co-pay Prescription drug formulary applies. - Drugs not on the formulary receive discounts only. (Limitations/exclusions apply)	\$10 generic co-pay \$50 brand co-pay
• Employee Only (calendar year maximum)	\$2,500
• Employee + 1 (calendar year maximum)	\$4,000
• Family (calendar year maximum)	\$5,000

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## 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) unless specifically provided for in the Policy, charges for the treatment of:
  - a) Mental or Nervous Disorders;
  - b) alcoholism;
  - c) 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;
  - d) substance abuse;
- 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;

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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.

## Hearing Exam Policy Exclusions

Hearing Exam benefits are not payable for the services, procedures, treatments or materials that are:

- 1) Provided free of charge in the absence of insurance;
- 2) Payable under any Workers' Compensation law, or similar statutory authority;
- 3) Payable under any governmental plan or program whether Federal, state or subdivisions thereof, except for medical assistance benefits under Title XIX of the Social Security Act (Medicaid);
- 4) For the medical and/or surgical treatment of the ear, ears or supporting structures;
- 5) Provided by a Hearing Aid Dispenser;
- 6) Required by an Employer as a condition of employment;
- 7) Not prescribed by a Physician or Audiologist

Coverage will continue as long as premiums are paid and the Group Master Policy remains in force. If you, as the Employer, currently sponsor health insurance coverage other than comprehensive major medical, you may not be eligible for OptiMed. Please contact your OptiMed group representative regarding availability.

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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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