



Summary of Proposed Benefits ERISA Self-Funded Single Employer Trust

BASIC MED II LIMITED BENEFIT DESIGN

Physician Services	<ul style="list-style-type: none"> Physician Office Visits <i>(Covered office visits include: Physician consult fee, in-office diagnostic lab testing, x-rays and injections)</i> Surgical Fee Schedule Anesthesia 	<p style="text-align: center;">100% after \$20 Co-Pay up to \$100 maximum per visit \$500 maximum per calendar year</p> <p style="text-align: center;">\$25 - \$2,000 <i>(See Schedule)</i></p> <p style="text-align: center;">20% of appropriate surgical benefit</p>				
Hospital Services	<ul style="list-style-type: none"> Inpatient Outpatient X-ray and Laboratory 	<p style="text-align: center;">100% up to \$500 per day up to 30 days of confinement per occurrence <i>(Two or more hospital confinements will be considered as one "occurrence" unless readmission occurs more than 72 hours following prior discharge)</i></p> <p style="text-align: center;">\$300 maximum per calendar year <i>(combined with Diagnostic Services)</i></p>				
Diagnostic Services	<ul style="list-style-type: none"> Outpatient X-ray and Laboratory 	<p style="text-align: center;">\$300 maximum per calendar year <i>(combined with Hospital Services)</i></p>				
Accident Expense Benefits	<ul style="list-style-type: none"> Emergency Accident Expense 	<p style="text-align: center;">100% after \$50 Co-Pay up to \$1,000 per covered accident <i>(Treatment must be received within 72 hours of the accidental injury. This benefit will be used to supplement other eligible expenses as listed above.)</i></p>				
Preventive Care	<ul style="list-style-type: none"> Routine physical exams and well care exams 	NOT COVERED				
Mental Health and Substance Abuse	<ul style="list-style-type: none"> Inpatient and Outpatient 	NOT COVERED				
Deductible	<ul style="list-style-type: none"> Deductible <i>(per calendar year)</i> 	NONE				
Out-of-Pocket Maximum	<ul style="list-style-type: none"> Out-of-Pocket Maximum <i>(per calendar year)</i> 	NONE				
Prescription Drug Card Benefit	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>RETAIL DRUGS</u> <i>(Maximum 34 day supply per prescription)</i></p> <ul style="list-style-type: none"> ◆ GENERIC 100% after \$15 Co-Pay, \$500 Calendar Year Maximum ◆ BRAND NAME Discounted to lowest price available at time of purchase </td> <td style="width: 50%; vertical-align: top;"> <p><u>MAIL ORDER DRUGS</u> <i>(Maximum 90 day supply per prescription)</i></p> <ul style="list-style-type: none"> ◆ GENERIC 100% after \$30 Co-Pay, \$500 Calendar Year Maximum ◆ BRAND NAME Discounted to lowest price available at time of purchase </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <p>NOTE: <i>A list of covered and excluded drugs is available from the Plan Sponsor. Co-Pays and Discounts are available at participating pharmacies ONLY.</i></p> </td> </tr> </table>		<p><u>RETAIL DRUGS</u> <i>(Maximum 34 day supply per prescription)</i></p> <ul style="list-style-type: none"> ◆ GENERIC 100% after \$15 Co-Pay, \$500 Calendar Year Maximum ◆ BRAND NAME Discounted to lowest price available at time of purchase 	<p><u>MAIL ORDER DRUGS</u> <i>(Maximum 90 day supply per prescription)</i></p> <ul style="list-style-type: none"> ◆ GENERIC 100% after \$30 Co-Pay, \$500 Calendar Year Maximum ◆ BRAND NAME Discounted to lowest price available at time of purchase 	<p>NOTE: <i>A list of covered and excluded drugs is available from the Plan Sponsor. Co-Pays and Discounts are available at participating pharmacies ONLY.</i></p>	
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Life and AD&D	<p>◆ \$15,000 Minimum required for all employees ◆ \$100,000 Maximum</p> <p><i>Benefit available on a flat amount (all employees) or by class. AD&D is equal to life amount. Amount reduces beginning at age 65.</i></p>					



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	<u>MONTHLY CONTRIBUTIONS</u>
Employee Only	\$ 73.59
Employee & Spouse	\$146.12
Employee & Child(ren)	\$132.84
Employee & Family	\$163.68

Please Note: This benefit design is subject to final underwriting review, and the Monthly Contributions are subject to change.

IMPORTANT INFORMATION

- ◆ Pre-certification is required in advance of all scheduled hospital admissions, non-emergency surgical procedures and several outpatient services, or benefits will be reduced for that confinement.
- ◆ Emergency admissions must be certified within 48 hours of admission, or the next business day, or benefits will be reduced for that confinement.
- ◆ All claims are paid in accordance with Contract Administrator's Network Fee Schedules.
- ◆ Please contact Contract Administrator for information on any benefits not listed in this summary.
- ◆ The Pre-Certification List shown below is not an entirely exhaustive list. Please refer to the utilization management program found in the Summary Plan Description (SPD) for complete details. If you are in doubt as to whether or not pre-certification is required, you should contact the Contract Administrator immediately. Failure to obtain the necessary pre-certification for required procedures **will result in a reduction of benefits by \$500.**

Pre-Certification List

If your Physician recommends any of the listed procedures, diagnostic tests or services, you must contact Pre-Certification to obtain pre-authorization. Failure to obtain prior approval may result in a reduction of benefits.

Diagnosics: Bone Scans/CT Scans, MRA (brain), MRI, Open MRIs

Services: Chemotherapy, Dialysis, Free Standing Surgical Facility, Prenatal Genetic Services, Home Health Care, Hospital Admissions, Hospice Services, Infusion Services, Skilled Nursing Facilities, Physical, Speech, Occupational, Pulmonary and Cardiac Rehabilitation Therapies.

Pre-Existing Condition definition:

For Plan purposes, a "pre-existing condition" is an illness or injury for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months before an individual's enrollment date. A Pregnancy will not be considered a pre-existing condition, regardless of the date of conception, diagnosis, or first treatment. Genetic information is not a pre-existing condition in the absence of a diagnosis of a condition related to the genetic information. Except as noted below and/or outlined in the Plan Document, a pre-existing condition will not be covered until the twelve (12) month anniversary of an individual's enrollment date (12 months from the first day of plan coverage, or if there is a waiting period, 12 months from the first day of the waiting period for such coverage).

Allowance for Prior Creditable Coverages:

An individual (Employee or Dependent) who transfers to this Plan from another plan of "creditable coverage" within 63 days (i.e., with not more than 62 days of non-coverage, not counting any days applied toward waiting period requirements), has a right to demonstrate "creditable coverage" and to request a certificate of creditable coverage from the prior health plan(s). An individual also has the right to demonstrate creditable coverage through the presentation of documentation or other means where a certificate of creditable coverage cannot be obtained from the prior health plan(s). If the prior coverage is determined to be "creditable coverage", the Plan enrollee will be credited with time covered under such prior plan(s) toward the time limits of this Plan's pre-existing condition limitation or other time-covered requirements that may apply to Plan coverages.

KEY INFORMATION

Type of Administration – The SET Program is an alternative method of funding health benefits where you, the employer, sponsor a health and welfare benefit plan funded by contributions from you and your employees. The program retains some of the risk for medical expenses, but uses some of its funds to purchase Excess Loss Coverage, which covers the cost of medical expenses in excess of a predetermined limit. Employers who choose to self-fund an employee benefit plan must comply with the Employee Retirement Income Security Act of 1974 (ERISA), as amended. See Administrative Services Agreement and SET New Business Disclosure Form for additional details.

ERISA Self-Funded Single Employer Trust
Marketed and Administered by:



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