

**SET**

Single Employer Trust

Self-Funded Health and Welfare  
Benefits Program

## Summary of Proposed Benefits

# ERISA Self-Funded Single Employer Trust

### PREMIER 90/70 PPO BENEFIT DESIGN

	In-Network	Out-of-Network																	
<b>Deductible</b> <i>(per calendar year)</i>	<ul style="list-style-type: none"> <li>Family Deductible is 3X individual Deductible               <table style="margin-left: 20px; border: none;"> <tr><td>Individual Deductible Options **</td></tr> <tr><td>\$250</td></tr> <tr><td>\$500</td></tr> <tr><td>\$1,000</td></tr> <tr><td>\$2,500</td></tr> <tr><td>\$5,000</td></tr> </table> </li> </ul>	Individual Deductible Options **	\$250	\$500	\$1,000	\$2,500	\$5,000	<ul style="list-style-type: none"> <li>Individual Deductible Options               <table style="margin-left: 20px; border: none;"> <tr><td>\$500</td></tr> <tr><td>\$1,000</td></tr> <tr><td>\$2,000</td></tr> <tr><td>\$5,000</td></tr> <tr><td>\$10,000</td></tr> </table> </li> </ul>	\$500	\$1,000	\$2,000	\$5,000	\$10,000						
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<b>Out-of-Pocket Maximum</b> <i>(per calendar year)</i>	<ul style="list-style-type: none"> <li>Family Out-of-Pocket is 3X individual Out-of-Pocket <i>(does not include deductibles or co-pays)</i> <table style="margin-left: 20px; border: none;"> <tr><td>\$1,000</td></tr> </table> </li> </ul>	\$1,000	<ul style="list-style-type: none"> <li>\$6,000</li> </ul>																
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<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>Routine physical exams, pap smears, mammograms, PSA/prostate, gynecological exams               <table style="margin-left: 20px; border: none;"> <tr><td>100% after \$20 Co-Pay*</td></tr> <tr><td>up to \$200 maximum per calendar year</td></tr> </table> </li> <li>Routine well child care               <table style="margin-left: 20px; border: none;"> <tr><td>90%*</td></tr> <tr><td>up to \$250 maximum per calendar year</td></tr> </table> </li> </ul>	100% after \$20 Co-Pay*	up to \$200 maximum per calendar year	90%*	up to \$250 maximum per calendar year	<ul style="list-style-type: none"> <li>70% up to \$200 maximum per calendar year</li> <li>70%* up to \$250 maximum per calendar year</li> </ul>													
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<b>Physician Services</b>	<ul style="list-style-type: none"> <li>Physician office visits <i>(co-pay does not apply to any other services rendered in the office)</i> <table style="margin-left: 20px; border: none;"> <tr><td>100% after \$20 Co-Pay*</td></tr> </table> </li> <li>Specialist office visits <i>(co-pay does not apply to any other services rendered in the office)</i> <table style="margin-left: 20px; border: none;"> <tr><td>100% after \$40 Co-Pay*</td></tr> </table> </li> <li>Other office services—diagnostic, lab, x-rays               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> </table> </li> <li>Chiropractic care               <table style="margin-left: 20px; border: none;"> <tr><td>90% after \$20 Co-Pay*</td></tr> <tr><td>up to \$1,000 maximum per calendar year</td></tr> </table> </li> <li>Outpatient therapy – cardiac, physical, occupational, pulmonary and speech               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> <tr><td>up to \$2,500 maximum per calendar year</td></tr> </table> </li> </ul>	100% after \$20 Co-Pay*	100% after \$40 Co-Pay*	90%	90% after \$20 Co-Pay*	up to \$1,000 maximum per calendar year	90%	up to \$2,500 maximum per calendar year	<ul style="list-style-type: none"> <li>70%</li> <li>70%</li> <li>70%</li> <li>70% up to \$1,000 maximum per calendar year</li> <li>70% up to \$2,500 maximum per calendar year</li> </ul>										
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<b>Urgent Care</b>	<ul style="list-style-type: none"> <li>Urgent care facility <i>(co-pay does not apply to any other services rendered in the office)</i> <table style="margin-left: 20px; border: none;"> <tr><td>90% after \$40 Co-Pay*</td></tr> </table> </li> <li>Other urgent care facility services including diagnostic tests, lab, x-rays               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> </table> </li> </ul>	90% after \$40 Co-Pay*	90%	<ul style="list-style-type: none"> <li>70%</li> <li>70%</li> </ul>															
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<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>Per Confinement Deductible               <table style="margin-left: 20px; border: none;"> <tr><td>NONE</td></tr> </table> </li> <li>Inpatient care and physician services               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> </table> </li> <li>Surgery – physician services               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> </table> </li> <li>Surgery – inpatient &amp; outpatient facility               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> </table> </li> <li>Diagnostic lab and x-ray – outpatient               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> </table> </li> <li>Emergency room <i>(co-pay waived if admitted to hospital)</i> <table style="margin-left: 20px; border: none;"> <tr><td>90% after \$50 Co-Pay</td></tr> <tr><td>(deductible applies)</td></tr> </table> </li> </ul>	NONE	90%	90%	90%	90%	90% after \$50 Co-Pay	(deductible applies)	<ul style="list-style-type: none"> <li>Same as In-Network Calendar Year Deductible</li> <li>70%</li> <li>70%</li> <li>70%</li> <li>70%</li> <li>70% after \$50 Co-Pay (deductible applies)</li> </ul>										
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<b>Other Medical Services</b>	<ul style="list-style-type: none"> <li>Skilled nursing facility, rehabilitation center and private duty nursing services               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> <tr><td>up to \$12,500 maximum per calendar year</td></tr> </table> </li> <li>Hospice care <i>(inpatient respite care limited to 10 days)</i> <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> <tr><td>up to \$5,000 lifetime maximum</td></tr> </table> </li> <li>Durable Medical Equipment               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> <tr><td>up to \$1,000 maximum per calendar year</td></tr> </table> </li> <li>Transplant Related Services               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> <tr><td>up to \$250,000 lifetime maximum</td></tr> </table> </li> <li>Home Health Care               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> <tr><td>up to \$5,000 maximum per calendar year</td></tr> </table> </li> <li>Podiatry Care               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> <tr><td>up to \$1,000 maximum per calendar year</td></tr> </table> </li> <li>Sleep Studies               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> <tr><td>up to \$500 maximum per calendar year</td></tr> </table> </li> <li>Ambulance               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> <tr><td>up to \$1,000 maximum per calendar year</td></tr> </table> </li> <li>Other Eligible Medical Expenses               <table style="margin-left: 20px; border: none;"> <tr><td>90%</td></tr> </table> </li> </ul>	90%	up to \$12,500 maximum per calendar year	90%	up to \$5,000 lifetime maximum	90%	up to \$1,000 maximum per calendar year	90%	up to \$250,000 lifetime maximum	90%	up to \$5,000 maximum per calendar year	90%	up to \$1,000 maximum per calendar year	90%	up to \$500 maximum per calendar year	90%	up to \$1,000 maximum per calendar year	90%	<ul style="list-style-type: none"> <li>70% up to \$12,500 maximum per calendar year</li> <li>90% up to \$5,000 lifetime maximum</li> <li>90% up to \$1,000 maximum per calendar year</li> <li>70% up to \$250,000 lifetime maximum</li> <li>90% up to \$5,000 maximum per calendar year</li> <li>70% up to \$1,000 maximum per calendar year</li> <li>70% up to \$500 maximum per calendar year</li> <li>90% up to \$1,000 maximum per calendar year</li> <li>70%</li> </ul>
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# Summary of Proposed Benefits

## ERISA Self-Funded Single Employer Trust

### PREMIER 90/70 PPO BENEFIT DESIGN

#### Mental Health and Substance Abuse

*(number of visits is a combined maximum for both Mental Health and Substance Abuse care)*

	In-Network	Out-of-Network				
<ul style="list-style-type: none"> <li>Outpatient care (30 visits per calendar year)</li> </ul>	50%	N/A				
<ul style="list-style-type: none"> <li>Inpatient care (25 days per calendar year)</li> </ul>	50%	N/A				
<b>Substance Abuse Care is limited as shown.</b>						
<ul style="list-style-type: none"> <li>Inpatient care</li> <li>Outpatient care</li> </ul>	50%					
<ul style="list-style-type: none"> <li>Inpatient and Outpatient care combined</li> </ul>	50%					
	up to \$1,000 maximum per calendar year \$25,000 lifetime maximum					
<ul style="list-style-type: none"> <li>Combined Maximum In-Network and Out-of-Network benefits</li> </ul>	\$2,000,000					
<ul style="list-style-type: none"> <li>\$50 Annual Deductible (Name Brand Only)</li> <li>\$5,000 maximum per calendar year</li> <li>Mandatory Generic (Name Brand prescriptions covered only if generic is not available)</li> </ul>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>RETAIL DRUGS</b> (Maximum 34 day supply per prescription)</td> <td style="width: 50%; border: none;"><b>MAIL ORDER DRUGS</b> (Maximum 90 day supply per prescription)</td> </tr> <tr> <td style="border: none;"> <ul style="list-style-type: none"> <li>Generic \$10 Co-Pay or 20%</li> <li>Formulary Brand \$25 Co-Pay or 20%</li> <li>Non-Formulary Brand \$45 Co-Pay or 20%</li> </ul> </td> <td style="border: none;"> <ul style="list-style-type: none"> <li>Generic \$20 Co-Pay or 20%</li> <li>Formulary Brand \$50 Co-Pay or 20%</li> <li>Non-Formulary Brand \$90 Co-Pay or 20%</li> </ul> </td> </tr> </table>			<b>RETAIL DRUGS</b> (Maximum 34 day supply per prescription)	<b>MAIL ORDER DRUGS</b> (Maximum 90 day supply per prescription)	<ul style="list-style-type: none"> <li>Generic \$10 Co-Pay or 20%</li> <li>Formulary Brand \$25 Co-Pay or 20%</li> <li>Non-Formulary Brand \$45 Co-Pay or 20%</li> </ul>	<ul style="list-style-type: none"> <li>Generic \$20 Co-Pay or 20%</li> <li>Formulary Brand \$50 Co-Pay or 20%</li> <li>Non-Formulary Brand \$90 Co-Pay or 20%</li> </ul>
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<p><b>NOTE:</b> Co-Pay or 20% of prescription cost (whichever is greater). A list of covered and excluded drugs is available from the Plan Sponsor. Coverage provided by an independent vendor-participating pharmacy ONLY.</p>						
<ul style="list-style-type: none"> <li>\$15,000 Minimum required for all employees</li> <li>\$100,000 Maximum</li> </ul> <p>Benefit available on a flat amount (all employees) or by class. AD&amp;D is equal to life amount. Amount reduces beginning at age 65.</p>						

#### Lifetime Maximum

#### Prescription Drug Card Benefit

#### Life and AD&D

- \* Calendar year deductibles do not apply
- \*\* \$2,500 Deductible available to groups of 50 lives or more / \$5,000 Deductible available to groups of 100 lives or more

**NOTE:** Out-of-Pocket maximums exclude Deductibles or Co-Pays.  
Once the Out-of-Pocket Maximum is reached, covered services are paid at 100% for remainder of the calendar year up to plan maximums.

#### 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.

**Diagnostics:** 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:



1733 Park Street, Suite 300  
Naperville, IL 60563  
(800) 736-7872