

MidMed Group Limited Benefit Medical Insurance Plan - LEVEL 2

The MidMed LEVEL 2 Group Limited Benefit Medical Insurance Plan, underwritten by Continental American Insurance Company, is designed to provide more coverage than most other limited benefit plan choices. It offers many of the same features of a comprehensive insurance plan at a more affordable cost.

SPECIAL FEATURES

- PHCS PPO Network
- Co-Pays for Physician Office Visits & Routine Physicals
- Hospital & Surgical Benefits

Who Can Be Covered In MidMed LEVEL 2 Medical Plan?

Employees & Spouses (ages 18-64) and dependent children under age 19 (or under age 25 if a full-time student).

What Are The Medical Benefits And How Do They Work?

DEDUCTIBLES

You pay the Calendar Year Plan Deductible – \$250 for each insured to a maximum of \$750 per family. Deductible applies to all expenses except Physician Office visits and Supplemental Accident Benefits.

CO-PAYS

Network Physician/Specialist Office Visit - \$20 Co-Pay & the Plan pays 100% of eligible expenses*
 Out-of Network Physician/Specialist Office Visit - \$40 Co-Pay & the Plan pays 80% of eligible expenses*
(Co-Pay does not apply to other services rendered in the physician's office)

PLAN MAXIMUMS

Annual Plan Maximum - \$25,000 per Insured and \$75,000 per Family
 Lifetime Plan Maximum - \$100,000 per Insured and \$300,000 per Family

Outpatient Expense Benefits

Physician or Specialist Office Visit for Illness & Injury
 Routine Physical Exams, Pap Smear, Mammogram, PSA Tests
(includes all related charges up to \$500 Calendar Year Benefit)
 Outpatient Diagnostic X-Ray, CAT Scan, MRI and Lab
 Other Services Provided During Office Visits
 Outpatient Surgery/Anesthesia Services
 Urgent Care Facility
 Emergency Room (if not admitted as in-patient)
 Supplemental Accident Benefit (is not subject to deductible)

Cardiac, Occupational, Physical, Pulmonary & Speech Therapies
 and Chiropractic Services *(subject to 10 visits per category per Calendar Year per insured)*

Inpatient Expense Benefits

Hospital Inpatient Room & Board, Intensive Care Unit
 Operating Room, Recovery Room
 Professional Fees of Doctors, Surgeons, and Anesthesiologists
 Other Covered Inpatient Services

Other Covered Services

Transplant-Related Expenses
 Maternity Care (Employee & Covered Spouse Only)

In-Network

\$20 Co-pay then 100%
 \$20 Co-pay then 100%
 80%
 80%
 80%
 80%
 \$100 Co-pay then 80%
 First \$400 per Accident is paid in full, then 80%
 80%
 80%
 80%
 80%
 80%

Out-of-Network

\$40 Co-pay then 80%
 \$40 Co-pay then 80%
 60%
 60%
 60%
 60%
 \$100 Co-pay then 60%
 First \$400 per Accident is paid in full, then 60%
 60%
 60%
 60%
 60%
 60%

The percentages shown are paid for eligible expenses AFTER you pay the deductible unless otherwise noted. *Expenses are subject to reasonable and customary limits.

What about Outpatient Prescription Drugs?

The Plan includes a separate Co-pay plan for outpatient prescription drugs purchased at participating pharmacies. The CatalystRx plan, underwritten by Fidelity Security Life Insurance Company, utilizes a generic formulary with a preferred drug list. The formulary is a list of all products available at one co-pay level or another. The preferred drug list contains generic and select brand products available at lower co-pay levels. You can visit www.catalystrx.com (click "Clients" – user name & password = CONTGP) to search for participating pharmacies and the drug information & lookup center. Please refer to the Certificate of Insurance for a complete list of exclusions and limitations.

Generic Formulary Drugs	\$10.00
Generic Oral Contraceptive	\$15.00
Brand Formulary Drug	\$50.00

(The retail dispensing limit is a 30 day supply)
 Annual Maximum Rx Benefit - \$1,000 per per insured

MONTHLY PREMIUMS

Employee Only	\$280.73
Employee & One (Spouse or Child)	\$516.73
Employee & Family	\$702.63

Premiums include Insurance, Prescription Drug and Network Access Charges

SEE MORE INFORMATION ON REVERSE SIDE

The Benefit Alliance Plan



Do I Need Pre-Certification?

Pre-admission certification prior to eligible inpatient hospitalization or surgery by the covered individual within 48 hours is required. This is not a guarantee of benefits. Failure to pre-certify will result in benefit reductions.

What Is A Reasonable And Customary Charge?

A "reasonable and customary charge" is the charge typically made by physicians or suppliers of medical services, medicines and supplies within a specific geographic area.

Is there a Pre-existing Condition Limitation?

YES. Expenses incurred for treatment of Pre-Existing Conditions are not covered for the first 6 months following an Insured's Effective Date of coverage under the Group Policy. This limitation will **not** apply if:

- a) The individual seeking coverage under the Group Policy has an aggregate of 12 months of Creditable Coverage and becomes eligible and applies for coverage, Credit will be given for the time the individual was covered under prior Creditable Coverage that is not separated by a break in coverage of 63 days or more; or
- b) The individual accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

A newborn child, a child placed for adoption, or a newly adopted child under the age 18 who begins dependent coverage hereunder within 30 days of birth, placement for adoption, or adoption (or who has creditable coverage from birth, placement for adoption, or adoption without a significant break in coverage) shall not be considered to have any pre-existing conditions.

Pre-existing condition means a physical or mental condition, regardless of the cause of the condition, for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 month period prior to the enrollment date. Genetic information shall not be treated as a pre-existing condition in the absence of a diagnosis of the condition related to the genetic information. In order to be taken into account, the medical advice, diagnosis, care or treatment must have been recommended or received from an individual licensed or similarly authorized to provide such services under state law and who operates within the scope of practice authorized by the state law.

CREDIT FOR PRIOR COVERAGE: An insured whose coverage under prior Creditable Coverage ended not more than 63 days before the Insured's Effective Date under the Group Policy, will have any applicable Pre-Existing Condition limitation reduced by the total number of days the Insured was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the Company will credit only the days of such coverage after the break. The Insured must provide proof of prior Creditable Coverage.

EXCLUSIONS AND LIMITATIONS - The following are not Eligible Expenses and will not be covered under the Group Policy:

1. Injury arising out of or in the course of employment, or activity for wage or profit, or which is compensable under Worker's Compensation or Occupational Disease Act or Law.
2. Experimental or investigational services, drugs, or supplies except to the extent required by law;
3. Educational testing or training related to learning disabilities or developmental delays;
4. Custodial care or personal items;
5. Any expense incurred before the Insured's Effective Date of coverage under the Policy or after the coverage termination date;
6. Eye surgery to correct refractive errors;
7. Therapy, supplies or counseling for sexual dysfunctions;
8. Performance, or lifestyle enhancement drugs or supplies;
9. Artificial insemination, in vitro fertilization, or embryo transfer or any related procedures except where required by law;
10. Routine physical, vision, or hearing exams, immunizations, or other preventative services or supplies, except to the extent that coverage is specifically provided under the Group Policy.
11. Dental care except for Injury to sound, natural teeth;
12. Elective Surgery;
13. Cosmetic Surgery other than Reconstructive Surgery incidental to or following surgery resulting from trauma, infection, or other Diseases of the involved part; or Reconstructive Surgery because of a congenital Disease or anomaly; or according to the requirements of the Women's Health and Cancer Rights Act.
14. Speech therapy except as otherwise specifically covered under the Group Policy;
15. Inpatient or outpatient treatment of alcoholism, drug abuse, and mental illnesses; except where required by law;
16. Private duty nursing;
17. An Injury sustained while the Insured is legally intoxicated or under the influence of alcohol as defined by the jurisdiction where the Accident occurred;
18. Charges made to treat a Sickness or Injury sustained while flying as a pilot or crew member;
19. Voluntary sterilization procedure or the reversal of a sterilization procedure;
20. Weight control services including surgical procedures, medical treatments, weight control/loss programs, food supplements, exercise programs or equipment;
21. Intentionally self inflicted injury or action unless the result of a medical condition;
22. War (declared or undeclared) or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.
23. Services and supplies not medically necessary, recommended or approved by a physician for the diagnosis, care or treatment of any Disease or Injury;
24. Charges made for: manipulative (adjustive) treatment; or treatment of any condition caused by or related to biomechanical or nerve conduction disorders of the spine;
25. Prescription drugs and medicines prescribed by a physician on an outpatient basis;
26. Charges in excess of the Recognized Charge, based on the 90th percentile of the Medicode Medical Data Research Tables;
27. Charges for any treatment received while in a skilled nursing facility;
28. Charges for any treatment for Home Health Care, except as covered under maternity;
29. Transportation charges, including ambulatory services;
30. Charges for biofeedback;
31. Any treatment received under hospice care;
32. Elective or voluntary abortions except in the case of rape, incest or congenital deformities;
33. Charges for Prosthetics and/or orthotics;
34. Charges for Temporomandibular Joint Disorder (TMJ).

This is only a summary of the Continental American MidMed Limited Benefit Medical Insurance & Fidelity Security Life CatalystRx Prescription Drug Plan; all benefits are subject to the terms, conditions, state mandated benefits, exclusions & limitations of the master group policies. You may request a copy of the full text benefit information including definitions, limitations and exclusions from Leslie & Associates.

This Plan is not Comprehensive Major Medical Coverage or designed as a substitute for Comprehensive Major Medical Coverage

Limited Benefit Medical Insurance underwritten by Continental American Insurance Company - Applicable to CA11000KELLY
Outpatient Prescription Drug Plan underwritten by Fidelity Security Life Insurance Company - Policy Form Nos. M-9022/M-9031

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