

Group Supplemental Hospital Indemnity PREMIER Plan

Benefits Include Reimbursement For Visits To A Physician's Office For Sickness Or Annual Wellness Exam

Individual, comprehensive major medical health insurance can be expensive and beyond the means of many people. Although there are several alternatives that can provide benefits in the event of a catastrophic illness or accident, it is often the common health care services such as doctor's office visits for wellness, screening tests, sickness or well baby care that are not covered.

This limited benefit insurance program is designed to provide reimbursement for common medical services such as doctor's office visits, emergency room treatment for sickness or accidents as well as hospital confinement and surgical cash benefits. The Premier Plan offered by Continental American Insurance Company provides access to network providers, enhanced hospital daily benefits and extra health care benefits. The goal is to make your insured health care benefits go further and provide additional beneficial health care services.

PREMIER PLAN FEATURES

- No Deductibles or Co-Pays - See any doctor!
- Access to National Provider Networks - Reduce your health care costs and maximize your benefits. Minimum 20% guaranteed savings for office visits to network providers
- Includes Patient Concierge Services
- Karis Group Patient Advocacy Benefits
- Provides benefits for non-occupational injury or sickness and an annual wellness visit
- Pregnancy is covered same as sickness

**UP TO \$200
PER VISIT**

Out-patient Doctor's Office for Sickness*

This benefit is payable for treatment received in an out-of-hospital facility (including a physician's office) due to a covered sickness up to the maximum amount shown.

**UP TO \$150
PER YEAR**

Wellness Benefit

This benefit is payable for an annual wellness visit to a physician or for a screening test listed in the policy.

**UP TO \$200
PER SICKNESS**

Out-Patient Emergency Room Benefit for Sickness*

This benefit is payable for treatment received in a hospital emergency room, or outpatient facility, including X-Rays and lab tests.

* The total amount payable for treatment of one sickness will not exceed the amount of the out-patient emergency room benefit per sickness. During a calendar year, a family may receive benefits up to the maximum amount per family. Maximum combined benefits per family per calendar year is \$2,000. Maximum calendar year benefits for employee only coverage is \$1,000.

\$50 PER VISIT

Well Baby Care (Available with Children or Family Coverage)

Pays for up to 4 visits per year per insured baby (dependent child 12 months or younger).

**\$800 PER DAY
PER ACCIDENT
\$600 PER DAY
PER SICKNESS**

Daily Hospital Confinement Benefit

This benefit will be paid when you are admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. Benefits begin the first day of confinement and continue for a period up to 30 days. Confinement due to covered accident must begin within 6 months of the date of the covered accident.

\$500

Hospital Admission Benefit

This benefit is payable when you are admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. This benefit will be paid once for each covered accident or covered sickness. This benefit is paid in addition to the Daily Hospital Confinement Benefit. Admission due to covered accident must be within 6 months of the date of the covered accident.

\$800 PER DAY

Intensive Care Benefit

This benefit will be paid if you are confined in a hospital intensive care unit due to an injury in a covered accident or a covered sickness. This benefit begins the first day of confinement and lasts up to 30 days per confinement. This benefit is paid in addition to the Daily Hospital Confinement Benefit. Confinement due to accident must begin within 6 months of the covered accident.

SCREENING TESTS

Screening Test Benefits

Mammogram – Pays \$120 once between the ages of 35-39; once every two years for an insured over the age of 40 (unless prescribed more frequently by a doctor); once every year for an insured age 50 or older; and at least once per year or as recommended by a physician for any insured who has a personal history of biopsy-proven benign breast disease or breast cancer, a family (mother, sister, daughter) history of breast cancer or who has not given birth prior to age 30.

Pap Smear – Pays \$30 once per calendar year or more frequently if recommended by the insured's doctor.

Prostate Specific Antigens (PSA) Test – Pays \$30 when recommended by the insured's physician.

SEE MORE INFORMATION
ON REVERSE SIDE

The Benefit Alliance Plan

 Leslie & Associates, Inc.

**UP TO \$3,000
BASED ON THE
SCHEDULE OF
OPERATIONS**

**UP TO \$300
PER ACCIDENT**

Additional Non-Insurance Benefits*

***PPO NETWORK
ACCESS**

***PATIENT
CONCIERGE**

***PATIENT
ADVOCACY**

Surgical & Anesthesia Benefits

Surgical – Pays the amount shown on the schedule of operations for surgery performed by a Physician in a Hospital (on an in-patient or out-patient basis), in an Ambulatory Surgical Center, or in a Physician's office if due to a covered injury or sickness.

Anesthesia – Pays 25% of the surgery benefits for anesthesia administered by a Physician in connection with such surgical procedures.

Emergency Accident

This benefit is payable if you are injured and receive initial emergency medical treatment within 72 hours of the covered accident by a Physician. We will pay up to the maximum amount of \$300 per accident, subject to the following internal limits.

Physician Charges	up to \$300.00	Appliances	\$25.00
Emergency Room	up to \$300.00	X-Rays	\$50.00

Provider Network Access - 20% Guaranteed Savings on Physician Office Visit*

The Premier plan allows members access to a nationwide network of more than 250,000 primary care physicians and more than 4,100 hospitals who have agreed to offer eligible health care services at a network contracted rate. Members who choose to see a doctor in the network are guaranteed to save a minimum of 20% on the usual billed charges for the physician's office visit in turn making your specified insurance benefits go further. *(Some exclusions/imitations apply to 20% savings guarantee)*

Patient Concierge Services*

Members can call a dedicated toll-free number to access the personalized Patient Concierge Service. The Patient Concierge will answer any questions you may have about the networks. They will provide you with a list of participating physicians and hospitals in your area. In addition, the concierge will verify the participation of those providers before you make your appointment. This service offers members and providers the information needed to reduce confusion and maximize member savings at the time of service

Patient Advocacy from the Karis Group*

For members who find themselves unable to pay larger medical bills (in excess of \$7,500) before or after a service by any reasonable means, Karis comes alongside the member to advocate on their behalf working with the provider to provide a mutually agreeable solution. Karis' highly trained negotiators or Patient Advocates guide members through the tangled maze of medical billing and research the availability of entitlement or charity programs to help locate other sources of funding to satisfy the bill. If the member has some financial resources at their disposal, Karis will work to negotiate a settlement or payment plan with the provider that is acceptable to both the provider and the member.

- * 1. These products are not insurance.
- 2. These products provide discounts at certain health care providers for medical services.
- 3. These products do not make payments directly to providers of medical services.
- 4. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the network.
- 5. Providers are subject to change without notice and program may vary in some states. The non-insurance benefits may be discontinued or modified at any time.
- 6. Guarantee excludes physician fees for cosmetic, infertility, LASIK, global maternity, gastric bypass, ancillary labs & imaging and/or urgent care/hospital services.

This is only a summary of the Group Supplemental Hospital Indemnity benefits and is subject to the terms, conditions and limitations of the group policy. You may request a copy of the full text benefit information from Leslie & Associates.

Limitations and Exclusions

1. War – participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the pro-rated premium not covered by this certificate when you are in such service.
2. Traveling – traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica.
3. Self-Inflicted Injuries – injuries or attempting to injure yourself intentionally.
4. Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job.
5. Intoxication – being legally intoxicated or being under the influence of any narcotic, unless such is taken under the direction of a physician.
6. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
7. Services performed by a relative.
8. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
9. Elective abortion.
10. Injury or sickness for which benefits are paid or payable by Worker's Compensation.
11. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.

Pre-existing Condition Limitation

If the employee or dependent has a Pre-existing Condition, we will not pay benefits for any claim or loss starting within 12 months of the effective date of the employee or dependent coverage, that is due to such Pre-existing Condition.

A claim for benefits starting after 12 months from the Effective Date of the employee's or dependent's coverage will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition.

Pre-existing condition means those conditions for which medical advice, diagnosis, care or treatment were received or recommended within the 12 month period prior to the Effective Date of an insured's coverage.

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

PREMIER PLAN - MONTHLY RATES

Employee Only	\$ 103.54
Employee & Spouse	\$ 196.01
Employee & Children	\$ 165.00
Family	\$ 257.47

Rates include Insurance and Non-Insurance Benefits