

Group Limited Accident & Sickness Plan - ENHANCED TIER 4

The Enhanced Tier 4 Group Limited Accident & Sickness Plan, underwritten by ACE American Insurance Company, is designed to provide more coverage than other limited benefit plan choices. It provides affordable, guaranteed coverage designed to cover expenses such as doctor's office visits for illness or wellness exams including lab tests and X-Rays. It also provides higher levels of limited coverage for hospital & surgical expenses.

ENHANCED TIER 4 PLAN FEATURES

- Co-Pay for Physician Office Visits & Routine Physicals
- MultiPlan PPO Network makes coverage go further
- No Deductibles!
- Includes Co-Pay Plan for Outpatient Prescription Drugs
- Higher Levels of Limited Hospital & Surgical Benefits

Who Can Be Covered In the ENHANCED TIER 4 Plan?

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

DEDUCTIBLES

There are NO deductibles in the ENHANCED TIER 4 Plan.

OFFICE VISIT CO-PAYS

In or Out-of-Network – you pay \$20 for each outpatient Doctor office visit and the Plan pays 100% of eligible expenses* up to \$2,400 per Calendar Year per covered family member.

Outpatient Eligible Expense & Screening Benefits

Doctor or Specialist Office Visit* for Illness or Injury
 Annual Wellness Visit - Adult
 Wellness Visits - Covered Children age 4 and under
 Screenings
 Mammogram
 Pap Smear
 Prostate Specific Antigens (PSA) Test
 Outpatient Diagnostic X-Ray and Labs for Sickness or Injury
 Outpatient Surgery Benefit
 Outpatient Physical Therapy

\$20 Co-Pay then 100% up to \$2,400 per Calendar Year
 \$150 per visit - 1 visit per Calendar Year
 \$100 per visit - 3 visits per Calendar Year

\$120 - frequency according to age schedule
 \$30 - once per Calendar Year
 \$30 - once per Calendar Year
 \$100 per visit - 6 visits per Calendar Year
 \$2,000 per surgery - 1 surgery per Calendar Year
 \$50 per visit; 10 visits per Calendar Year after hospitalization

* All eligible office visit expenses are subject to usual and customary limits.

Emergency Room Visits or Accident Expenses

Emergency Room Visit for Sickness Only
 Accident Medical Expenses

\$500 per visit - 2 visits per Calendar Year
 \$1,000 per accident - 2 accidents per Calendar Year

Inpatient Eligible Hospital Expense Benefits

Hospital Admission Benefit
 Daily Hospital Confinement Benefit (Sickness or Accident)
 Intensive Care Benefit
 Inpatient Surgery Benefit

\$1,000 per day for first 2 days confined per Calendar Year
 \$2,000 per day, up to 30 days per Calendar Year
 Additional \$2,000 per day, up to 30 days per Calendar Year
 \$3,000 per surgery - 1 surgery per Calendar Year

Outpatient Prescription Drugs

The Plan includes a separate Co-pay plan for outpatient prescription drugs purchased at participating pharmacies. The plan, administered by Restat, 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. You can visit www.restat.com to search for participating pharmacies. The current formulary list is available from the Leslie & Associates customer service department or website link. Please refer to the Certificate of Insurance for a complete list of exclusions and limitations.

	Co-Pays
Generic Formulary Drugs	\$10.00
Generic Oral Contraceptive	\$15.00
Brand Name Formulary Drug	\$50.00*

* or 50% of the discounted cost of the prescription - whichever is greater

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

MONTHLY PREMIUMS

Employee Only	\$ 280.00
Employee & Spouse	\$ 586.00
Employee & Child(ren)	\$ 471.00
Employee & Family	\$ 787.00

Premiums include Insurance, Prescription Drug and Network Access Charges

SEE MORE INFORMATION ON REVERSE SIDE

The Benefit Alliance Plan



What Is A Usual And Customary Charge?

A “usual and customary charge” is the average amount most providers charge for medical services, medicines and supplies within a specific geographic area.

Is there a Pre-existing Condition Limitation?

YES. No benefits will be paid for Pre-Existing conditions for the first 6 months following a Covered Person’s effective date of coverage under this Policy. A Pre-existing Condition is any illness, disease or other condition, that in the 6 month period before the Covered Person’s coverage became effective under this policy (1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or (2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (3) was treated by a Doctor or treatment had been recommended by a Doctor.

This limitation does not apply to pregnancy and coverage provided to newborn and adopted children. 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.

CREDIT FOR PRIOR COVERAGE

A Covered Person whose coverage under prior Creditable Coverage ended not more than 63 days before his or her Effective Date of coverage under this policy will have any applicable Pre-existing Condition Limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the insurance company will only credit the days of such coverage after the break. The Covered Person must provide proof of prior Creditable Coverage.

EXCLUSIONS AND LIMITATIONS - No benefits will be paid for any loss, injury or sickness that is caused by, or results from:

1. Pre-existing conditions occurring within the first 6 months of coverage.
2. Intentionally self-inflicted injury, suicide or attempted suicide.
3. War or any act of war, whether declared or not.
4. Service in the military, naval or air service of any country or international organization.
5. Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
6. Commission of, or attempt to commit, a felony, an assault or other illegal activity.
7. Commission of or active participation in a riot or insurrection.
8. Bungee cord jumping, parachuting, skydiving, parasailing, hang-gliding.
9. Flight in, boarding or alighting from any aircraft except as a fare-paying passenger on a regularly scheduled commercial airline.
10. Travel in or on any on-road and off-road motorized vehicle not requiring licensing as a motor vehicle.
11. An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operators license, except while participating in Driver’s Education Program.
12. Medical mishap or negligence, including malpractice.
13. Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica.
14. Travel in an Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be “controlled” by the Policyholder if the Aircraft may be used by the Policyholder wishes for more than 10 straight days or more than 15 days in any year.
15. While the covered person is legally intoxicated as determined according to the laws of the jurisdiction in which the injury occurs.
16. Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor unless specifically provided herein.
17. Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration.
18. Repair, replacement, examinations for prescriptions or the fitting of eyeglasses or contact lenses.
19. Medical expenses and disability for which the covered person is entitled to benefits under Worker’s Compensation Act.
20. Medical expenses paid or payable under any mandatory no fault automobile insurance contract or mandatory basic reparations benefit of no fault.
21. Assault and battery committed by any covered person.
22. Elective Abortion. Elective Abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
23. Mental and Nervous Disorders (except as provided in the Policy).
24. Covered medical expenses for which the covered person would not be responsible for in the absence of this Policy.
25. Cosmetic surgery, except for reconstructive surgery needed as the result of an injury or sickness.
26. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
27. Sexual reassignment surgery, Sexual transformation surgery, Sexual transgendering surgery.
28. Services related to sterilization, reversal of a vasectomy or tubal ligation. In vitro fertilization and any expenses incurred for diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered injury or sickness.
29. Experimental or Investigational drugs, services, supplies or any procedures held to be experimental or investigatory by the insurance company at the time the procedure is done.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit the insurance company from providing insurance, including, but not limited to, the payment of claims.

This is only a summary of the ACE American Limited Accident and Sickness Insurance Plan & Restat 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, Inc.

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