



## FRAUD WARNING NOTICE

<b>For Residents of All States</b> (except the following):	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
<b>Arkansas</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Colorado</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>District of Columbia</b>	Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.
<b>Florida</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
<b>Tennessee</b>	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
<b>Nebraska</b>	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>Pennsylvania</b>	Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



# OptiMed Med-Choice Plus Open Access Plan

AVAILABLE OPTIMED BENEFIT OPTIONS (All medical benefit maximums shown are per person)	Benefit Amounts
<b>Calendar Year Overall Maximum Medical Benefit</b>	\$100,000
<b>Outpatient Physicians Office Visit Benefit - \$240 calendar year maximum</b>	\$40 per visit
<b>Emergency Room Benefit for Sickness - Included in office visit maximum</b>	\$40 per visit
<b>Wellness Care Benefit - \$150 calendar year maximum</b>	\$50 per visit
<b>Outpatient X-Ray &amp; Lab</b>	PPO discounts apply
<b>Emergency Room Benefit for Accidents</b> (For treatment in an emergency room if performed within 72 hours of the accident)	\$300 per visit
<b>Inpatient Surgical Schedule -</b>	PPO discounts apply
• <b>Outpatient Surgical Schedule -</b>	PPO discounts apply
• <b>Anesthesiology—Inpatient and Outpatient</b>	PPO discounts apply
<b>Hospital Indemnity Benefit (for sickness or accidents)</b> Requires 24 hour stay	\$100 per day
• <b>Intensive Care - 30 day calendar year maximum</b> (paid in addition to Hospital Indemnity Benefit)	\$100 per day
• <b>Skilled Nursing - For stays in a skilled Nursing Facility after a 3+ day hospital stay maximum of 60 days per stay</b>	\$50 per day
<b>Term Life Insurance/AD&amp;D</b>	\$5,000/\$5,000
<b>Dependent Life - Term Life Insurance Only</b>	
• Employee	\$5,000
• Spouse	\$2,500
• Children 6 months to 19, 25 if full time student	\$1,250
• Infants 14-days to 6 months	\$125
<b>Outpatient Prescription Drug Card</b> (RX Discount Card with Formulary/Non-Formulary—Discounts only)	discount card

This is not a contract of insurance. Above Indemnity benefits provided through Fidelity Security Life Insurance Company. This is a brief summary of a group limited medical indemnity insurance plan designed to assist you in the process of comparing several health insurance options. This plan is not major medical insurance and is NOT designed to replace, provide, or modify major medical insurance. Some provisions, benefits, and exclusions or limitations listed herein may vary depending on state of residence.

### Additional Included OptiMed Programs - These are not insurance benefits

- National Medical PPO
- National Lab Program
- National Dental Network
- National Vision Network
- Patient Advocacy Service
- Consult-A-Doctor



\*The OptiMed Plan is a limited medical plan which is packaged with certain non-insured benefits, including PPO savings.

**Disclosures:** Administered by United Group Programs, Inc. Term life, AD&D and limited medical benefits underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 64111 Policy Form Nos. M-6004/M-6005/M-9022/M-9031/ M-9091/M-9096/HC-104/HC-105. Certain states require a minimum of 51+ eligible employees. Before any presentation of a proposal, please check with your OptiMed sales representative to be certain that the program being proposed is appropriate for the state intended. This is not an offer of sale. No offering of this material should be given without the expressed approval of OptiMed, and any offering will be based upon state availability, underwriting guidelines, agent guide, and minimum group size and participation requirements being met. The OptiMed program is not available in all states, including Washington. Please check with your OptiMed Group Sales Representative to



# OptiMed Value Care Plus Open Access Plan

AVAILABLE OPTIMED BENEFIT OPTIONS (All medical benefit maximums shown are per person)	Benefit Amounts
<b>Calendar Year Overall Maximum Medical Benefit</b>	\$100,000
<b>Outpatient Physicians Office Visit Benefit</b> - \$360 calendar year maximum	\$60 per visit
<b>Emergency Room Benefit for Sickness</b> - Included in office visit maximum	\$60 per visit
<b>Wellness Care Benefit</b> - \$150 calendar year maximum	\$50 per visit
<b>Outpatient X-Ray &amp; Lab</b> - \$300 calendar year maximum	\$30 per day
<b>Emergency Room Benefit for Accidents</b> (For treatment in an emergency room if performed within 72 hours of the accident)	\$500 per visit
<b>Inpatient Surgical Schedule -</b>	PPO discounts apply
• <b>Outpatient Surgical Schedule -</b>	PPO discounts apply
• <b>Anesthesiology—Inpatient and Outpatient</b>	PPO discounts apply
<b>Hospital Indemnity Benefit</b> (for sickness or accidents) Requires 24 hour stay	\$500 per day
• Intensive Care - 30 day calendar year maximum (paid in addition to Hospital Indemnity Benefit)	\$500 per day
• Skilled Nursing - for stays in a skilled Nursing Facility after a 3+ day hospital stay maximum of 60 days per stay	\$250 per day
<b>Term Life Insurance/AD&amp;D</b>	\$5,000/\$5,000
<b>Dependent Life - Term Life Insurance Only</b>	
• Employee	\$5,000
• Spouse	\$2,500
• Children 6 months to 19, 25 if full time student	\$1,250
• Infants 14-days to 6 months	\$125
<b>Outpatient Prescription Drug Card</b> Prescription drug formulary applies - Drugs not on the formulary receive discounts only. (\$15 generic co-pay for oral contraceptives. Brand discounts - limitations / exclusions apply)	\$10 Generic Co-pay
• Employee Only (calendar year maximum)	\$2,500
• Employee + 1 (calendar year maximum)	\$4,000
• Family (calendar year maximum)	\$5,000

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# OptiMed Select Care Open Access Plan

AVAILABLE OPTIMED BENEFIT OPTIONS (All medical benefit maximums shown are per person)	Benefit Amounts
<b>Calendar Year Overall Maximum Medical Benefit</b>	\$100,000
<b>Outpatient Physicians Office Visit Benefit - \$450 calendar year maximum</b>	\$75 per visit
<b>Emergency Room Benefit for Sickness - Included in office visit maximum</b>	\$75 per visit
<b>Wellness Care Benefit - \$150 calendar year maximum</b>	\$75 per visit
<b>Outpatient X-Ray &amp; Lab - \$300 calendar year maximum</b>	\$40 per day
<b>Emergency Room Benefit for Accidents</b> (For treatment in an emergency room if performed within 72 hours of the accident)	\$1,000 per visit
<b>Inpatient Surgical Schedule - \$2,000 calendar year maximum—See surgical schedule</b>	\$2,000
• <b>Outpatient Surgical Schedule - 50% of Inpatient</b>	\$1,000
• <b>Anesthesiology—Inpatient and Outpatient</b>	20% of Surgical benefit paid
<b>Hospital Indemnity Benefit (for sickness or accidents)</b> Requires 24 hour stay	\$800 per day
• <b>Intensive Care - 30 day calendar year maximum</b> (paid in addition to Hospital Indemnity Benefit)	\$800 per day
• <b>Skilled Nursing - for stays in a skilled Nursing Facility after a 3+ day hospital stay maximum of 60 days per stay</b>	\$400 per day
<b>Term Life Insurance/AD&amp;D</b>	\$5,000/\$5,000
<b>Dependent Life - Term Life Insurance Only</b>	
• Employee	\$5,000
• Spouse	\$2,500
• Children 6 months to 19, 25 if full time student	\$1,250
• Infants 14-days to 6 months	\$125
<b>Outpatient Prescription Drug Card</b> \$10 generic co-pay / \$15 co-pay oral contraceptives / \$50 brand co-pay Prescription drug formulary applies. - Drugs not on the formulary receive discounts only. (limitations / exclusions apply)	\$10 generic co-pay \$50 brand co-pay
• Employee Only (calendar year maximum)	\$2,500
• Employee + 1 (calendar year maximum)	\$4,000
• Family (calendar year maximum)	\$5,000

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## MONTHLY RATES

### OPTIMED MED-CHOICE PLUS OPEN ACCESS PLAN

Monthly Rates	Employee Only	Employee + 1	Family
Rate	\$53.89	\$87.43	\$112.95

### OPTIMED VALUE CARE PLUS OPEN ACCESS PLAN

Monthly Rates	Employee Only	Employee + 1	Family
Rate	\$97.69	\$172.94	\$232.87

### OPTIMED SELECT CARE OPEN ACCESS PLAN

Monthly Rates	Employee Only	Employee + 1	Family
Rate	\$172.66	\$318.16	\$434.40

### OPTIMED DENTAL

Monthly Rates	Employee Only	Employee + 1	Family
Rate	\$28.40	\$49.03	\$62.71

### OPTIMED VISION

Monthly Rates	Employee Only	Employee + 1	Family
Rate	\$6.33	\$9.61	\$11.42