



BENEFITS	OptiMed Value Care Plus Open Access Plan	OptiMed Select Care Open Access Plan
<b>Overall Per Person Calendar Year Maximum</b>	\$100,000	\$100,000
<b>Physician Office Visits</b> General Office Visits– 6 Visit Per Person Calendar Year Maximum	\$60 Per Visit	\$75 Per Visit
Emergency Room – Sickness – Included in Office Visit Maximum	\$60 Per Visit	\$75 Per Visit
<b>Wellness Benefit</b> Maximum of \$150 Per Person Per Calendar Year	\$50 Per Visit	\$75 Per Visit
<b>Outpatient X-Ray and Lab - \$ Calendar Year Maximum</b>	\$30 Per Day \$300 Max Per Person Per Calendar Year	\$40 Per Day \$300 Max Per Person Per Calendar Year
<b>Emergency Room – Accident</b> For treatment in an emergency room if performed within 72 hours of the accident	\$500 Per Visit	\$1,000 Per Visit
<b>Surgery and Anesthesia – Scheduled Benefit Indemnity</b> Inpatient – Calendar Year Maximum Per Person  Outpatient – Calendar Year Maximum Per Person  Anesthesiology	PPO Discounts Apply	\$2,000 Procedure Max  50% of Inpatient  20% of Surgical Benefit
<b>Hospital Confinement Indemnity for Bodily Sickness &amp; Injuries</b> Requires 24 hours stay. Payable from first day of confinement.	\$500 Per Day	\$800 Per Day
<b>Intensive Care Confinement Indemnity</b> Paid in addition to Daily Hospital Confinement Benefit Calendar year Maximum is 30 days per person	\$500 Per Day	\$800 Per Day
<b>Hospital Confinement Benefit for Mental &amp; Nervous and Substance Abuse</b> Mental & Nervous  Substance Abuse	\$500 Per Day  \$500 Per Day	\$800 Per Day  \$800 Per Day
<b>Confinement Benefit for Skilled Nursing</b>	\$250 Per Day	\$400 Per Day
<b>Life/AD&amp;D \$5,000</b>	Included	Included
<b>Outpatient Prescription Drug Benefit</b> Member pays 100% of discounted price for drugs not on formulary	\$10 Generic Formulary Copay (\$15 Copay for Oral Formulary Contraceptives)	\$10 Generic Formulary Copay with \$50 Brand Formulary Copay (\$15 Copay for Oral Formulary Contraceptives)
<b>Catastrophic Care Services</b>	Included	Included
<b>Disease Management</b>	Included	Included
<b>Maternity Care</b>	Included	Included
<b>PPO Network</b>	Included	Included
<b>Free Online Doctor's Office Visits</b>	Included	Included
<b>National Dental &amp; Vision Network</b>	Included	Included
<b>National Lab Program</b>	Included	Included
<b>Free Cobra Administration</b>	Included	Included
<b>24 Hour Nurse Line</b>	Included	Included
<b>Free Section 125 - Premium Only Plans (POP)</b>	Included	Included

\*This is only a brief summary benefit description and not a complete description of benefits, and or limitations. Each benefit has benefit limits and maximums. Please see brochure and SPD for complete benefit descriptions. Some provisions, benefits, exclusions or limitations listed herein may vary depending on state of residence.

\*Coverage will continue as long as long as the premiums are paid, the master policy remains in effect, the employee remains eligible for coverage and remains employed by the Policyholder. Riders terminate concurrently with the Policy and Certificate to which they are attached.

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 (for Sickness or Accidents)</b> Requires 24 hour stay	\$500 per day
• Intensive Care - up to 30 days per calendar year (paid in addition to Hospital Indemnity Benefit)	\$500 per day
• Substance Abuse - up to 30 days per calendar year	\$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
• Mental Illness - \$5,000/year maximum & \$30,000/lifetime maximum	\$500 per day
<b>Term Life Insurance/AD&amp;D</b>	\$5,000/\$5,000
<b>Dependent Life - Term Life Insurance Only</b>	
• Spouse	\$2,500
• Children 14-days to 6 months	\$150
• Children 6 months to 19, 25 if full time student	\$1,500
<b>Outpatient Prescription Drug Card</b> Prescription Drug formulary applies - Drugs not on the formulary receive discounts only. (\$15 Generic copay for oral contraceptives. Brand Discounts - Limitations/Exclusions Apply)	\$10 Generic Copay
• Calendar Year Maximum - Employee Only	\$2,500
• Calendar Year Maximum - Employee +1	\$4,000
• Calendar Year Maximum - Family	\$5,000

*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 Benefits**  
**National Medical PPO - Free Online Doctor's Office Visits -**  
**Catastrophic Care Services<sup>TM</sup> - Disease Management - Maternity Care -**  
**National Lab Program - National Dental Network -**  
**National Vision Plan - 24 Hour Nurse Line - Free Section 125 -**  
**Premium Only Plans (POP) - Free Cobra Administration**



Disclosures: Administered by United Group Programs, Inc. Prescription, term life, AD&D and medical benefits underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 6411

Policy Nos. LM-108/PD-273/PD-274

Policy Form Nos. M-6005/M-9031/M-9022

AVAILABLE OPTIMED BENEFIT OPTIONS (All medical benefit maximums shown are <u>per person</u> )	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> <i>Requires 24 hour stay</i>	\$800 per day
• Intensive Care - up to 30 days per calendar year (paid in addition to Hospital Indemnity Benefit)	\$800 per day
• Substance Abuse - up to 30 days per calendar year	\$800 per day
• Skilled Nursing - for stays in a skilled Nursing Facility after a 3+ day hospital stay maximum of 60 days per stay	\$400 per day
• Mental Illness - \$5,000/year maximum & \$30,000/lifetime maximum	\$800 per day
<b>Term Life Insurance/AD&amp;D</b>	\$5,000/\$5,000
<b>Dependent Life - Term Life Insurance Only</b>	
• Spouse	\$2,500
• Children 14-days to 6 months	\$150
• Children 6 months to 19, 25 if full time student	\$1,500
<b>Outpatient Prescription Drug Card</b> \$10 Generic Copay / \$15 Copay Oral Contraceptives / \$50 Brand Copay <i>Prescription Drug formulary applies. - Drugs not on the formulary receive discounts only. (Limitations/Exclusions Apply)</i>	
• Calendar Year Maximum - Employee Only	\$2,500
• Calendar Year Maximum - Employee +1	\$4,000
• Calendar Year Maximum - Family	\$5,000

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**Additional Included OptiMed Benefits**  
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 National Lab Program - National Dental Network -  
 National Vision Plan - 24 Hour Nurse Line - Free Section 125 -  
 Premium Only Plans (POP) - Free Cobra Administration**





**BI-WEEKLY RATE SHEET**

Groups with < 51 eligible lives may choose one plan.  
 Groups with 51-99 eligible lives may choose two plans.  
 Groups with >100+ eligible lives may choose up to three plans.

**OPTIMED VALUE CARE PLUS OPEN ACCESS PLAN**

	<b>Employee Only</b>	<b>Employee + 1</b>	<b>Family</b>
<b>Rate</b>	<b>\$40.26</b>	<b>\$71.27</b>	<b>\$95.96</b>

**OPTIMED SELECT CARE OPEN ACCESS PLAN**

	<b>Employee Only</b>	<b>Employee + 1</b>	<b>Family</b>
<b>Rate</b>	<b>\$71.15</b>	<b>\$131.11</b>	<b>\$179.01</b>

- Rates require a minimum of 10 enrolled employees but no less than 10% employee participation
- Add an additional \$1.00 PEPM for mailings directly to the employees homes.
- Add an additional \$5.00 PEPM for direct billing employees via credit card or bank draft.
- PPO Medical Network Options include: Beechstreet, NPPN, Galaxy or Providers Select. Employer must select one national network for all employees.

Updated 12/1/2006

Rates are valid for only 31 days after issuance.

Rates are subject to change.