



## OptiMed Enrollment Kit For Medical Staffing

**Effective Date: November 1, 2011**

**Please note: All Employees are required to enroll or decline coverage**

- *No Health Questions Asked*
- *No Deductible*
- *No Coinsurance*
- *No Co-pays on the Medical*
- *No Pre-existing Condition Clause*
- *Benefits Paid Directly to the Provider*
- *National Medical PPO Network*
- *Patient Advocacy*

***For more information or to enroll call OptiMed Customer Service:***

***1-800-482-8770***





## How Does OptiMed Medical Work?

### It's Simple...

- 1. Find a Provider:** Locates a participating network provider.  
Call OptiMed Customer Service at: **1-800-482-8770**
- 2. Schedule an Appointment:** Set up an appointment and see your doctor.
- 3. Benefit Amounts:** OptiMed pays based on a fixed schedule of benefits. If the plan design states that you are entitled to a \$75 office visit, the benefit you are entitled to is \$75 even if you choose an out of network provider. OptiMed does not reduce the benefit amount.
- 4. Assignment of Benefits:** OptiMed also allows an assignment of benefits. You should have to pay nothing up front. OptiMed does not have any deductibles or coinsurance, and prescriptions are subject to co-pays.
- 5. Payment:** The provider should bill OptiMed directly. If the provider wishes you to pay up front have them call OptiMed customer service while you are at the provider's office. If you elect to pay up front you can easily file a claim with OptiMed.
- 6. Network:** If you chose an in network provider, you are entitled to a discount. This means that you are able to save out of pocket expenses. OptiMed discounts the bill and sends the provider the benefit payment along with an explanation of benefits. You also receive an explanation of benefits. Should there be a balance due, the provider then bills you for the difference. If you choose an out of network provider, you are still entitled to your benefit, but not a discount.

**Example:** *Figures below are for illustrative purposes only. Actual Provider bills will vary.*

<u>In-Network:</u>		<u>Out of Network:</u>	
Physician office visit bill:	\$100	Physician office visit bill:	\$100
Sample discount at 20%:	-\$ 20	No discount:	-\$ 00
<u>Benefit payment</u>	<u>-\$ 75</u>	<u>Benefit payment</u>	<u>-\$ 75</u>
Member Out of Pocket	\$ 5	Member Out of Pocket	\$ 25



## How To Enroll

**1. Paper Enrollment:** Please turn to page 7 and fill out the enrollment form

Fax to: **(215) 968-6301**

Or Mail to: **ATT: Enrollment Department  
OptiMed Health Plans  
4 Terry Drive, Suite 1  
Newtown, PA 18940**

**2. By Telephone:** For more information on OptiMed or help enrolling, please contact OptiMed Customer Service at: **1-800-482-8770**

**3. Enrollment Website:** Further information on the plans and enrollment forms can be found online at: **[www.optimedfamily.com/rotator](http://www.optimedfamily.com/rotator)**





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 Physician; Office Visit Benefit - \$700 calendar year maximum</b>	\$70 per visit
<b>Emergency Room Benefit for Sickness - Included in office visit maximum</b>	\$70 per visit
<b>Wellness Care Benefit - \$150 calendar year maximum</b>	\$50 per visit
<b>Outpatient X-Ray &amp; Lab - \$300 calendar year maximum</b>	\$40 per day
<b>Hearing Exam Benefit- Benefit is payable one time per 24 consecutive month period per insured and dependent spouse and one time per 12 consecutive month period per dependent child</b>	\$70 exam
<b>Ambulance Trip- 3 trips per calendar year/5 trips lifetime maximum</b>	\$150 per trip
<b>Emergency Room Benefit for Accidents (For treatment in an emergency room if performed within 72 hours of the accident)</b>	\$1,000 per visit
<b>Inpatient Surgical Schedule - \$1,000 calendar year maximum - See surgical schedule</b>	\$1,000
• <b>Outpatient Surgical Schedule - 50% of inpatient</b>	\$500
• <b>Anesthesiology - Inpatient and Outpatient</b>	20% of surgical benefit paid
<b>Hospital Indemnity Benefit (for sickness or accidents) - Requires 24 hour stay</b>	\$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 60 days maximum per stay	\$250 per day
<b>Employee Term Life Insurance/AD&amp;D</b>	\$5,000/\$5,000
<b>Dependent Life - Term Life Insurance Only</b>	
• 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</b> \$10 generic co-pay/\$15 oral contraceptives co-pay/\$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

	Employee Only	Employee + 1	Family
<b>Monthly Rate</b>	<b>\$121.59</b>	<b>\$219.67</b>	<b>\$300.48</b>

**National PPO Network:  
Beech Street**

*This is not a contract of insurance. Above Indemnity and Outpatient Prescription Drug plan 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 by state.*

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

**-National Medical PPO  
-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 confirm that OptiMed is available in the state or states in which you may have an interest in offering OptiMed.

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 Physician; Office Visit Benefit - \$900 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>	\$150 per visit
<b>Outpatient X-Ray &amp; Lab - \$300 calendar year maximum</b>	\$60 per day
<b>Hearing Exam Benefit- Benefit is payable one time per 24 consecutive month period per insured and dependent spouse and one time per 12 consecutive month period per dependent child</b>	\$70 exam
<b>Ambulance Trip— 3 trips per calendar year/5 trips lifetime maximum</b>	\$150 per trip
<b>Emergency Room Benefit for Accidents (For treatment in an emergency room if performed within 72 hours of the accident)</b>	\$1,000 per visit
<b>Inpatient Surgical Schedule - \$3,000 calendar year maximum - See surgical schedule</b>	\$3,000
• <b>Outpatient Surgical Schedule - 50% of Inpatient</b>	\$1,500
• <b>Anesthesiology—Inpatient and Outpatient</b>	20% of surgical benefit paid
<b>Hospital Indemnity Benefit (for sickness or accidents) - Requires 24 hour stay</b>	\$1,000 per day
• Intensive Care - 30 day calendar year maximum (paid in addition to Hospital Indemnity Benefit)	\$1,000 per day
• Skilled Nursing - for stays in a Skilled Nursing Facility after a 3+ day hospital stay 60 days maximum per stay	\$500 per day
<b>Employee Term Life Insurance/AD&amp;D</b>	\$5,000/\$5,000
<b>Dependent Life - Term Life Insurance Only</b>	
• 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 oral contraceptives co-pay/\$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

	Employee Only	Employee + 1	Family
Monthly Rate	\$180.66	\$335.68	\$462.10

**National PPO Network:  
Beech Street**

*This is not a contract of insurance. Above Indemnity and Outpatient Prescription Drug plan 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 by state.*

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

**-National Medical PPO  
-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 confirm that OptiMed is available in the state or states in which you may have an interest in offering OptiMed.



# Enrollment Form For: Medical Staffing

4 Terry Drive, Suite 1, Newtown, PA 18940  
Phone: (800) 482-8770 Fax: (215) 968-6301

(Group Name)

Please Select One	Coverage Affected
Addition <input type="checkbox"/>	Medical Coverage <input type="checkbox"/>
Termination <input type="checkbox"/>	Dental Coverage <input type="checkbox"/>
Change <input type="checkbox"/>	Vision Coverage <input type="checkbox"/>
<input type="checkbox"/> Do not change existing coverage level.	

## OptiMed Health Plans Limited Indemnity Coverage Employee Enrollment Form

Policy Number: LM-108/LM-112/LM-116/LM-117

Information (Please print in ink)

Plan Selected:	<input type="checkbox"/> Med-Choice Plus			<input type="checkbox"/> Preferred Care Plus	<input type="checkbox"/> Premier Care
Medical Coverage (check one):	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee + 1 Dependent	<input type="checkbox"/> Family		
Name: (Last)	(First)	(Middle Initial)	Social Security Number:	Home Telephone Number: ( )	
Home Address: (Street)	(City)	(State)	(Zip Code)	Best Time for Company to Call: (Home) (Work)	
Status:	<input type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	Occupation:	Date of Birth: / /
	<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed		
Group Name:	Location:	Work Telephone Number: ( )	Date of Hire: / /		
Beneficiary: (Last)	(First)	(Middle Initial)	Relationship:	Email Address:	

### Dependent Information (Complete only for Dependents to be covered under this plan)

Dependents Name: (First and Last)	Sex:	Date of Birth:	Social Security Number:	Full-Time Student:
Spouse:		/ /		
Child:		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

(Attach a separate sheet for additional children)

### Requested Effective Date (check one):

- I request an effective date of \_\_\_\_\_ (must be the 1<sup>st</sup> of the month). I understand I cannot change this date.  
 None, since I am declining coverage.

### Declination of Coverage:

This section must be completed if you are declining coverage for yourself and/or your Dependents. I have been given the opportunity to apply for group insurance provided through Fidelity Security Life Insurance Company. The reason I am not applying for coverage is:

I understand the Effective Date of Coverage for myself and/or my Dependents may not be available until the next Open Enrollment Period should I desire to apply at a later date unless I am not included as a Late Entrant as defined in the Policy, or unless I apply for coverage during the Annual Open Enrollment Period.

FIDELITY SECURITY LIFE INSURANCE COMPANY Kansas City, Missouri 64111

I have reviewed this form and represent the information provided is true and complete.

I acknowledge and agree that the insurance plan presented and applied for is not a major medical policy and that the insurance benefits included in the plan are limited.

I hereby represent that I have reviewed the fraud warning notice (if applicable) included with this application for my state of residence.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(City and State) (Day) (Month) (Year)

Signature (Parent if under 18) -ENROLLER SIGNATURE-PRINT NAME

Date

M-6004/M-6005

## FRAUD WARNING NOTICE

<p><b>For Residents of All States</b> (except the following):</p>	<p>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.</p>
<p><b>Arkansas</b></p>	<p>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.</p>
<p><b>Colorado</b></p>	<p>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.</p>
<p><b>District of Columbia</b></p>	<p>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.</p>
<p><b>Florida</b></p>	<p>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.</p>
<p><b>Kentucky</b></p>	<p>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.</p>
<p><b>Tennessee</b></p>	<p>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.</p>
<p><b>Nebraska</b></p>	<p>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.</p>
<p><b>New Jersey</b></p>	<p>Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>
<p><b>New Mexico</b></p>	<p>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.</p>
<p><b>Pennsylvania</b></p>	<p>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.</p>



## EXCLUSIONS

### Limited Medical Indemnity

(See Compliance for state specific exclusions)

Notwithstanding any provision in the Policy to the contrary, the Policy does not provide any benefits for the following charges, services or supplies:

- 1) suicide or any attempt of suicide, while sane or insane (while sane in Colorado or Missouri);
- 2) any intentionally self-inflicted Injury or Sickness or any attempt thereof (while sane in Colorado or Missouri);
- 3) participation in a riot, insurrection, rebellion, civil commotion, civil disobedience, or unlawful assembly. For purposes of this exclusion, "participation" means to take an active part in common with others; "riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss, that occurs while acting in a lawful manner within the scope of authority;
- 4) committing, attempting to commit, or taking part in a felony, battery, assault, or engaging in an illegal occupation;
- 5) participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee jumping, scuba diving, stunt driving, rock climbing, flying ultra-light aircraft, skydiving, hang gliding or any hazardous sports activity for exhibition purposes;
- 6) flying as a pilot, crew member, or passenger in any aircraft, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route;
- 7) any Accident occurring while the Insured Person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Accident took place);
- 8) declared or undeclared war or acts thereof;
- 9) accidental bodily Injury occurring while serving on full-time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by the Company prorated for any period of active duty);
- 10) Accident or Sickness arising out of or in the course of any occupation for compensation, wage or profit or Benefits that the Insured Person is entitled to under any Workers' Compensation Law, Occupational Disease Law or similar law, whether or not application for such Benefits have been made;
- 11) Charges for the treatment of the voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a Physician and taken according to the prescribed dosage;
- 12) charges for the treatment of:
  - a) codependency;
  - b) social, occupational or religious maladjustment;
  - c) compulsive gambling; or
  - d) chronic marital or family problems when not related to the primary focus of treatment which must be a diagnosable mental disorder;
- 13) unless specifically provided for in the Policy, rest care or rehabilitative care and treatment;
- 14) cosmetic surgery or care or treatment solely for cosmetic purposes or complications from such surgery, care or treatment. This includes but is not limited to: reconstructive surgery and prosthetic devices, unless due to an Accident and performed within one year from the Accident to repair a congenital or abnormal defect of a newborn child, while covered under the Policy;
- 15) unless specifically provided for in the Policy, immunization shots and routine examinations such as: health exams, periodic check-ups, pre-marital exams, and routine physicals, unless they are necessary for the diagnosis and treatment of a Sickness;
- 16) routine newborn care such as Hospital and Physician services during Hospital Confinement immediately following birth. Payment for routine Physician's services will be limited to one routine Inpatient examination of the well newborn child performed by a Physician other than the Physician who delivered the baby or administered anesthesia during delivery;
- 17) voluntary abortion, except with respect to the insured or covered spouse:
  - a) where such person's life would be endangered if the fetus were carried to term; or
  - b) where medical complications have arisen from an abortion;
- 18) the reversal of tubal ligation and vasectomies;
- 19) charges for treatment of male or female infertility; artificial insemination, in vitro or in vivo fertilization, including any related testing, medications or Physician's services;
- 20) dependent child maternity;
- 21) sex changes;
- 22) unless specifically provided for in the Policy, treatment of obesity, weight reduction or dietetic control; except morbid obesity or disease etiology;
- 23) unless specifically provided for in the Policy, charges for Outpatient food, food supplements or vitamins;
- 24) unless specifically provided for in the Policy, charges for services in the nature of educational or vocational testing or training;
- 25) charges related to smoking cessation;
- 26) Pre-Existing Conditions, except as described in the Schedule of Benefits
- 27) unless specifically provided for in the Policy, air, water or ground ambulance service;

### Disclosures:

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 confirm that OptiMed is available in the state or states in which you may have an interest in offering OptiMed.



## EXCLUSIONS (Continued)

- 28) unless specifically provided for in the Policy, charges for treatment or services for temporomandibular joint dysfunction or TMJ pain syndrome, orofacial, or myofacial syndrome whether medical or dental in scope;
- 29) with regard to any Outpatient benefit, visits made, examinations given, or x-rays or laboratory tests performed as an inpatient while Confined to a Hospital;
- 30) unless specifically provided for in the Policy, prescription drugs;
- 31) unless specifically provided for in the Policy, routine eye examinations, refractions, eyeglasses, or their fitting;
- 32) unless specifically provided for in the Policy, any procedure intended to enhance an Insured Person's quality of vision that is not essential to the treatment of a Sickness or Injury;
- 33) unless specifically provided for in the Policy, hearing aids or their fitting;
- 34) unless specifically provided for in the Policy, dental examinations, dental care or oral surgery other than expenses resulting from accidental Injury;
- 35) experimental or investigational treatments or surgery;
- 36) unless specifically provided for in the Policy, diagnostic and surgical procedures, including but not limited to, diagnostic laboratory and pathology procedures, diagnostic radiology, nuclear medicine and ultra sound procedures;
- 37) charges for stand-by surgeons, pediatricians, anesthesiologists, anesthesiologists, or other doctors as defined by the plan, or stand-by supplies, equipment, rooms, or any other services, supplies or treatment not actually used in the care or treatment of an Accident or Sickness;
- 38) charges made by, durable equipment recommended by, or drugs dispensed by; a physician, surgeon, nurse or other doctor who:
  - a) normally lives with the Insured Person;
  - b) is a member of the Insured Person's family; or
  - c) is the Insured Person's plan sponsor;
- 39) charges for services provided outside the scope of the license of the institution or practitioner rendering service;
- 40) any charge for which there is no legal obligation to pay; no charge is made; or in the absence of coverage, no charge would be made;
- 41) charges incurred prior to the Insured Person's Effective Date of coverage or after termination of coverage;
- 42) charges for care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law;
- 43) charges which are not Medically Necessary for treatment of an Accident or Sickness;
- 44) charges for services which are not related to and consistent with the treatment of any Accident or Sickness of the Insured Person;
- 45) charges for medical care, services or supplies which are not furnished or prescribed by a Physician;
- 46) charges for care, treatment, services or supplies that are not approved or accepted for the treatment of an Injury, Accident or Sickness by any of the following:
  - a) The American Medical Association;
  - b) The U.S. Surgeon General;
  - c) The U.S. Department of Public Health; or
  - d) The National Institute of Health;
- 47) charges in excess of the policy maximums as shown in the Schedule of Benefits; or
- 48) any charge for a service or supply not specifically covered in the Schedule of Benefits.

Note: Sickness means a bodily disorder, disease or illness that begins while the insured person's coverage is in force, including pregnancy and complications of pregnancy. Sickness includes Mental or Nervous Disorders, alcoholism and substance abuse.

## Hearing Exam Policy Exclusions

Hearing Exam benefits are not payable for the services, procedures, treatments or materials that are:

- 1) Provided free of charge in the absence of insurance;
- 2) Payable under any Workers' Compensation law, or similar statutory authority;
- 3) Payable under any governmental plan or program whether Federal, state or subdivisions thereof, except for medical assistance benefits under Title XIX of the Social Security Act (Medicaid);
- 4) For the medical and/or surgical treatment of the ear, ears or supporting structures;
- 5) Provided by a Hearing Aid Dispenser;
- 6) Required by an Employer as a condition of employment;
- 7) Not prescribed by a Physician or Audiologist

### Disclosures:

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 confirm that OptiMed is available in the state or states in which you may have an interest in offering OptiMed.



### Term Life and AD&D Rider Exclusions

Suicide while sane or insane is not covered under the Term Life Insurance Benefit for two years (one year in Colorado, Missouri or North Dakota) from the Insured Person's Effective Date. In such event, the Company will only pay a benefit equal to the premium paid.

No benefit will be payable for any Accidental Death or Dismemberment Loss caused by or contributed to by:

- 1) Sickness, bodily or mental health, or diagnostic medical or surgical treatment;
- 2) infection, except pyogenic infections resulting from an accidental bodily Injury or resulting from the accidental ingestion of a contaminated substance;
- 3) attempted suicide or intentional self-inflicted Injury or Sickness while sane or insane (while sane in Colorado or Missouri);
- 4) declared or undeclared war or acts thereof;
- 5) military service for any country or organization, including service with military forces as a civilian whose duties do not include combat; war or any act of war whether declared or undeclared. Upon notice to the Company of entering the armed forces, the Company will return to the Insured, pro-rata any premium paid, less any benefits paid, for any period during which the insured is in such service;
- 6) participation in a riot or insurrection. "Participation" means taking an active part in common with others. "Riot" means any use or threat to use force or violence by three or more persons without authority of law;
- 7) Insured's commission or attempted commission of a felony, assault or illegal action;
- 8) voluntary taking of any poison, drug, sedative or narcotic or inhalation of any kind of gas unless prescribed by a Physician and taken according to the prescribed dosage; or
- 9) legal intoxication where the blood alcohol content of the Insured exceeds the legal limit of the state in which the accident took place;
- 10) an on the job Injury that is covered by Workers' Compensation; or
- 11) participation in any non-occupational activity in which the Insured purposely exposes themselves to an increase accidental bodily Injury. These activities include but are not limited to:
  - a. belaying and repelling rock climbing;
  - b. flying ultra-light aircraft;
  - c. hang-gliding, skydiving, scuba diving, para-sailing;
  - d. motorized vehicle stunt driving, racing, jumping drag racing and demolition;
  - e. bungee jumping;
  - f. any hazardous activity for exhibition purposes; or
  - g. flying as a pilot, crew member, or passenger in any aircraft, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route.

#### **Disclosures:**

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 state, including Washington. Please check with your OptiMed Group Sales Representative to confirm that OptiMed is available in the state or states in which you may have an interest in offering OptiMed.



## Outpatient Prescription Drug Policy Exclusions and Limitations

Outpatient Prescription Drug benefits are not payable for the following items except as set forth in the rider:

- 1) all over-the counter products and medications unless shown under the definition of Prescription Drug. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements and all other over-the-counter products and medications;
- 2) blood glucose meters and insulin injecting devices;
- 3) Depo-Provera, levonorgestral, condoms, contraceptive sponges, spermicides, sexual dysfunction drugs;
- 4) biologicals (including allergy tests), blood products, growth hormones, hemophilic factors, MS injectables, immunizations, all other injectables unless shown under the definition of Prescription Drug;
- 5) Aerochamber, Aerochamber with Mask, Peak Flow Meter, all other medical supplies and durable medical equipment unless shown under the definition of Prescription Drug;
- 6) liquid nutritional supplement, pediatric Legend Drug vitamins, prenatal Legend Drug vitamins, prescribed versions of Vitamins A, D, K, B12, Folic Acid and Niacin – used in treatment versus as a dietary supplement, all other Legend Drug vitamins and nutritional supplements;
- 7) anorexiant; Any cosmetic drugs including, but not limited to, Renova, skin pigmentation preps, Any drugs or products used for the treatment of baldness, Topical dental fluorides;
- 8) refills in excess of that specified by the prescribing physician, or refills dispensed after one year from the original date of prescription;
- 9) all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication;
- 10) any drug labeled “Caution – limited by Federal Law for Investigational Use” or experimental drugs;
- 11) any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment;
- 12) drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder, or the Insured Person taking part in the commission of a felony;
- 13) drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an Insured Person while on active duty in any armed forces;
- 14) any expenses related to the administration of any drug;
- 15) needles or syringes unless shown under the definition of Prescription Drug;
- 16) drugs or medicines taken while in or administered by a hospital or any other health care facility or office;
- 17) Drugs covered under Workers’ Compensation, Medicare, Medicaid or other governmental programs;
- 18) Drugs, medicines or products which are not Medically Necessary;
- 19) Brand Name Prescription Drugs (unless specifically provided for in the policy);
- 20) Diaphragms, Erectile dysfunction Legend Drugs, unless specifically listed in the definition of Prescription Drug, Infertility Legend Drugs;
- 21) Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard, Glucagon-auto injection, Imitrex-auto injection;
- 22) Smoking deterrents, Legend or over-the-counter.

Limitation: Retail-the lesser of a 30-day supply or specified unit doses. Mail order not available.

Coverage will continue as long as premiums are paid and the Group Master Policy remains in force. If you, as the Employer, currently sponsor health insurance coverage other than comprehensive major medical, you may not be eligible for OptiMed. Please contact your OptiMed group representative regarding availability.

### **Disclosures:**

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 state, including Washington. Please check with your OptiMed Group Sales Representative to confirm that OptiMed is available in the state or states in which you may have an interest in offering OptiMed.