

## COMPLETECARE *Personal Health Plans*

# COPAY ADVANTAGE PLAN

## *Take Control of Your Healthcare Costs!*

This plan offers benefits which equal our Copay Choice Plan benefits, for less premium! Premium savings are achieved by having separate out-of-pocket maximums for medical services & supplies and inpatient facility confinement & surgical services.

### *Key Features*

- **Insured by an "A-rated" carrier.** Fidelity Security Life Insurance Company is rated A- (**Excellent**) based on an analysis of financial position and operating performance by A.M. Best Company, an independent analyst of the insurance industry.
- **\$5,000,000 per person medical benefit** while insured, \$1,000,000 per calendar year. Mental & Nervous / Chemical Dependency per person combined \$10,000 maximum benefit while insured.
- **10% family discount.**
- **Lower rates for non-tobacco users.**
- **No ineligible occupations or employment requirements.**
- **Flexible billing options** including monthly bank draft, credit card, direct bill and list bill.
- **Initial 12-month rate guarantee.**

### **HOW DOES MY PLAN WORK?**

#### **Physician Office Visit Charge**

- You pay a \$35 per visit copay, then the plan pays 100% of the balance of the physician office charges.

#### **Medical Services & Supplies**

- Any deductible amount you have not yet paid is applied against the balance of the bill, then you share the remainder at your chosen Medical Services and Supplies coinsurance level.

#### **Inpatient Facility Confinement and Surgical Services**

- You pay a \$250 per admission copay for inpatient facility confinement.
- Any deductible amount you have not yet paid is applied against the balance, then you share the remainder at your chosen Inpatient Services coinsurance level.

#### **The PPO Advantage**

Use your Preferred Provider Organization (PPO) network to obtain the highest level of coverage.

Let your PPO work for you! You can save up to 40% on healthcare charges when you use a network provider.

What's more, selecting the most competitive PPO network may also reduce your monthly premiums!

### **Automatically Included!**

**Personal Assistance Program and 24-Hour NurseLine** deliver around-the-clock access to medical, financial, and legal counselors.

#### **MEDEX Plus Travelers Emergency Program**

offers travel evacuation benefits and 24/7 professional management of catastrophic medical incidents that occur 100 miles or more from home.

#### **Discount Drug Card Feature**

saves you money on your purchases of all prescription items, including non-covered "lifestyle" drugs such as Viagra and weight-loss medications. Simply present your health plan I.D. card at a participating pharmacy to receive your discount.



## Benefits

After you have satisfied your plan deductible, benefits are payable at your chosen coinsurance level up to the plan maximums in- or out-of-network, unless stated otherwise. Medical Services & Supplies and Inpatient Facility Confinement & Surgical Services have separate maximum out-of-pocket amounts.

### 1 Your Calendar Year Deductible Choices

- \$500       \$1,000       \$1,500

Out-of-network deductible is 2 times the network deductible. Maximum 3 individual deductibles per family.

### 2 Your Network Physician Office Visit Copay

**\$35 Copay** - After copay<sup>1</sup>, plan covers 100% of the physician office charge from network providers. Diagnostic tests, x-ray and lab work are not covered by the physician office visit copay.

### 3 Your Coinsurance

#### 80% Network / 50% Out-of-Network

##### Medical Services & Supplies

Network Maximum Out-of-Pocket: \$2,000

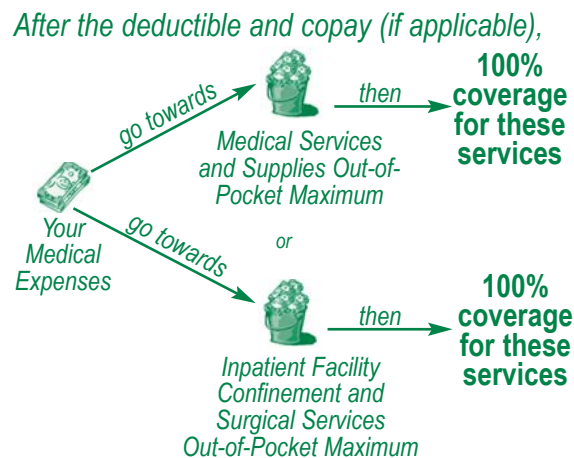
Out-of-network Maximum Out-of-Pocket: \$5,000

##### Inpatient Facility Confinement & Surgical Services

Network Maximum Out-of-Pocket: \$4,000

Out-of-network Maximum Out-of-Pocket: \$10,000

After a maximum out-of-pocket amount is satisfied for a type of service, the plan pays 100% of covered charges for that type of service for the remainder of the calendar year. Inpatient confinement is subject to an additional \$250 copay. Copays for medical services and prescription drugs do not apply towards deductibles or maximum out-of-pocket amounts. In- and out-of-network maximums for each type of service accumulate separately.



**Medical Services & Supplies** - Applies to outpatient services and surgeries performed in a physician's office.

#### Examples:

##### Mammography

In-network, physician office visit copay<sup>1</sup> applies, then paid at 100% with no deductible or coinsurance. Out-of-network, deductible & coinsurance apply.

##### Physician Office Visits

\$35 copay<sup>1</sup> applies for physician office visit fees.

##### Non-surgical Back Treatment & Chiropractic Care

Pays up to \$500 per person, per calendar year.

**Ground/Air Ambulance • Surgery in the Physician's Office • Home Health & Hospice • Tests, Services & Supplies • Outpatient Organ Transplant Services<sup>4</sup>**

##### Emergency Room Charges

\$100 copay, then deductible and coinsurance apply. (Copay waived if admitted as an inpatient.)

##### Outpatient Mental & Nervous • Outpatient Chemical Dependency<sup>3</sup>

Paid at 50% up to \$25 per visit, maximum of 50 visits or \$1,250 per calendar year.

**Inpatient Facility Confinement & Surgical Services** - Applies to inpatient care and inpatient or outpatient surgery in hospital or free-standing surgical centers.

#### Examples:

**Hospital & Other Facility Charges • Inpatient & Outpatient Surgery • Skilled Nursing Facilities • Inpatient Organ Transplant Services<sup>4</sup>**

##### Inpatient Facility Confinement

\$250 copay, then deductible and coinsurance apply.

##### Inpatient Mental & Nervous<sup>3</sup>

Maximum of 10 inpatient days, up to \$2,500 per calendar year.

## OPTIONAL BENEFITS

### 4 Your Optional Outpatient Prescription Drug Benefit Choices<sup>2</sup>

#### Option 1

Generic - \$15 copay, then 100% paid  
**Brand: \$100 calendar year deductible, then Formulary** - \$30 copay, then 50% paid  
 Non-formulary - \$45 copay, then 50% paid

#### Option 2

Generic - \$25 copay, then 100% paid  
**Brand Formulary** - \$100 copay, then 100% paid  
**Brand Non-formulary** - \$150 copay, then 100% paid

### 5 Your Optional Supplemental Accident Benefit Choices

- \$500 benefit per accident  
 \$1,000 benefit per accident

### 6 Your Optional Wellness Benefit<sup>5</sup>

**Wellness Benefit** - Covered charges are paid at 100% after copay, up to \$250 per person, per calendar year, with no waiting period.

### 7 Your Optional Vision Benefit

- Option 1 - \$10 Exam / \$25 Lenses / \$100 Frame Allowance**  
 **Option 2 - \$20 Exam / \$20 Lenses / \$100 Frame Allowance**

Consult Vision Plan overviews for details.

#### Mail Order and Internet Prescription Drug Purchases

Enjoy the convenience of mail order and/or Internet purchases by ordering up to 3 months' supply of your prescription drugs and items. You can use your discount feature or your optional drug coverage benefit to purchase prescription drugs and items. When using your optional drug coverage benefit, **only 2 months payment applies to each 3 month supply!**

Policy Form M-5028, M-5031 & M-9004. Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO. Provisions, benefits and limitations may vary according to your state of residence. For additional details, see the CompleteCare Personal Health Plans Information Brochure (and brochure insert, where applicable), and the Certificate of Insurance.

<sup>1</sup> -In TX, MO & NV, out-of-network services will be paid at 70% after deductible for physician office visits and for optional wellness benefits. (In AR, this will be paid at 75%.)

<sup>2</sup> -Includes oral contraceptives. In TX & NV, if optional outpatient Rx Card is not purchased, oral contraceptives (and in NV, contraceptive devices) are covered same as any other illness.

<sup>3</sup> -Combined benefit for mental & nervous and chemical dependency is \$10,000 while insured.

<sup>4</sup> -All transplant services, inpatient or outpatient, are subject to the following maximums:

*United Resource Network Centers of Excellence* - up to plan maximums.

*Preferred Provider Networks* - up to \$250,000 while insured.

*Non-Network providers* - up to \$175,000 while insured.

<sup>5</sup> -In TX, the wellness benefit is included and is not subject to a copay.