



## COMPLETECARE *Personal Health Plans*

# COPAY CHOICE PLAN

### **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.**

## The Health Plan of Choice!

The ideal plan for the individual looking for the convenience of copays and the comfort of comprehensive benefits. This plan allows for customized coverage to meet personal insurance needs.

### HOW DOES MY PLAN WORK?

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

- You pay your selected 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 coinsurance level.

#### **Inpatient Facilities**

- You pay a \$250 per admission copay.
- Any deductible amount you have not yet paid is applied against the balance, then you share the remainder at your chosen 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.



**1 Your Network Calendar Year Deductible Choices**

- \$500     \$750     \$1,000     \$1,500     \$2,500     \$5,000

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

**2 Your Network Physician Office Visit Copay Benefit Choices**

After copay<sup>1</sup>, plan covers 100% of physician office charge from network providers. Diagnostic tests, x-ray and lab work are subject to deductible and coinsurance.

- \$35 Copay     \$70 Copay

**3 Your Coinsurance Choices**

**In-network**

- 80% up to \$2,000 maximum out-of-pocket.....  
 70% up to \$6,000 maximum out-of-pocket.....

**Out-of-network**

- 50% up to \$5,000 maximum out-of-pocket  
 50% up to \$10,000 maximum out-of-pocket

**The plan pays 100% of covered charges after the maximum is met.**  
 Only 2 individual maximums required per family, per calendar year.

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

**Option 1**

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

**Option 2**

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

**5 Your Optional Supplemental Accident Benefit Choices**

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

**6 Your Optional Wellness Benefit<sup>4</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.*

**Benefits**

After you have satisfied your plan deductible, benefits are payable at your chosen coinsurance level up to plan maximums, in- or out-of-network, unless stated otherwise.

**Medical Services and Supplies**

**Mammography**

In-network, selected 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**

Your selected 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**

**Emergency Room Charges**

\$100 copay applies. (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 and Surgical Services**

**Hospital & Other Facility Charges • Skilled Nursing Facilities**

\$250 per confinement copay applies.

**Inpatient Care • Inpatient & Outpatient Surgery**

**Organ Transplants**

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.

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

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

**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, when a copay applies to network services, those services will be paid at 70% after deductible out-of-network. (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> -In TX, the wellness benefit is included and is not subject to a copay.