

COMPLETECARE *Personal Health Plans*

HEALTH SAVINGS PLAN

*Higher deductibles,
lower premiums*

How does the plan work?

Once you have met your plan deductible, the plan pays **100% of covered charges** for the remainder of the calendar year.

It's that simple.



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.
- **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 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.


INSURERS
ADMINISTRATIVE
CORPORATION

1 Your Calendar Year Deductible

Network / Out-of-network

- \$2,000 / \$5,000
- \$5,000 / \$10,000
- \$7,500 / \$12,000
- \$10,000 / \$14,000

Plan includes Common Accident Deductible Provision
 If two or more insured persons in a family are in the same accident, only one deductible will apply to covered charges for all such persons due to that accident for that calendar year.

Maximum of 3 individual deductibles per family

2 Your Coinsurance

In-Network

The plan **pays 100%** after your selected network deductible is met for the calendar year.

Out-of-Network

The plan **pays 80%** after you have met your out-of-network deductible, **up to an additional \$1,500 out-of-pocket**, then the plan **pays 100%** for the calendar year.

Benefits

After your deductible has been met, in-network benefits are paid at 100% up to plan maximums, unless stated otherwise. Out-of-network charges are covered at 80% after you have met your out-of-network deductible, up to an additional \$1,500 out-of-pocket.

Mammography

In-network, paid at 100% after deductible.

Physician Office Visits • Tests, Services and Supplies • Ground/Air Ambulance • Surgery in the Physician's Office • Home Health & Hospice • Inpatient Care • Inpatient & Outpatient Surgery

Non-surgical Back Treatment & Chiropractic Care

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

Emergency Room Charges

\$100 copay applies. (Copay waived if admitted as an inpatient)

Outpatient Mental & Nervous • Outpatient Chemical Dependency²

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

Hospital & Other Facility Charges • Skilled Nursing Facilities

\$250 per confinement copay applies.

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 & Nervous²

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!**

OPTIONAL

BENEFITS

3 Your Optional Outpatient Prescription Drug Benefit Choices¹

- Outpatient prescription drug benefit**
Generic - After \$25 copay, 100% paid
Brand Formulary - After \$100 copay, 100% paid
Brand Non-formulary - After \$150 copay, 100% paid

4 Your Optional Supplemental Accident Benefit Choices

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

5 Your Optional Wellness Benefit³

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

6 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.

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.

¹ -Oral contraceptives included. 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.

² -Combined benefit for mental & nervous and chemical dependency is \$10,000 while insured.

³ -In TX, the wellness benefit is included.