

HDHP

High Deductible Health Plan [HDHP]
Benicorp's HSA-Qualified Plan

Make your health coverage a financial asset

*Health Savings
Accounts & HDHP*

Standard Benefits

Optional Benefits



HDHP Benefits

Significant premium savings

New group deductible credit

*Qualifies for Health Savings
Account (HSA)*

HDHP Plan Design Features



MAJOR MEDICAL

ALL HDHP PLANS OFFER A \$5 MILLION LIFETIME MAXIMUM

DEDUCTIBLE CHOICE

Single	\$2000	\$2500	\$3000	\$4000	\$5000
Family	\$4000	\$5000	\$6000	\$8000	\$10,000

All eligible expenses including outpatient prescription drugs (if applicable) are applied to the deductible.

Family deductible is met when the sum of 2 single deductibles has been satisfied. After one single deductible has been met within a family, eligible expenses are covered 100% for that individual.

COINSURANCE

PPO-In-Network	100%
Out-of-PPO-Network	80% of \$25,000 Limit of 2 per family cumulative.

In all HDHP plans, PPO enrollment is required. PPO participation reduces out-of-pocket expenses and add the security of 100% co-insurance.

PRESCRIPTION DRUG

Discounted price is a covered expense after the deductible is satisfied. Eligible claims are reimbursed directly from Benicorp.

Please consult with your financial or tax advisor regarding the tax specifics and eligible expenses of a Health Savings Account.

STANDARD BENEFITS*

Included in Every HDHP Plan

With Benicorp's High Deductible Health Plan (HDHP) all eligible expenses including outpatient prescription drugs, if applicable, are applied to the deductible. Benicorp will pay for eligible expenses incurred for the following (*subject to the pre-existing condition limitation, deductible, out-of-network coinsurance and treatment certification*). Some benefits include limitations or variations as determined by the master policy and applicable state and federal law.

Wellness Benefits

Preventative and wellness procedures are covered up to a maximum of \$500 per insured per calendar year. Covered procedures include: routine physicals, oral polio immunizations, DPT, MMR and hemophilus, diphtheria and tetanus boosters, flu and pneumonia vaccinations if medically warranted, TB skin tests, RhoGam injections, PAP smear and hemocult lab expenses.

Travel Network

The Benicorp Travel Network can eliminate out-of-network claims, keeping out-of-pocket expenses down. When an insured needs medical care outside of the primary PPO service area, they receive the benefits of in-network discounts when choosing a First Health® Network doctor, hospital or facility. First Health® is in all 50 states with 4500 hospitals and more than 330,000 doctors.

Emergency Room

Emergency room services for accidental and emergency care in a hospital emergency room.

Ambulance

Professional ambulance for service to a hospital for the insured up to a benefit of \$2000 for ground transportation, or up to \$10,000 for air ambulance, when medically necessary, per calendar year.

Hospital Services

Room, board and general nursing care while confined in a hospital. Limited to hospital's most common daily charge for a semi-private room.

Intensive Care

Room, board and general nursing care while confined in a hospital Intensive Care Unit. Limited to 3 times the hospital's most common daily charge for a semi-private room.

Ambulatory Surgical

Charges for services performed in a hospital outpatient department, in a freestanding Ambulatory Surgical Center or in a surgical suite.

Medical Provider

Services of a covered medical provider. Limitations apply for assistant surgeons and CRNAs.

X-Ray and Lab

X-ray, radioactive treatment, laboratory, diagnostic tests and mammograms (as recommended by the American Cancer Society).

Artificial Devices

Covered expenses related to the initial purchase, fitting and repair of permanent artificial limbs, eyes, or larynx, but not their replacement provided the initial loss occurred while covered under the plan. Limited to initial purchase of basic device up to \$5000 per device.

Medical Supplies

Medical supplies to include but not limited to oxygen, casts, orthopedic braces, dressings, sutures, pacemakers, implantable defibrillators and splints. (Items not included: dental braces, appliances and implants, corrective shoes, shoe inserts, orthotics for the feet, molds for corrective purposes, cochlear implants, and implant designed to restore sight or hearing, or any prosthetic device designed to restore sight or hearing.)

Anesthetic, oxygen, blood and blood derivatives that are not donated or replaced.

Employee Life Insurance

Employers can select life insurance for all full-time employees. Life insurance begins at \$10,000. Life insurance is an underwritten benefit: coverage is not guaranteed. If the employer selects this benefit, all full-time employees must apply.

Durable Medical Equipment

Rental of medically necessary durable medical equipment up to the purchase price.

Mental or Nervous (Including substance abuse treatment)

Inpatient: covered at 100% for PPO providers or 80% for non-PPO providers. **Outpatient:** covered at 100% for PPO providers or 80% for non-PPO providers. PPO limited to 30 visits per calendar year and \$50 per visit. Non-PPO limited to 15 visits per calendar year and \$50 per visit.

Organ Transplant

Category 1: The following transplants will be paid as any other sickness: cornea, artery or vein, prosthetic joint replacements, heart valve or prosthetic valve replacements, implantable prosthetic lenses in connection with cataracts, and prosthetic by-pass or replacement vessels.

Category 2: The following transplants will be covered up to maximum standard lifetime benefit of \$50,000 or \$100,000: human heart, heart and lung, lung, liver, kidney and bone marrow.

Temporomandibular Joint or Craniomandibular Joint

Lifetime maximum of \$1,500 and treatment of orthognathism to maximum lifetime benefit of \$1,500.

Diabetes

Equipment, supplies and related services for Type I, Type II and gestational diabetes, when medically necessary and prescribed by a physician or other licensed healthcare provider.

Case Management

Approved charges incurred as part of case management program.

Parenteral Nutrition

Parenteral nutrition or hyperalimentary formulas that are medically necessary and prescribed by a medical provider limited to \$2,500 per calendar year.

Spine and Back

Outpatient diagnosis or treatment of a spine or back disorder will be considered a covered expense. The office/visit consultation and all related fees will be limited to \$50 per visit to a maximum of 20 visits per year.

Outpatient Therapy

Outpatient therapy including physical therapy, occupational therapy or speech therapy when prescribed by a physician. Limited to annual maximum of 25 visits for each type of therapy. Services for learning disabilities not included.

PSA Testing

PSA testing and digital rectal exam for prostate cancer screening.

Prescription Drugs

Insured is responsible for payment of all out-patient prescription drugs. Insureds receive a discount card for use at participating network pharmacies. Drug benefit expenses are not covered unless this option is selected.

Vision Exam

One vision exam per 24 months. Offered through Vision Service Plan. \$10 co-pay. Balance of office visit after co-pay is covered 100% and does not apply to the deductible.

Personal Health Coach

In partnership with Health Dialog, Benicorp brings you access to a personal Health Coach (a specially trained health professional such as a nurse, respiratory therapist or dietician) to provide you with health information when you need it. You may reach Health Dialog at 1-800-438-4002...24 hours a day, 7 days a week. In addition, online capability gives you access to health tools, decision support tools and the Healthwise® Knowledgebase, an online encyclopedia with thousands of easy-to-understand articles on thousands of health topics. Simply log-on to www.thedialogcenter.com/benicorp and enter your personalized Login ID and Password.

SEE BACK FOR OPTIONAL BENEFITS

* Mandated benefits may vary by state. Please contact your Benicorp Representative for state specific details. No Life Insurance policy issued to a Missouri citizen may use suicide as a defense for payment unless the insurer can prove that the insured intended suicide at the time of application.

LIMITATIONS & EXCLUSIONS

Benicorp Fully-Insured Policies DO NOT Cover the Following Expenses

1. Intentionally self-inflicted injury or sickness whether sane or insane;
2. Care, treatment or services while in a government hospital, unless the Insured Person legally has to pay;
3. Injury or sickness to the extent covered by Medicare or any other government law;
4. Treatment or diagnosis of educational or learning disabilities, attitudinal disorders, court ordered treatment or services, or disciplinary problems;
5. Occupational injury or sickness;
6. War, declared or undeclared, riot, or commission of a felony;
7. Injury or sickness while in the military service of any country;
8. Injury as a consequence of being intoxicated or under the influence of voluntarily ingested narcotics, alcohol or hallucinogenic drugs (unless taken as prescribed by a Medical Provider). In the case of alcohol, intoxicated shall be defined as the blood alcohol limit set by the state in which the injury occurs;
9. Dental x-rays, care or treatment except when required due to injury, while insured, to whole natural teeth. The expense must be incurred within 6 months of the injury and is limited to the least expensive procedure that will, in the Company's opinion, produce a professionally adequate result. Hospital and anesthesia charges for dental care if the mental or physical condition of the Insured requires dental treatment to be rendered in a hospital or an ambulatory outpatient surgical center will be considered subject to the terms and conditions set forth in the Covered Expense section of this Policy. Dental implants excluded;
10. Pre-existing conditions, as defined;
11. Diagnosis or treatment for infertility, artificial insemination, in vitro fertilization, gamete intrafallopian transfer (GIFT), sterilization or reversal thereof; sex transformation operations, or abortions, unless the life of the mother is threatened;
12. Eyeglasses, contact lenses, hearing aids, cochlear implants, any implant designed to restore sight or hearing, any prosthetic device designed to restore sight or hearing, eye exams, refraction or surgery to include radial keratotomy or lasik for correction of refraction error whether or not correctable by lenses alone;
13. Treatment of temporomandibular joint disease, except as described in the Standard Benefits, or dental expenses made necessary after surgery for temporomandibular joint disease or orthognathic surgery;
14. Cosmetic surgery or treatment, except:
a) Reconstructive surgery resulting from trauma or surgical treatment of the involved part incurred while covered under this Policy; or b) Reconstructive surgery due to a congenital defect of a covered dependent child born while this Policy is in force; or c) Reconstructive surgery, including all stages of reconstruction of the breast on which the mastectomy was performed as well as surgery and/or reconstruction of the other breast to produce symmetry, resulting from mastectomy incurred while covered under this Policy; or d) Brassieres required after a mastectomy incurred while covered under this Policy. Up to two brassieres per calendar year are covered;
15. Custodial care, preventative care (except for those items described under Wellness Benefits of Covered Expenses), or personal and patient convenience items, over the counter drugs and medications, contraceptives (whether medication or device), smoking deterrent aids or vitamin or mineral supplements;
16. Expenses incurred for weight modification procedures including supplies or services, regardless of the reason for the procedure, breast augmentation or reduction except Medically Necessary treatment related to the condition known as gynecomastia in males;
17. Charges for marriage or family counseling, regardless of the provider of service.
18. Charges for biofeedback, regardless of the provider of service;
19. Charges for acupuncture, chelation, cupping, craniosacral therapy, imagery or guided imagery, massage therapy, acupressure, aquatic therapy, hypnosis, naturopathic treatment, or homeopathic therapy;
20. As defined in the General Definitions Sections, services and/or supplies that are Experimental/Investigational or are mainly for research purposes;
21. Any other services not specifically listed under Covered Expenses;
22. Complications directly related to treatment for preexisting conditions, non-covered services, injuries, or sicknesses;
23. Certain expenses incurred without obtaining necessary authorization under the Treatment Certification Program;
24. A non-emergency weekend or holiday hospital confinement admission. If an Insured Person is hospital confined on a Friday, Saturday, Sunday or holiday, any Hospital Charges incurred during that first weekend, (holiday, Friday, Saturday and Sunday) are not Covered Expenses. These charges are Covered Expenses if the Insured Person is admitted because of an Emergency, or if surgery is performed that weekend or holiday, or if admission is due to pregnancy delivery;
25. Human growth hormone therapy in excess of a benefit of \$10,000 per calendar year. The therapy must meet all other Policy provisions, including Medical Necessity;
26. Charges made by a Medical Provider for weekend, holiday, or "non-regular" hours or charges incurred by a "Stand by" physician. Charges for telephone consultations not covered. Charges incurred when the patient is not present are not covered;
27. "Professional courtesy" services which are performed for which the recipient is not charged, will not be reimbursed;
28. Spine and back disorders limitation: outpatient diagnosis or treatment of a spine or back disorder will be covered. The office visit/consultation and related fees will be limited to \$50 per visit and 20 visits per year;
29. Charges made by a Medical Provider for "facility charges";
30. Charges made for vision therapy services.
31. Parenteral nutrition or hyperalimentation formulas exceeding \$2,500 per calendar year. The therapy must meet all other Policy provisions, including Medical Necessity.

LIFE INSURANCE BENEFIT EXCLUSIONS

Benefits will not be payable should Your death occur due to the following:

1] Intentionally self-inflicted fatality occurring while sane or insane, unless occurring following the first 2 years of coverage; 2] Committing or attempting to commit an assault or felony; 3] War or any act or hazard of war, whether declared or undeclared; 4] Travel in an aircraft except as a passenger with no duties while in flight on a regularly scheduled airline; 5] Intoxication or the influence of voluntarily ingested narcotics, alcohol or hallucinogenic drugs (unless taken as prescribed by a Medical Provider). In the event of suicide within the first 2 years of coverage, whether sane or insane, Our liability shall be limited to the return of premiums paid for the life insurance benefit. It will pay these returned premiums to the beneficiary designated by You prior to Your death.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) EXCLUSIONS

AD&D coverage does not cover any loss which results from: intentionally self-inflicted injury occurring while sane or insane, committing or attempting to commit an assault or felony, war or any act or hazard of war (whether declared or undeclared), bodily or mental infirmity, disease or infection, except an infection occurring through an accidental cut or wound; travel in an aircraft, except as a passenger with no duties while in flight on a regularly scheduled airline; or intoxication or the influence of voluntarily ingested narcotics, alcohol or hallucinogenic drugs (unless taken as prescribed by a Medical Provider).

This Booklet is only an outline of the policy provisions.

The complete terms of the Group Insurance Coverage will be determined by the Master Policy

Make your health coverage a financial asset



HDHP FEATURES THE FLEXIBILITY AND SECURITY OF BENICORP'S TRADITIONAL BENEFIT PLANS, AND ADDS IMPORTANT TAX AND SAVINGS OPPORTUNITIES

HDHP Benicorp's HSA-Qualified Benefit Plan

- *Premium savings*
- *Complete major medical coverage*
- *Multiple plan option — groups can offer both traditional and HDHP plans*
- *New group deductible credit*

Pay lower premiums, build savings, and enjoy quality major medical health coverage

AN **HSA-QUALIFIED** BENEFIT PLAN IS THE RIGHT CHOICE FOR SAVINGS ACCUMULATION AND QUALITY MEDICAL COVERAGE

Health Savings Account *At-a-Glance*

- *Contributions are paid into an interest bearing bank account and are tax deductible*
- *Eligible medical expenses paid out of the account are tax-free*
- *Funds and interest continue to accumulate into the account*
- *The account is owned by the insured and completely portable*

Questions?

Call 317.290.1205
visit www.benicorp.com

OPTIONAL BENEFITS*

Groups may elect the following enhancements for additional premium

Prescription Drugs

All expenses for eligible outpatient drugs filled with the discount card at a participating pharmacy are a covered expense. After the deductible is satisfied, the insured is reimbursed for the prescription.

Vision Care Materials

Each insured is eligible for frames and lenses every 24 months from the last date of service. \$15 co-pay is required. Option available to groups of ten or more medical employees. Offered through Vision Service Plan.

Dental Insurance

Available to groups with 2-10 medical employees that have been covered for 2 years under a prior dental program. Groups of 11 or more employees are not subject to this requirement. Preventative care, basic and major procedures covered to \$1000 per calendar year. Orthodontic care covered to \$750 lifetime. No deductible for preventative procedures. All other procedures carry a \$50 calendar year deductible and a 50% or 80% coinsurance percentage.

Organ Transplant Enhancement

Increases the standard organ transplant benefit of \$50,000 or \$100,000 to \$5 million lifetime maximum benefit. The \$5 million organ transplant benefit is included in the lifetime maximum. Organ transplant enhancement is required in Georgia.

Weekly Disability Income

Offers income protection to an insured employee who becomes totally disabled. Benefits are payable for 26 weeks for non-occupational total disability and start the first day of injury and eighth day of sickness. Benefit levels can be selected from \$100 to \$500, not to exceed 66% of employee's average weekly earnings. Disability due to pregnancy is covered when maternity benefits are elected.

Maternity and Well Baby Care

Covers pregnancy as if due to sickness. Routine newborn care is considered a covered expense, and includes: nursery and miscellaneous charges during first three days of life, physician's charges while confined to nursery to a maximum of \$200, and elective circumcision during the first year of life. (Note: Maternity benefits are mandatory by federal law for groups with 15 or more employees or as mandated by state law.)

HOSPITAL CONFINEMENT AND TREATMENT REVIEW PROGRAM*

Treatment must be certified for all hospital confinements and any outpatient surgical procedure not performed in physicians office (*including mental or nervous disorders and substance abuse treatments*). Call the toll-free number on the employee identification card for treatment certification.



Notification Guidelines

For non-emergency treatment, the call must be made at least 7 days prior to treatment. For emergency room treatment, the call must be made on the first business day following the day of treatment. For pregnancy, notification must be made as soon as pregnancy is determined. Certification must take place at time of admission for delivery, or on the following business day.

Confinement or Treatment Without Notification

The insured's total eligible expenses will be reduced up to \$1000 when allowable by state law. Eligible expenses in excess of \$1000 will be subject to normal calendar year deductible and co-insurance provisions.

Outpatient Notification

Pre-certification of durable medical equipment, home nursing and home I.V. therapy is strongly encouraged. This will enable Benicorp to negotiate the best price possible.