



Member Benefits Program SBU HealthSelect Plans



Administered by:



SMALL
BUSINESS
UNITED™

An indemnity-based medical plan which provides limited coverage for accidents, illness, and specified disease to help cover basic, minor-medical expenses.

	BASIC 10 NEW PLAN!	CHOICE 25	MAX 50
INPATIENT*			
Hospital Confinement			
- Day 1 Benefit Amount	\$1,000 x 1 day	\$2,000 x 1 day	\$2,500 x 1 day
- Days 2+ Benefit Amount Per Day	\$500 x 15 days	\$1,000 x 20 days	\$1,250 x 30 days
- Days 1+ Additional ICU Benefit Amount Per Day	\$250 x 5 days	\$750 x 5 days	\$850 x 6 days
Surgery Benefit Amount (Including Maternity) Per Surgery	\$750 x 1 surgery	\$2,000 x 1 surgery	\$4,000 x 1 surgery
- Anesthesia Benefit Amount - Per Surgery	\$185 x 1 surgery	\$500 x 1 surgery	\$1,000 x 1 surgery
Maximum Potential Inpatient Benefits	\$10,685	\$26,000	\$50,100
OUTPATIENT ILLNESS BENEFIT*			
Physician Office Visit Pre-Pay (1,2)	\$10	\$10	\$10
- Benefit Amount Per Visit	\$75 x 10 visits	\$100 x 10 visits	\$100 x 10 visits
- Wellness Benefit Amount Per Visit	\$125 x 1 visit	\$125 x 1 visit	\$200 x 1 visit
- Well Child Care (Up to Age 4) Benefit Amount Per Visit	\$85 x 4 visits	\$100 x 4 visits	\$100 x 4 visits
Emergency Room (Sickness) Benefit Amount - Per Visit	\$225 x 1 visit	\$400 x 1 visit	\$500 x 1 visit
Surgery Benefit Amount Per Surgery	\$500 x 1 surgery	\$1,000 x 1 surgery	\$2,000 x 1 surgery
- Anesthesia Benefit Amount - Per Surgery	\$125 x 1 surgery	\$250 x 1 surgery	\$500 x 1 surgery
Diagnostic, X-Ray, Lab - Benefit Amount Per Test			
- Class I: Laboratory - Blood Work, CMP, Lipid Panel	\$50 x 4 tests	\$50 x 4 tests	\$50 x 4 tests
- Class II: X-Rays, ECG, Pap/PSA Tests, All Other Diagnostic	\$75 x 2 tests	\$100 x 2 tests	\$100 x 2 tests
- Class III: Ultrasound, Mammogram	\$125 x 1 test	\$175 x 1 test	\$175 x 1 test
- Class IV: CT, PET, MRI	\$250 x 1 test	\$750 x 1 test	\$750 x 1 test
Maximum Potential Outpatient Benefit Per Year	\$2,790	\$4,600	\$5,925
OUTPATIENT ACCIDENT BENEFIT*			
-Benefit % Payable	80%	80%	80%
-Deductible Per Accident	\$0	\$0	\$0
Maximum Benefit Per Year	\$2,000 per year	\$3,000 per year	\$3,000 per year
PRESCRIPTION BENEFIT*			
Generic Rx Copay	\$10	\$10	\$10
Preferred Brand Rx Copay	\$20	\$20	\$20
Prescription Benefit Maximum Per Month (Individual)	\$100 per month	\$100 per month	\$200 per month
Prescription Benefit Maximum Per Month (Family)	\$200 per month	\$200 per month	\$400 per month
Prescription Benefit Maximum Per Year (Individual)	\$1,200 per year	\$1,200 per year	\$1,200 per year
Prescription Benefit Maximum Per Year (Family)	\$2,400 per year	\$2,400 per year	\$2,400 per year
LIFE/AD&D/CRITICAL ILLNESS*			
Critical Illness Benefit Amount Payable for 10 Conditions			
Benefit Amount	N/A	\$1,500	\$2,000
Accidental Death & Dismemberment Benefit*			
Benefit Amount	\$10k/\$5k/\$1k	\$25k/\$5k/\$1k	\$25k/\$5k/\$1k
Term Life Insurance (3)**			
** Benefit amounts listed are for: Employee/Spouse/Child(ren)			
Benefit Amount	\$5k/\$2k/\$1k	\$5k/\$2k/\$1k	\$5k/\$2k/\$1k
OTHER SERVICES (2)			
Consult A Doctor™ Telemedicine	YES	YES	YES
Care24: EAP and Nurseline	YES	YES	YES
PHCS PPO Discounts	YES	YES	YES

(1) The office visit pre-pay is a service through the PHCS PPO Network (2) This service is not insurance and is not provided by AXIS. (3) Term Life is underwritten by Combined Insurance Company of America, part of the AXIS Group of Companies. * For HealthSelect, we will not pay benefits for any loss, injury, or sickness that is caused by, or results from Pre-existing Conditions occurring within the first 12 months of coverage. **Pre-existing Condition" means an illness, disease, or other condition of the Covered Person, that was treated, diagnosed or required medications in the 6 month period before the Covered Person's coverage became effective under this Policy. Pre-existing conditions found during the 6-month look-back period will be excluded for the first 12 months of coverage under this Policy. Upon submission of a valid "Certificate of Creditable Coverage", credit toward the pre-existing exclusion period will be given for all benefits except the "Critical Illness" benefit. For details regarding the "Critical Illness" pre-existing exclusion see "What is not covered."

MONTHLY RATES

	BASIC 10 NEW PLAN!	CHOICE 25	MAX 50
Member Only	\$165.50	\$229.29	\$294.49
Member + 1	\$348.36	\$483.02	\$619.10
Family	\$494.36	\$680.05	\$878.50

BENEFIT	DESCRIPTION
Office Visits	We will pay benefits if a covered person visits a Doctor's office for treatment, care or advice of an injury or sickness covered under the policy.
Emergency Room Visits (Sickness Only)	We will pay benefits for Emergency Room Visits if a covered person requires treatment or services in a Hospital emergency room for a life-threatening condition due to sickness. Covered expenses include the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies.
Wellness Visits	We will pay benefits for an annual routine examination or well child care. Covered Services include a medical history, physical examination, X-rays and laboratory tests including a Pap test, colorectal screening, prostate cancer screening, mammography and bone density screening. We will pay benefits for up to 4 well child visits up to age 4.
Outpatient Laboratory Tests, Diagnostics, and X-Ray Expenses	We will pay benefits for Outpatient Laboratory Tests and X-rays if a covered person is not confined in a Hospital and the tests or x-rays are ordered by a Doctor and performed by an appropriately licensed technician.
Outpatient Accident Only Medical Expense Benefit	We will pay benefits for medically necessary expenses that result directly from a covered accident. Initial treatment must begin within 72 hours of the accident and covered expenses must be incurred within 90 days after the accident. These benefits are subject to the Deductibles, Coinsurance Rates, Co-Payments, Benefit Periods, Benefit Maximums and other terms or limits, if any, shown in the Schedule of Benefits. Covered expenses include medical services and supplies, emergency care, ambulance expenses, treatment of an injured tooth, prescription drugs and rehabilitative braces or appliances prescribed by a doctor.
Hospital Confinement Benefit	We will pay benefits if a covered person is confined in a hospital because of a covered injury or illness for at least 24 consecutive hours.
Surgery and Anesthesia Benefit	We will pay benefits if a covered person undergoes surgery at the direction of a doctor for a covered injury or sickness. We will also pay benefits for anesthesia services for pre-operative screening and the administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
Critical Illness	Payable for 10 conditions: Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer's, ALS, Terminal Illness. After coverage has been in effect for 90 days or more, if an employee is then diagnosed with any of the conditions listed in the schedule of benefits, we will pay the amount shown in the Schedule of Benefits for this benefit. The covered person must be under 65 years of age and survive for a period of one-hundred-eighty (180) days after diagnosis of Multiple Sclerosis. The covered person must be under 65 years of age and must survive for a period of thirty (30) days after diagnosis for any other covered illness. We will pay this benefit only once regardless of whether the covered person is diagnosed with more than one of the covered illnesses.
Accidental Death and Dismemberment Benefit	If a covered person suffers a loss within 365 days of a covered accident we will pay the percentage of the principal sum shown opposite that loss. If multiple losses occur, only one benefit amount, the largest, will be paid for all losses due to the same covered accident.
Term Life Insurance Benefit*	If an insured person dies of natural causes or as the result of a covered accident, we will pay the death benefit amount listed in the schedule of benefits. We will not pay a death benefit if an insured person dies by suicide, while sane or insane, within two years of the date his/her insurance starts.
Prescription Drug Benefits	We will pay benefits for expenses incurred by a covered person for the purchase of generic and preferred brand name prescription drugs from a Participating or Non-Participating Pharmacy. The co-payment must be incurred for each prescription drug or authorized refill before benefits are payable.



Value Added Services Enhance the Packaged Offering and Elevate the Consumer Experience for Employees

PPO Network Office Visit Pre-pay



Access to Network discounts at over 568,000 participating PHCS Network physicians and hospitals.

Service provides members affordable access to physicians by allowing them to pay a \$10 Office Visit Pre-pay before insurance benefits are applied. MultiPlan delivers primary PPO network access under the PHCS Network, HealthEOS Network, and PHCS Savility brands. PHCS Network offers access in all states to 568,000 healthcare professionals, over 4,100 hospitals and 63,000 ancillary care facilities. No matter where health plan participants live, work, and seek healthcare, they have access to the largest independent primary PPO in the nation. Our passive approach to utilizing participating providers does not reduce insurance benefits or penalize a member for seeing a non-network provider. Using a network provider will discount the cost of services rendered and help to stretch our members' insurance benefits. For members that happen to reach their insurance benefit maximums, they can continue to receive discounted prices from the network providers.

Prescription Drug Card



With ScriptSave® members enjoy instant savings for their entire household on brand name and generic medications.

Savings average 22%, with potential savings of up to 50% on brand name and generic prescription drugs at over 50,000 participating pharmacies. With RxREDO, members can use their card for prescription fills and refills at over 56,000 participating pharmacies for co-pay benefits that will be processed in real-time at the point-of-purchase at the pharmacy.

Telemedicine



Consult A Doctor™ offers convenient 24/7 access to physicians for phone and secure e-mail medical consultations.

Its proprietary nationwide cross-coverage network of U.S. licensed primary care physicians and specialists provide specific answers to medical questions and advice regarding non-emergency, routine medical conditions. Consult A Doctor's physicians discuss symptoms, recommend treatment options, diagnose many common conditions, and prescribe medication when appropriate.

Consult A Doctor™ physicians are experts, with an average of 10 years' experience. They are also progressive, with extensive training in telemedicine. All are board certified and state licensed, and are based in the U.S., so they are available at any time.

On Call Consult: FREE

- Talk to a doctor immediately
- On-demand informational consultation 24/7
- Get answers to important health & medical questions

Priority Consult: \$38

- Talk to a doctor within 3 hours
- Comprehensive diagnostic consultation
- Request prescription medication (Rx) or refill*

By Appointment Consult: \$38

- Conveniently schedule a time to talk to a doctor
- Comprehensive diagnostic consultation
- Request prescription medication (Rx) or refill*

By Email: FREE

- Email a doctor about sensitive medical issues
- Secure, discreet, HIPPA-compliant
- Doctor response within 24 hours

Nurseline and EAP



OptumHealth Care24 provides a toll-free, 24/7/365 Nurseline which provides an immediate and reliable source for non-emergency health information and confidential medical counseling for emotional and personal challenges. Includes 3 face-to-face counseling visits per condition.

Members are enrolled in an Employee Assistance Program and Nurseline through OptumHealth. Consultations are provided by registered nurses and masters level counselors. Additional resources are available including legal, financial, dependent care specialists, and an audio health information library. In addition to the telephonic services, members also have access to up to 3 face-to-face counseling sessions per condition at no cost to the member.

How to Use Your New Plan



1. WHO IS THE INSURANCE COMPANY?

- AXIS (A+ Rated)
- You can see ANY doctor or hospital of your choice, and the insurance plan will pay the same level of benefit - no penalties.
- For benefits and coverage questions call 1-800-964-7096

2. WHAT TO DO AT A DOCTOR'S OFFICE VISIT.

- Give the doctor office staff your ID Card
- Have them call 1-800-964-7096 (on your ID Card) to verify coverage
- Pay your office visit fee (on your ID Card) at the time of service
- Have the doctor bill the insurance company on your behalf

3. ADDITIONAL SERVICES INCLUDED WITH YOUR PLAN.

- If your doctor is part of the MultiPlan PHCS Network, you will also receive discounts on their billed charges. 1-866-750-7427
- For only \$38, you can have a doctor consultation over the phone from the convenience of your home or office with Consult A Doctor. 1-800-DOC-CONSULT
- At no additional cost, you can call Optum Care24 Nurseline to speak to a registered nurse immediately! 1-866-923-0018

How to Use Your New Insurance Plan

Quick Tips



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For HealthSelect, HealthValu and CriticalMed, we will not pay benefits for any loss, injury or sickness that is caused by, or results from:

- Pre-existing Conditions occurring within the first 12 months of coverage (applies to Hospital and Surgery benefits only). "Pre-existing Condition" means an illness, disease, or other condition of the Covered Person, that was treated, diagnosed or required medications in the 6 month period before the Covered Person's coverage became effective under this Policy.
- Intentionally self-inflicted injury, suicide or attempted suicide.
- War or any act of war, whether declared or not.
- Service in the military, naval or air service of any country or international organization.
- Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- Commission of, or attempt to commit, a felony, an assault or other illegal activity.
- Commission of or active participation in a riot, or insurrection.
- Bungee cord jumping, parachuting, skydiving, parasailing, hang-gliding.
- Flight in, boarding or alighting from any aircraft except as a fare-paying passenger on a regularly scheduled commercial airline.
- An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in Driver's Education Program.
- Medical or surgical treatment, diagnostic procedure, administration or anesthesia, or medical mishap or negligence, including malpractice. [This exclusion applies to the Accidental Death and Dismemberment benefit only]
- Travel or activity outside the United States, except for a Medical Emergency.
- Travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.
- Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor unless specifically provided herein.
- Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration.
- Repair, replacement, examinations for, prescriptions, or the fitting of eyeglasses or contact lenses.
- While the covered person is legally intoxicated (as determined by that state's laws) or while under the influence of any drug unless administered under the advice and consent of a Doctor.
- Medical expenses and disability for which the covered person is entitled to benefits under any Worker's Compensation Act.
- Medical expenses paid or payable under any mandatory no fault automobile insurance contract or mandatory basic reparations benefit of no fault.
- Elective Abortion. Elective Abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
- Mental and Nervous Disorders.
- Covered medical expenses for which the covered person would not be responsible for in the absence of this Policy.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an injury or sickness.
- Experimental or Investigational drugs, services, supplies or any procedure held to be experimental or investigatory by Us at the time the procedure is done.

No Prescription Drug Benefits will be paid for:

- Brand name prescriptions drugs (if generic only drug option is selected)
- All over-the-counter products and medications unless shown in 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.
- Blood glucose meters and insulin injecting devices.
- Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.
- Biologicals (including allergy tests); blood products; growth hormones; hemophilic factors; MS injectables; immunizations; and all other injectables unless shown in the definition of Prescription Drug.
- Medical supplies and durable medical equipment.
- Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid, and Niacin – used in treatment versus as a dietary supplement; and all other Legend Drug vitamins and nutritional supplements.
- Anorexiant; any cosmetic drugs including, but not limited to, Renova and skin pigmentation preps; any drugs or products used for the treatment of baldness; and topical dental fluorides.
- Refills in excess of that specified by the prescribing Doctor, or refills dispensed after one year from the original date of the prescription.
- Any drug labeled "Caution – limited by Federal Law for Investigational Use" or experimental drugs.
- Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.
- Drugs needed due to conditions caused, directly or indirectly, by a covered person taking part in a riot or other civil disorder; or the covered person taking part in the commission of a felony.
- Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or any act of war; or drugs dispensed to a covered person while on active duty service in any armed forces.
- Any expenses related to the administration of any drug.
- Drugs or medicines taken while in or administered by a Hospital or any other health care facility or office.
- Drugs covered under Worker's Compensation, Medicare, Medicaid or other governmental program.

- Drugs, medicines or products which are not medically necessary.
- Diaphragms; erectile dysfunction Legend Drugs; and infertility Legend Drugs.
- Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; and Imitrex-auto injection.
- Smoking deterrents, Legend or over-the-counter drugs.
- Replacement of stolen medication (except under circumstances approved by us), or lost, spilled, broken or dropped Prescription Drugs.
- Vacation supplies of Prescription Drugs (except under circumstances approved by us).
- 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.

In addition, Critical Illness Benefits will not be paid for:

- Injury or Sickness, other than one of the Covered Illnesses, even though such Injury or Sickness may have been complicated by one of the Covered Illnesses;
- The use, existence or escape of nuclear weapons, material or ionizing radiation from or contamination by radioactivity from any nuclear fuel or waste from the combustion of nuclear fuel;
- Misuse of medication or the abuse of drugs or intoxicants;
- Any Preexisting Condition, except where coverage has been in effect for a period of twelve (12) consecutive months following the covered person's effective date of coverage. "Preexisting Condition" means a Sickness suffered by a covered person for which he or she sought or received medical advice, consultation, investigation, or diagnosis, or for which treatment was required or recommended by a Doctor during the 12 months immediately prior to the covered person's effective date of coverage, that directly or indirectly causes the condition to occur within the first 12 months from the covered person's most recent effective date of coverage.

No Dental indemnity Benefits will be paid for expenses incurred:

- For services and supplies not listed in the Coverage Schedule, not recognized as essential for the treatment of the condition according to accepted standards of practice or considered experimental.
- For cosmetic procedures, including but not limited to veneers and bleaching of teeth and procedures performed primarily for cosmetic reasons.
- For services related to, performed in conjunction with, or resulting from a non-covered procedure.
- For charges in excess of the Usual and Customary rate.
- For any treatment program which began prior to the date the Insured is covered under the Policy.
- For crowns, inlays and onlays on teeth that can be restored by direct placement materials.
- For the replacement of crowns, bridges, dentures, inlays or onlays that can be restored to normal function.
- For the replacement of crowns, bridges, inlays, onlays or prosthetic appliance within 5 years from the date of last placement.
- For any unmarried child age 19 and over unless he is dependent upon you for support and you claim as an exemption on your federal income tax and/or while a full-time student. A full-time student is one who is enrolled for 12 semester hours of credit in an accredited junior college, college, or university. Any exemption will end at age 26.
- For service or supplies payable under any medical expense, auto or no-fault plan.
- For any condition covered under any Worker's Compensation Act or similar law.
- For services applied without cost by any municipality, county or other political subdivision or for which there would be no charge in the absence of insurance.
- During any waiting period we require. When you voluntarily end your insurance without a qualifying event and re-enroll at a later date, your waiting period is 2 years and begins on the date your coverage first ended.
- For services that are applied toward the satisfaction of a Deductible, if any.
- For services subject to a waiting period that were incurred during the waiting period.
- For charges resulting from changing from one provider to another while receiving treatment, or from receiving treatment from more than one provider for one dental procedure to the extent that the total charges billed exceed the amount incurred if one provider had performed all services.
- For hospital facility charges for any dental procedure, including but not limited to: emergency room charges, surgical facility charges, hospital confinement.
- For drugs or the dispensing of drugs.
- For oral hygiene instruction; plaque control; acid etch; prescription or take-home fluoride; broken appointments; completion of a claim form; OSHA/Sterilization fees (Occupational Safety & Health Agency); or diagnostic photographs (except for orthodontic purposes), unless included within the Coverage Schedule.
- For implants; myofunctional therapy; athletic mouth guards; precision or semi-precision attachments; treatment of fractures, cysts, tumors, or lesions; maxillofacial prosthesis; orthognathic surgery; TMJ dysfunction; cleft palate; or anodontia.
- For orthodontia, unless included within the Coverage Schedule.
- For services to replace teeth that were missing (extracted or congenitally) prior to the effective date of coverage on Our Plan. This limitation ends after 36 months of continuous coverage on the Plan. Abutment teeth will be reviewed for eligibility of prosthetic benefits.
- For composite, resin, or white fillings on posterior primary teeth. Benefits will be reduced to that of an amalgam or silver filling.
- For the replacement of a filling within 24 months of placement, unless for specific health reasons.
- For the replacement of retainers.
- For sealants not applied to permanent bicuspid or molar; applied at age 15 or older; applied 3 years from a previous sealant application; applied to a decayed tooth.
- For lab fees for higher metals or porcelain crowns, bridges, inlays, or onlays, unless included within the Coverage Schedule.