

## EMPLOYEE ENROLLMENT GUIDE

# HealthSelect

Limited benefit medical plan



Protection for commonly occurring medical expenses

Captx Inc.

**Enroll by**

PHONE: call 855-626-3969

**ternian** ●●  
An AXIS Capital Company

# What is HealthSelect?

## Why choose HealthSelect?

Medical and hospital expenses can add up quickly. HealthSelect offers fixed-indemnity and accident medical insurance designed to help you offset commonly occurring medical expenses.



### Guaranteed issue

No medical questions asked at enrollment.  
Family member coverage is also available.



### Financial protection

Provides you with cash benefits to help offset out-of-pocket costs for medical expenses related to covered accidents and serious illnesses.



### Competitive rates

Rates are based on group demographics by state, not-age rated. Allows employees in many situations access to coverage.

## What is covered?

HealthSelect provides a set limit of benefits to help manage medical expenses arising from hospital visits, physician office visits, lab tests, and other health-related needs.



### Inpatient Medical

Pays a daily benefit for covered hospitalizations.



### Outpatient

Benefits paid to offset the unexpected medical expenses that may result from a covered accidental injury.



### Prescription

Retail and mail order prescription benefits up to a maximum monthly benefit.



### Critical Illness and AD&D

Indemnity benefits for covered accidents and illnesses.



### Non-Insurance Supplemental Services\*

Medical PPO Network, Pharmacy Network, Teladoc, and EAP.

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THESE PLANS CONSIST ONLY OF AN AD&D, CRITICAL ILLNESS AND HOSPITAL INDEMNITY POLICY. THE COVERED LOSSES ARE LIMITED TO THOSE LOSSES LISTED ABOVE.

The Limited Benefit Plans are underwritten by AXIS Insurance Company under group policy form series numbers T-GOA-001-0112, T-GCI-001-0112, T-GHI-001-0112.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. The benefits described above are provided only through a combination of policies.

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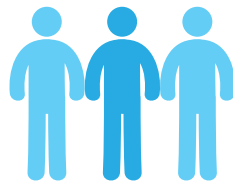
# Why Choose HealthSelect

## Cash benefits to help offset your out-of-pocket medical expenses.

No one is immune from the inability to cope with unexpected medical expenses.

**\$1,400**

the average individual annual out-of-pocket spending on medical services.<sup>1</sup>



**1 in 3** adults with health care coverage

avoided medical tests, treatment, follow-up care, and prescription drugs — because they couldn't afford the out-of-pocket costs.<sup>2</sup>

## THE UNFORTUNATE FACTS



**44%**  
of adults

say they could not cover an emergency expense costing \$400.<sup>3</sup>



**26%**  
of adults

reported that someone in their household had problems paying medical bills.<sup>4</sup>

**66%**  
of adults reporting problems

say it is because of a one-time or short-term medical expense such as an ER visit or hospital stay.<sup>4</sup>

<sup>1</sup> <https://www.consumeraffairs.com/news/report-consumers-out-of-pocket-medical-expenses-rising-042717.html>

<sup>2</sup> Commonwealth Fund, Biennial Health Insurance Survey, 2016

<sup>3</sup> Federal Reserve System, Report on the Economic Well-Being of U.S. Households in 2016, May 2017

<sup>4</sup> The Burden of Medical Debt: Results from the Kaiser Family Foundation/NY Times Medical Bills Survey, January 2016

# How HealthSelect works

HealthSelect provides you with fixed indemnity benefits to help manage medical expenses arising from hospital visits, physician office visits, lab tests, and other health-related needs. Following are potential claim scenarios.

## 1. Broken bone



Employee injures her leg while playing softball and goes to the ER.



She has an X-ray to determine extent of her injury.



Her leg is broken; surgery or hospital stay is not required.

Cash benefit is paid of up to

**\$6,007\***

Amount payable is based on Sample Plan outpatient accident benefit (\$5,882, based on 80% of U&C of \$7,352, the average cost of a broken leg<sup>1</sup>) and class II radiology benefit (\$125).

## 2. Pregnancy (normal delivery)



Employee visits OB to confirm pregnancy.



She receives routine OB care – no complications.



She delivers a healthy baby, and both are released after 2 days

Cash benefit is paid of up to

**\$7,350\***

Amount payable is based on Sample Plan benefit amounts for 2 days hospital confinement (\$2,500– mother, \$2,500– baby), typical OB care (\$2,000), lab test (\$100) and ultrasound (\$250).

## 3. Annual wellness check-up



Employee visits a doctor in First Health PPO Network for annual physical.



Doctor orders routine blood work.



Doctor prescribes a statin for slightly elevated cholesterol.

Cash benefit is paid of up to & prescription co-pay of

**\$135\*** & **\$90\***

Amount payable is based on Sample Plan benefit amounts for wellness visit (\$85) and class I blood work (\$50). Prescription benefit of \$90 is based on mail order, preferred brand Rx co-pay.

## 4. Heart attack



Employee suffers a heart attack and is taken to the ER.



Physician admits him to the hospital for observation.



Surgery is not required. He is released the next day.

Cash benefit is paid of up to

**\$16,625\***

Amount payable is based on Sample Plan benefit amounts for critical illness (\$15,000), 1-day hospital confinement (\$1,500), and angiogram (class II diagnostic benefit \$125).

<sup>1</sup> <http://bmcmusculoskeletdisord.biomedcentral.com/articles/10.1186/1471-2474-14-42>

\* Illustrative scenario is for informational purposes only based on Sample Plan design and is not a guarantee of payment. Not all factors can be accounted for in an illustrative claim scenario as actual claims received are processed individually and adjudicated according to the terms, provisions, limitations, and exclusions of each policy which may include state-specific provisions. In addition, medical providers determine and bill the insurance company with the applicable procedure code and diagnosis code for the services rendered. Provider billed amounts will vary. Provider discounts, if any, will vary based on geography and the provider's contractual obligation with the PPO network. This illustration provides only a brief description of the limited accident and sickness coverage available. The policy issued contains full details of the coverage, reductions, limitations, exclusions, and termination provisions which govern any conflicting information that may be presented in this illustration. Pregnancy claim example considers typical OB care for vaginal delivery, antepartum and postpartum care paid at \$2,000 and the ultrasound benefit is based on \$125/day x 2 days. For broker/employer use only. Not for individual or member solicitations.

# Non-Insurance Supplemental Services\*

Valuable services and savings available to your employees through HealthSelect



## First Health PPO Medical Network

Access to Network discounts at more than 5,000 hospitals and 590,000 physicians and healthcare professionals. Members receive affordable access to physicians with a \$10 office visit pre-pay before insurance benefits are applied.



## Pharmacy Network

RxSense provides innovative Pharmacy Benefit Administration (PBA) solutions to organizations across the US offering high quality, cost-effective prescription services. Members have access to unsurpassed service and superior savings on a wide variety of prescription drugs.



## Prescription Discount Program

With ScriptSave, receive instant prescription savings on brand name and generic medications. Savings average 22%, with potential savings of up to 50% at over 500,000 participating pharmacies.



## Telehealth Program

Teladoc provides 24/7 access to a national network of US board-certified doctors by phone or online for information, advice, and treatment, including prescriptions for common medical concerns.



## Employee Assistance Program

SupportLinc provides 24/7 access to professional counselors by phone, video and web chat to provide professional referrals, assessments and up to 3 face-to-face sessions for personal and work-related concerns.

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# HealthSelect Plan Details

## Limited Benefit Medical Plan

Self-funded Minimum Essential Coverage (MEC)*		
ACA required Preventive Care / Screening / Immunization Benefits	The Minimum Essential Coverage plan covers 100% of the government's listed Preventive and Wellness benefits when you visit an in-network provider. It is a self-funded plan offered by your employer.	
Limited Benefit Medical provided by AXIS Insurance Company	Plan 1	Plan 2
<b>Inpatient<sup>†</sup></b>		
<b>Hospital confinement benefit</b>		
Day 1	\$500 per day x 1 day	\$1,000 per day x 1 day
Day 2+	NA	\$1,000 per day x 4 days
<b>Surgery benefit</b> (incl. maternity)	\$500 per day x 1 day	\$1,000 per day x 1 day
<b>Anesthesia benefit</b>	\$125 per day x 1 day	\$250 per day x 1 day
<b>ICU benefit</b>	\$500 per day x 5 days	\$1,000 per day x 5 days
<b>Outpatient<sup>†</sup></b>		
<b>Physician office visit</b>		
Pre-pay	\$10	\$10
Benefit amount	\$40 per day x 3 days	\$100 per day x 3 days
<b>Accident medical benefit</b> (maximum per year)	<b>\$1,000</b>	<b>\$5,000</b>
Benefit % payable	80% U&C	80% U&C
Deductible per accident	\$0	\$0
<b>Emergency Room (sickness) benefit</b>	\$100 per day x 1 day	\$200 per day x 1 day
<b>Surgery benefit</b>	NA	\$500 per day x 1 day
<b>Anesthesia benefit</b>	NA	\$125 per day x 1 day
<b>Diagnostic, X-ray, lab benefit</b>		
Class I: Laboratory – Blood work, CMP, Lipid panel, ECG, PAP/PSA, Urinalysis and all other lab tests	\$25 per day x 2 days	\$50 per day x 2 days
Class II: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram	\$25 per day x 2 days	\$50 per day x 2 days
Class III: Imaging CT, PET	\$50 per day x 1 day	\$100 per day x 1 day
Class IV: Other diagnostic tests – Endoscopy, Bronchoscopy, Colonoscopy (without Biopsy), MRI	NA	\$250 per day x 1 day
<b>Critical Illness<sup>†</sup></b>		
Critical Illness maximum benefit (per year)		
<b>Cash payment for 10 covered conditions</b> - Cancer, Renal Failure, Heart Attack, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery bypass surgery, Alzheimer's, ALS, Terminal illness	\$1,000	\$5,000
<b>Prescription<sup>†</sup></b>		
<b>Retail</b> Generic/preferred brand co-pay		\$10/\$30
<b>Mail order</b> Generic/preferred brand co-pay	Discount Only	\$30/\$90
<b>Maximum benefit (per month)</b> Individual/family		\$200/\$400
<b>AD&amp;D benefit<sup>†</sup></b>		
Employee	\$5,000	\$15,000
Spouse	\$5,000	\$5,000
Children	\$1,000	\$1,000
<b>Non-Insurance benefits: Supplemental assistance*</b>		
Teladoc: unlimited telephonic doctor visits with no consultation fee		
SupportLinc Employee Assistance Program	Included	Included
First Health PPO Network discounts		
ACA Penalty Risk Assessment* (if requested)		
<b>Weekly Rates (all benefits and services)</b>		
Employee Only	\$6.89	\$29.88
Employee + Spouse	\$20.74	\$72.36
Employee + Child(ren)	\$17.71	\$62.87
Employee + Family	\$30.50	\$101.80

\*The Minimum Essential Coverage and Minimum Value Plan options are not underwritten by AXIS Insurance Company, they are self-funded plans offered by the Employer. The inpatient hospital fixed indemnity, outpatient accident-only, critical illness and AD&D benefit plans are underwritten by AXIS Insurance Company. Prescription insurance, if offered, is provided by RxSense and is not underwritten by AXIS Insurance Company. Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

\*THE SUPPLEMENTAL SERVICES LISTED ARE NOT INSURANCE AND ARE NOT PROVIDED BY THE UNDERWRITING COMPANIES SHOWN HERE.

## Plan Details (continued)

### Additional Plan Details

**Employee eligibility:**

Employee eligibility is defined by the employer.

**Individual underwriting:**

None. Guaranteed issue with no medical questions or evidence required.

**Coverage availability:**

Not available in all states.

**Issue ages:**

Employee/spouse – ages 18 through 64.

Dependent child – to age 26.

**AD&D benefit reductions:**

At age 70-74, benefit reduces to 65% of original face amount.

At age 75-79, benefit reduces to 40% of original face amount.

At age 80+, benefit reduces to 20% of original face amount.

**Pre-existing condition limitations:**

Vary by state (original/treatment) in months unless otherwise stated.

**Hospital Indemnity Inpatient Medical:** 6/12; 6/12/18; 12/12; 90 day/90 day; None.

**Critical Illness:** 90 day/12; 6/6; 6/12/18; 6/24; 12/12; 12/24.

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# Minimum Essential Care (MEC) Preventive Care Benefits

The Plan covers preventive and wellness services for eligible adults and children, and women's preventive services in compliance with the Affordable Care Act of 2010 (ACA), the regulations promulgated thereunder, and as amended from time.

**In addition to the below, a description of preventive services can be found at the following websites:**

<https://www.healthcare.gov/coverage/preventive-care-benefits/>;

<https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>;

<https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>;

[https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf); <https://www.hrsa.gov/womensguidelines/>.

Recommended ages, frequency and populations are for example only. Coverage will be in accordance with current recommendations under the ACA or, if none, with reasonable medical judgment. Unless otherwise noted, frequency will be presumed to be annual.

Subject to the Plan's provisions, limitations and exclusions, the following are covered benefits when received at an In-Network Provider with no cost-sharing.

## Preventive Care Services for Adults.

**Wellness or office exams billed by Physicians with the below services or with a covered preventive diagnosis are covered under the Plan.**

### Charges for covered Preventive Services:

1. Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked, ages 65-75.
2. Alcohol misuse screening and counseling, ages 18 and older.
3. Aspirin use to prevent cardiovascular disease for men and women of certain ages, ages 50-59.
4. Blood pressure screening for all adults, ages 18 and older.
5. Colorectal cancer screening for adults over 50.
6. Depression screening for adults.
7. Diabetes (Type 2) screening for adults with high blood pressure.
8. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
9. Hepatitis C screening for adults at increased risk, and one time for everyone born 1945-1965.
10. HIV screening everyone ages 15-65, and other ages at increased risk.
11. Immunization vaccines for adults.  
*(NOTE: Doses, recommended ages, and recommended populations vary):*
  - Diphtheria
  - Hepatitis A
  - Hepatitis B
  - Herpes Zoster
  - Human Papillomavirus
  - Influenza (Flu Shot)
  - Measles, Mumps, Rubella
  - Meningococcal
  - Pneumococcal
  - Tetanus, Diphtheria, Pertussis
  - Varicella (Chickenpox)
12. Lung cancer screening for adults 55-80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years.
13. Obesity screening and counseling.
14. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk.
15. Syphilis screening for all adults at higher risk.
16. Tobacco use screening for all adults and cessation interventions for tobacco users.

17. Statin use for the primary prevention of cardiovascular disease in adults. The USPSTF recommends that adults without a history of cardiovascular disease (CVD) (eg, symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have one or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.
18. Latent tuberculosis infection screening for asymptomatic adults at increased risk for infection.

## Preventive Care Services for Children

**Wellness or office exams billed by Physicians with the below services or with a covered preventive diagnosis are covered under the Plan.**

### Recommended Well Baby/Child Visit Schedule:

- Ages: 0 to 11 months – 6 visits
- Ages: 1 to 4 years – 7 visits
- Ages: 5 to 10 years – annual visits
- Ages: 11 to 14 years – annual visits
- Ages: 15 to 17 years – annual visits

### Charges for covered Preventive Services:

1. Alcohol and Drug use assessments for adolescents.
2. Autism screening for Children at 18 and 24 months.
3. Behavioral assessments for Children (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years).
4. Blood pressure screening for Children (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years).
5. Depression screening for adolescents.
6. Developmental screening for Children under age 3.
7. Dyslipidemia screening for Children at higher risk of lipid disorders (ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years).
8. Fluoride chemoprevention supplements for Children without fluoride in their water source.
9. Gonorrhea preventive medication for the eyes of all newborns.
10. Hearing screening for all newborns.
11. Height, Weight and Body Mass Index measurements for Children (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years).
12. Hematocrit or Hemoglobin screening for all Children.

13. Hemoglobinopathies or sickle cell screening for newborns.
14. HIV screening for adolescents at higher risk.
15. Hypothyroidism screening for newborns.
16. Immunization vaccines for Children from birth through age 18. *(NOTE: Doses, recommended ages, and recommended populations vary):*
  - Diphtheria, Tetanus, Pertussis (Whooping Cough)
  - Haemophilus influenzae type b
  - Hepatitis A
  - Hepatitis B
  - Human Papillomavirus (PVU)
  - Inactivated Poliovirus
  - Influenza (Flu Shot)
  - Measles
  - Meningococcal
  - Pneumococcal
  - Rotavirus
  - Varicella (Chickenpox)
17. Lead screening for Children at risk of exposure.
18. Medical history for all Children throughout development (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years).
19. Obesity screening and counseling.
20. Oral health risk assessment for young Children (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years).
21. Phenylketonuria (PKU) screening for newborns.
22. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk.
23. Tuberculin testing for Children at higher risk of tuberculosis (ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years).
24. Vision screening for all Children.

## Preventive Care Services for Women (Including Pregnant Women or Women Who May Become Pregnant).

**Wellness or office exams billed by Physicians with the below services or with a covered preventive diagnosis are covered under the Plan annually or as needed to include pre-natal visits.**

### Charges for covered Preventive Services as listed below:

1. Breast cancer genetic test counseling (BRCA) counseling for women at higher risk.
2. Breast cancer mammography screenings every 1 to 2 years for women over 40.
3. Breast cancer chemoprevention counseling for women at higher risk.

4. Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies for pregnant and nursing women.
5. Cervical cancer screening for sexually active women.
6. Chlamydia infection screening for younger women and other women at higher risk.
7. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs used for non-surgical abortions). This does not apply to health plans sponsored by employers who have religious and/or moral objections to covering contraceptives.
8. Depression screening for women during pregnancy and in the postpartum period.
9. Domestic and interpersonal violence screening and counseling for all women.
10. Folic acid supplements for women who may become pregnant.
11. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes.
12. Gonorrhea screening for all women at higher risk.
13. Hepatitis B screening for pregnant women at their first prenatal visit.
14. Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women.
15. Human Papillomavirus (HPV) DNA test every 3 years for women with normal cytology results who are 30 or older.
16. Osteoporosis screening for women over age 60 depending on risk factors.
17. Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk.
18. Sexually Transmitted Infections (STI) counseling for sexually active women.
19. Syphilis screening for all pregnant women or other women at increased risk.
20. Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users.
21. Screening for asymptomatic bacteriuria in pregnant women at 12 to 16 weeks' gestation or at their first prenatal visit, if later.
22. Well-woman visits to get recommended services for women under 65.
23. Preeclampsia screening in pregnant women with blood pressure measurements throughout pregnancy.

The Minimum Essential Coverage plan is not underwritten by AXIS Insurance Company, it is a self-funded plan offered by the Employer.



# Dental

Routine dental care contributes to good medical health. Our dental plan provides benefits for a variety of services, with no deductible or precertification requirements.

Benefit	\$500 Plan	\$1,000 Plan	\$1,500 Plan
Maximum Plan Year Limit	\$500	\$1,000	\$1,500
Periodontics lifetime maximum	\$250	\$500	\$750
Orthodontics lifetime maximum	\$250	\$500	\$750
<b>Type 1: Preventive &amp; Diagnostic</b>			
Oral exams, Including prophylaxis	\$36	\$72	\$108
Bitewings, per film	\$5	\$10	\$15
X-ray, panoramic or cephalometric	\$36	\$72	\$108
Sealants / topical fluoride	\$11	\$22	\$33
Space maintainers	\$108	\$216	\$324
<b>Type 2: Major Restorative</b>			
Crowns, bridges & dentures	\$180	\$360	\$540
Pre-fabricated crowns	\$60	\$120	\$180
Crown build-up procedures	\$48	\$96	\$144
<b>Type 3: Minor Restorative</b>			
Fillings	\$42	\$84	\$126
Crowns, bridges & denture repair	\$24	\$48	\$72
Relining or rebasing dentures	\$60	\$120	\$180
<b>Type 4: Endodontics</b>			
Root canals, apicoectomies	\$192	\$384	\$576
Root amputation	\$96	\$192	\$288
Therapeutic pulpotomy, retrograde, fillings, apexification, hemisection	\$48	\$96	\$144
<b>Type 5: Periodontics</b>			
Lifetime Maximum	\$250	\$500	\$750
Tissue grafts or bone surgery	\$96	\$192	\$288
Gingivectomy (per quadrant)	\$60	\$120	\$180
Gingivectomy (per tooth)	\$24	\$48	\$72
Periodontal scaling, periodontal splinting, root planning, gingival curettage (per quadrant)	\$36	\$72	\$108
<b>Type 6: Oral Surgery</b>			
Surgeries Level 1 (Ex. Removal of exostosis)	\$120	\$240	\$360
Surgeries Level 2 (Ex. Removal of impacted tooth)	\$66	\$132	\$198
Surgeries Level 3 (Ex. Simple extraction)	\$36	\$72	\$108
<b>Type 7: General Anesthesia and IV</b>			
IV, first half hour general, each additional ¼ hour general	\$72	\$144	\$216
<b>Type 8: Orthodontia</b>			
Per course of treatment (Lifetime Maximum)	\$250	\$500	\$750
<b>Types 1 through 7: Subject to annual maximum</b>	\$500	\$1,000	\$1,500
<b>Weekly Rates</b>			
Employee	\$1.56	\$4.03	\$7.56
Employee + Spouse	\$9.61	\$15.54	\$21.47
Employee + Child(ren)	\$9.04	\$14.97	\$20.89
Family	\$11.06	\$16.98	\$22.91

Types 2, 5, 6 and 8 are subject to a 12 month waiting period.

**THIS IS A DENTAL ONLY POLICY. THE COVERED LOSSES ARE LIMITED TO THOSE LOSSES LISTED ABOVE.**

The Dental Plans are underwritten by AXIS Insurance Company under group policy form series number T-GDN-001-0112.

## What's Not Covered

**Under the AXIS Insurance Company Dental Policy, benefits will not be paid for the following:**

- For services and supplies not listed in the Schedule of Benefits or 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 Person 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 service or supplies payable under any medical expense portion of an auto or no-fault plan.
- For any condition paid 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 the Company requires. When the Insured Person voluntarily ends this insurance without a qualifying event and re-enrolls at a later date, the Waiting Period is 2 years and begins on the date 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).
- 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 Schedule of Benefits.
- 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.

### Non-Insurance Benefit

## Dental Discount Program\*

With DenteMax, members have access to network discounts averaging 20%-40% below normal costs for over 137,000 dental providers in all 50 states.



**\*THIS SERVICE IS NOT INSURANCE AND IS NOT PROVIDED BY AXIS INSURANCE COMPANY.**

# Term Life Insurance

Term Life Insurance provides protection for the unexpected; it provides a death benefit payment in the event of your death or the death of a covered family member.

	Option 1	Option 2
Benefit amount		
Employee	\$10,000	\$20,000
Spouse	\$ 5,000	\$10,000
Child(ren)	\$ 2,000	\$ 2,000
Weekly Rates		
Employee	\$0.87	\$1.73
Employee + spouse	\$1.25	\$2.46
Employee + child(ren)	\$1.25	\$2.46
Employee + family	\$1.47	\$2.77

## Additional Plan Details

- Benefits will discontinue at age 65.
- Dependent children are eligible on the 15<sup>th</sup> day.

## What's Not Covered

### The following applies to the Amalgamated Life Group Term Life Insurance benefit:

**SUICIDE EXCLUSION:** We will not pay a death benefit if a Insured Person dies by suicide, while sane or insane, within two years of the date his/her insurance starts. If You or Your spouse dies by suicide, We will refund the premiums paid for Your insurance (if a dependent child dies by suicide, We will refund the premiums paid for the dependent children's insurance only if You have no surviving insured dependent children). If any death benefit is increased, this suicide exclusion starts anew, but will apply only to the amount of the increase.

Term Life is underwritten by Amalgamated Life Insurance Company.

Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

THIS INSURANCE PROVIDES LIMITED BENEFITS. LIMITED BENEFITS PLANS ARE INSURANCE PRODUCTS WITH REDUCED BENEFITS AND ARE NOT INTENDED TO BE AN ALTERNATIVE TO OR INTEGRATED WITH COMPREHENSIVE COVERAGE. FURTHER, THIS INSURANCE DOES NOT COORDINATE WITH ANY OTHER INSURANCE PLAN. IT DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE ADDITIONAL PAYMENT WITH YOUR TAXES.

# Vision

Routine vision care contributes to good medical health. Our vision plan provides benefits for a variety of services.

Vision Indemnity Plan 1		Vision Indemnity Plan 2	
Examination benefit – once per year	\$100	Examination benefit – once every 2 years	\$100
Materials benefit – once per year	\$500	Materials benefit – once every 2 years	\$250
Weekly Rates		Weekly Rates	
Employee	\$4.11	Employee	\$2.62
Employee + Spouse	\$8.48	Employee + Spouse	\$5.21
Employee + Child(ren)	\$8.48	Employee + Child(ren)	\$5.21
Family	\$12.86	Family	\$7.80

## What's Not Covered

### Vision Benefits will not be paid for:

- Broken or lost or stolen lenses contact or frames.
- Medical or surgical treatment of the eye.
- Services or materials which are payable under any Workers' Compensation Act or similar law or public program other than Medicaid.
- Services or materials rendered by a provider other than an Ophthalmologist, Optometrist, or Optician acting within the scope of their license.
- Services rendered after the date an Insured Person ceases to be covered under the Policy, except when vision material ordered before coverage ended are delivered and the services rendered to Insured Person(s) within 31 days of such order.
- Services rendered or material ordered before the date coverage began for a Insured Person under the Policy.
- Regardless of Optical Necessity, benefits are not available more frequently than that which is specified in the *Schedule of Benefits*.

## Non-Insurance Vision Discount Program\*

You and your covered dependents are automatically enrolled in the OUTLOOK, a discount program that can help you save an average of 10% to 50% on your vision care needs. Eye exams, contact lenses, and Lasik surgery are also discounted at select locations, where approved. No quantity limits and no style restrictions at most locations. Savings will vary by provider and/or the eyewear selected.



**THIS IS A VISION INDEMNITY ONLY POLICY. THE COVERED LOSSES ARE LIMITED TO THOSE LOSSES LISTED ABOVE.**

The Vision Indemnity Plans are underwritten by AXIS Insurance Company under group policy form series number T-GVN-001-0112.

**\*THIS SERVICE IS NOT INSURANCE AND IS NOT PROVIDED BY AXIS INSURANCE COMPANY.**

# Accidental Death & Dismemberment

Accidents can happen anytime, anywhere, and without warning.

Few people are prepared for the sudden financial loss brought about by an accidental death. Our Accidental Death & Dismemberment (AD&D) benefit is designed to reduce the financial burden that can result.

AD&D Benefit Amount Option 1		AD&D Benefit Amount Option 2	
Employee	\$25,000	Employee	\$50,000
Spouse	\$12,500	Spouse	\$25,000
Child(ren)	\$10,000	Child(ren)	\$20,000
Weekly Rates		Weekly Rates	
Employee	\$0.23	Employee	\$0.46
Employee + family	\$0.46	Employee + family	\$0.92

## What's Not Covered

**For Accidental Death & Dismemberment, we will not pay benefits for any loss or injury that is caused by, results from, or is contributed to by:**

1. Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war;
5. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
6. An injury or sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
7. Flight in, boarding or alighting from an Aircraft except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
8. 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;
9. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
10. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice, unless it occurs during treatment of injuries sustained in a Covered Injury;
11. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officers report, or similar items will be considered proof of the Insured Person's intoxication;
12. Aggravation or re-injury of a prior injury the Insured Person suffered prior to His Coverage Effective Date, unless the Company receives a written medical release from the Insured Person's Physician;
13. Sickness, disease or any bacterial infection, except one that results from an Accidental cut or wound, or pyogenic infections that result from Accidental ingestion of contaminated substances.

**In addition, benefits will not be paid for services or treatment rendered by any person who is:**

1. employed or retained by the Policyholder;
2. living in the Insured Person's household;
3. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse;
4. the Insured Person.

**THIS IS AN AD&D ONLY POLICY. THE COVERED LOSSES ARE LIMITED TO THOSE LOSSES LISTED ABOVE.**

The Accidental Death & Dismemberment Plans are underwritten by AXIS Insurance Company under group policy form series number T-GOA-001-0112.

# Short Term Disability

If you are disabled and unable to work due to an illness or accident, our Short Term Disability plan can help. Short Term Disability insurance replaces a portion of your income when you're unable to work due to an illness or accident.

## Short Term Disability

Who is eligible for coverage?	Employees only. Dependent coverage is not available.
When are benefits payable?	<ul style="list-style-type: none"><li>• Benefits are payable for a disability if you are unable to perform your regular occupation or any occupation due to an accident or sickness following:<ul style="list-style-type: none"><li>– 7 days for sickness</li><li>– 0 days for accident or hospitalization</li></ul></li><li>• Benefits are payable for up to 26 weeks of disability</li></ul>
What is the benefit amount?	50% of base pay, up to a maximum of \$125 per week
Is there a pre-existing condition limitation?	No
<b>Weekly Rates</b>	
Employee	\$3.40

## What's Not Covered

**AXIS Insurance Company will not pay Short Term Disability Benefits for a Disability that results, directly or indirectly, from any of the following events:**

- Attempted suicide, or whenever an Insured Person injures Himself on purpose.
- War or any act of war, whether or not declared.
- Serving on full-time active duty in any armed forces. If the Insured Person sends proof of military service, the Company will refund the portion of the premium paid to cover the Insured Person during a period of such service.
- Active participation in a riot.
- Commission of a felony.
- Incarceration in a penal or corrections institution.
- Participation in an activity or event while under the influence of a controlled substance (unless administered by a Physician or taken according to a Physician's instructions) or Intoxicated. Intoxicated means that condition as defined by the law of the jurisdiction in which the activity or event occurred.
- Any cosmetic surgery or surgical procedure that is not Medically Necessary.
- An Injury or Sickness for which the Employee is paid benefits under any Workers' Compensation or occupational disease law or under any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident.
- The Insured Person's refusal to participate in rehabilitation efforts as required by the Company.
- The Insured Person is not receiving Appropriate Care by a Physician.
- The Insured Person fails to cooperate with the Company in the administration of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.
- The revocation, restriction or non-renewal of an Insured Person's license, permit or certification necessary to perform the duties of His occupation unless due solely to Injury or Sickness otherwise covered by the Certificate/Policy.
- An Injury or Sickness that is work related.

**THIS IS A SHORT TERM DISABILITY POLICY. THE COVERED LOSSES ARE LIMITED TO THOSE LISTED ABOVE.**

The Short Term Disability Plan is underwritten by AXIS Insurance Company under group policy form series number GSTD-001-0112. .



# What's Not Covered

## **Under the Group Hospital Indemnity We will not pay for any loss, injury or sickness that is caused by, or results from:**

1. Pre-existing Conditions occurring within the first 12 months of coverage (applies to Hospital Confinement and Surgery and Anesthesia 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;
2. Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
3. Commission or attempt to commit a felony or an assault;
4. Commission of or active participation in a riot or insurrection;
5. Declared or undeclared war or act of war;
6. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
7. An injury or sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
8. Travel or activity outside the United States, Canada or Mexico, except for a Medical Emergency;
9. Flight in, boarding or alighting from an Aircraft except as: a fare-paying passenger on a regularly scheduled commercial or charter airline; a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
10. 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;
11. Bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
12. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
13. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;

14. An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
15. Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Physician unless specifically provided herein;
16. Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
17. Repair, replacement, examinations for prescriptions or the fitting of eyeglasses or contact lenses;
18. 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;
19. Mental and nervous disorders;
20. Elective surgery or cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury or Covered Sickness;
21. Experimental or Investigational drugs, services, supplies. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The covered service will also be considered Experimental or Investigational if the Insured Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption;
22. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications;
23. Sexual reassignment surgery, sexual transformation surgery, sexual transgendering surgery;
24. Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a Covered Injury or Covered Sickness;
25. Treatment or services provided by a private duty nurse;
26. Organ or tissue transplants and related services;
27. Personal comfort or convenience items;
28. Rest or custodial cures;

29. Hearing aids;

30. An Injury or Sickness for which the Insured Person is paid benefits under any Workers' Compensation or occupational disease law or under any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident.

## **In addition, benefits will not be paid for services or treatment rendered by any person who is:**

1. Employed or retained by the Policyholder;
2. Living in the Insured Person's household;
3. An Immediate Family Member of either the Insured Person or the Insured Person's Spouse; or
4. The Insured Person.

## **Under the Accident Medical Expense Policy We will not pay for loss, injury or sickness that is caused by, or results from:**

1. Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war;
5. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
6. An injury or sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
7. Flight in, boarding or alighting from an Aircraft except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
8. 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;
9. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
10. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice, unless it occurs during treatment of injuries sustained in a Covered Injury;
11. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement



## What's Not Covered (continued)

- officers report, or similar items will be considered proof of the Insured Person's intoxication;
12. Aggravation or re-injury of a prior injury the Insured Person suffered prior to His Coverage Effective Date, unless the Company receives a written medical release from the Insured Person's Physician;
  13. Sickness, disease or any bacterial infection, except one that results from an Accidental cut or wound, or pyogenic infections that result from Accidental ingestion of contaminated substances.

### In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. Employed or retained by the Policyholder;
2. Living in the Insured Person's household;
3. An Immediate Family Member of either the Insured Person or the Insured Person's Spouse; or
4. The Insured Person.

### In addition to the above Exclusions, Under the Accident Medical Expense Policy, We will not pay for any loss, treatment or services resulting from or contributed to by:

1. Treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances;
2. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis;
3. Osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness;
4. Detached retina unless caused by a Covered Accident;
5. Mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy) whether or not caused by a Covered Accident;
6. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
7. Mental and nervous disorders;
8. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy.)
9. Expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial disorders;
10. Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits, including any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident, or while engaging in activity for monetary gain from sources other than the Policyholder.
11. All surgery, including cosmetic and elective surgery;
12. Any elective treatment, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States;
13. Eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;

14. Expenses payable by any automobile insurance policy without regard to fault (This exclusion does not apply in any state where prohibited.)
15. Conditions that are not caused by a Covered Accident;
16. Any treatment, service or supply not specifically covered by the Certificate; or
17. Injuries paid under medical payment coverage or no-fault coverage contained in an automobile insurance policy or liability insurance policy.

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

1. the Insured Person's suicide or intentional self-inflicted injury or Sickness, while sane or insane;
2. the Insured Person's being under the influence of an excitant, depressant, hallucinogen, narcotic, and other drug, or intoxicant including those taken as prescribed by a Physician;
3. the Insured Person's commission of or attempt to commit an assault or felony;
4. the Insured Person's engaging in an illegal activity or occupation;
5. Any Pre-existing Condition, except where coverage has been in effect for a period of twenty-four (24)\* consecutive months following the Covered Person's effective date of coverage. "Pre-existing 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 Physician during the 24\* months immediately prior to the Covered Person's effective date of coverage, that directly or indirectly causes the condition to occur within the first 24\* months from the Covered Person's most recent effective date of coverage.  
**\*Will vary by state.**
6. the Insured Person's voluntary participation in a riot;
7. any illness, loss or condition specifically excluded from the definition of any Critical Illness;
8. a Critical Illness that was initially Diagnosed before the Coverage Effective Date;
9. war, whether declared or not;
10. balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure unless covered under this Certificate; or
11. any injury or Sickness covered under any state or federal Workers' Compensation, Employer's Liability law or similar law.

### No Prescription Drug Benefits will be paid for:

1. 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.
2. Blood glucose meters and insulin injecting devices.
3. Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.
4. Biologicals (including allergy tests); blood products; growth hormones; hemophilic factors; MS injectable; immunizations; and all other injectable unless shown in the definition of Prescription Drug.
5. Medical supplies and durable medical equipment.

6. Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid, and Niacin – used in treatment verses as a dietary supplement; and all other Legend Drug vitamins and nutritional supplements.
7. 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.
8. Refills in excess of that specified by the prescribing Physician, or refills dispensed after one year from the original date of the prescription.
9. Any drug labeled "Caution – limited by Federal Law for Investigational Use" or experimental drugs.
10. Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.
11. 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.
12. 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.
13. Any expenses related to the administration of any drug.
14. Drugs or medicines taken while in or administered by a Hospital or any other health care facility or office.
15. Drugs covered under Worker's Compensation, Medicare, Medicaid or other governmental program.
16. Drugs, medicines or products which are not medically necessary.
17. Diaphragms; erectile dysfunction Legend Drugs; and infertility Legend Drugs.
18. Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; and Imitrex-auto injection. Smoking deterrents, Legend or over-the-counter drugs.
19. Replacement of stolen medication (except under circumstances approved by us), or lost, spilled, broken or dropped Prescription Drugs.
20. Vacation supplies of Prescription Drugs (except under circumstances approved by us).
21. 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.

**\* Prescription benefits provided are not underwritten by AXIS Insurance Company but are underwritten by an A.M. Best Rated Carrier.**

**Please note that certain exclusions and limitations listed in the "What's Not Covered" sections may vary by state law.**

### Ternian Insurance Group, LLC

7310 N 16th St, Ste 165  
Phoenix, Arizona 85020  
888.376.5391  
sales@ternian.com

**ternian**   
An AXIS Capital Company

**Step 1:** Name of your EMPLOYER GROUP: **Captx**

**Step 2:** Select who you want to cover. CHECK ONLY ONE

☐ Myself only ☐ Myself + my spouse ☐ Myself + my child(ren) family ☐ Myself + my family

**Step 3:** Select the limited benefit medical plan. CHECK ONLY ONE.

☐ Plan 1 ☐ Plan 2

**Step 4:** Select the following plans.

☐ Dental Plan 1 ☐ Vision Plan 1 ☐ Life Plan 1\* ☐ AD&D Plan 1 ☐ Critical Illness  
☐ Dental Plan 2 ☐ Vision Plan 2 ☐ Life Plan 2\* ☐ AD&D Plan 2 ☐ Short-term Disability  
☐ Dental Plan 3

**Step 5:** Provide the information that we need in order to enroll you and/or your family members.

First Name	M.I.	Last Name	Gender (M/F)	Date of Birth (mm/dd/yyyy)
Social Security Number			Hire Date	
Street Address		City	State	Zip Code
Email Address			Primary Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

**DEPENDENT INFORMATION (IF ANY):** For more than 3 dependents attach additional sheet.

Spouse/Child	First Name	M.I.	Last Name	Gender (M/F)	[Social Security Number]	Date of Birth (mm/dd/yyyy)
Spouse/Child	First Name	M.I.	Last Name	Gender (M/F)	[Social Security Number]	Date of Birth (mm/dd/yyyy)
Spouse/Child	First Name	M.I.	Last Name	Gender (M/F)	[Social Security Number]	Date of Birth (mm/dd/yyyy)

**BENEFICIARY INFORMATION:** Person who will receive benefits in the case of your death.

You will be the beneficiary for dependents.

First Name	M.I.	Last Name	Relationship to You
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**WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. See Important Notice – Fraud Warning on next page.

Employee's Signature	Date Signed
----------------------	-------------

Declination Waiver: (check the box below if you are not enrolling in the plan; YOU ARE STILL REQUIRED TO SIGN & DATE THE FORM.)

☐ I choose not to enroll in the plans being offered by my employer. I understand that, if at a later date, I wish to enroll in this plan, I will not be able to do so until there is another open enrollment period.

I have read the AXIS Insurance Company enrollment brochure, including the exclusions and limitations, and accept the terms and conditions of the coverages outlined in it. I understand the fixed indemnity insurance plans are not considered creditable coverage under HIPAA and do not provide Major Medical or Comprehensive Medical coverage. I have read the enrollment brochure and understand my coverage is subject to the terms and conditions of the policy issued to my employer. I understand my coverage will go into effect on the date stated in the brochure only if I am in active service with my employer on that date. If I am not in active service on that date, my coverage will go into effect on the date I return to active service. If I have elected coverage for my dependents, their coverage will not go into effect prior to my effective date. I authorize my employer to deduct the required premium for the plan I have elected from my pay. If direct billing is offered, I authorize Ternian Insurance Group to charge the required premium for the plan I have elected from my credit or debit card. To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, the Insurance Company will ask me for written authorization to disclose information about me.

TRN-EEGEN0420

## Important Notice

- ❖ ***In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For Residents of Alabama:*** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- ❖ ***For residents of Colorado:*** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- ❖ ***For residents of the District of Columbia:*** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- ❖ ***For residents of Florida:*** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- ❖ ***For residents of Kentucky:*** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- ❖ ***For residents of Maine, Tennessee and Washington:*** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- ❖ ***For residents of Oregon:*** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of Maryland:*** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- ❖ ***For residents of New Jersey:*** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ❖ ***For residents of New Mexico:*** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

- ❖ **For residents of New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- ❖ **For residents of Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- ❖ **For residents of Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- ❖ **For residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- ❖ **For residents of Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- ❖ **For resident of Virginia:** Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.