

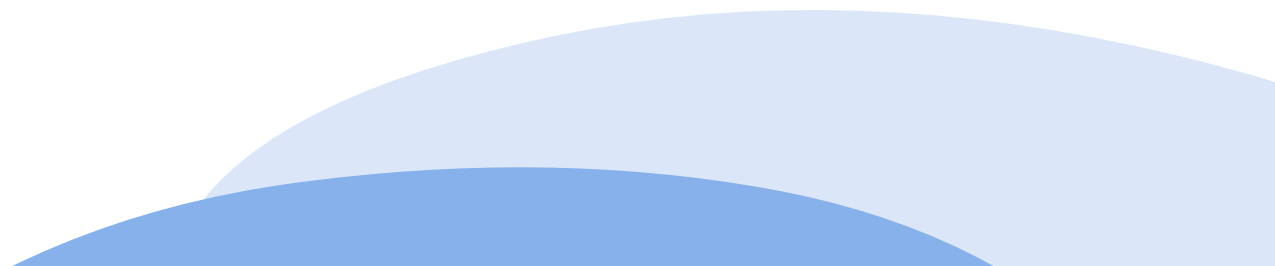
# Advanced Wellness Plus Plan Overview

Understanding the details and benefits of the **Advanced Wellness Plus**

## DISCLAIMER

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may not be available in all states.

# The Advanced Wellness Plus Plan

- Targeted at **Individuals and families** through **American Financial Security Life Insurance Co.**
  - **Limited medical coverage** and wellness programs
  - **Accessibility, affordability, and personal impact** benefits
- 

# Core Plan Elements

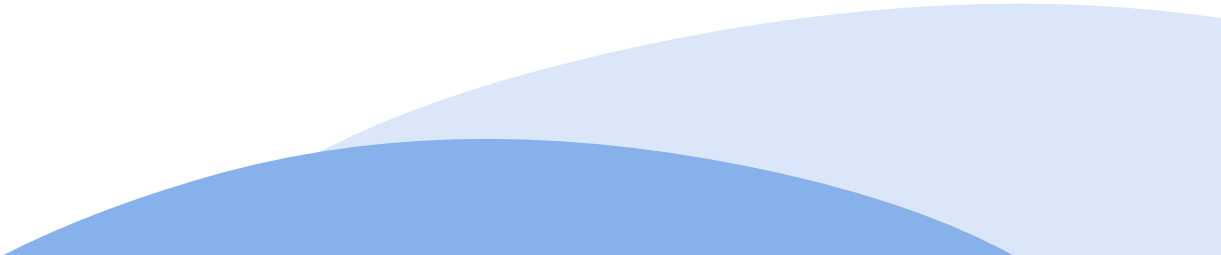
## Coverage Areas

- Physician services
- Hospitalization
- Virtual visits

## Plan Structure

- Tiered options with specific co-pays and visit limits

## Eligibility

- Adults aged 18-65
  - Dependent children aged 1-25
- 

# Common Service Features


## **Provider Networks**

- Extensive access through Aetna Dental Access and OUTLOOK Vision Network

## **Claims Management**

- Efficient claims processing and support

## **Support Tools**

- Wellness programs
  - 24/7 Health Information Line
  - Nurse Help Line
- 

# Plan 100A

## Hospital Confinement Benefit

- \$100 per day, max 30 days

## Primary Care Visit Benefit

- \$50 per day, max 3 days

## Specialty Care Visit Benefit

- \$50 per day, max 3 days

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

\*There is no coverage for a Pre-existing condition for a continuous period of 12 months following the effective date of a covered person under the Policy  
 \*Benefits are based on an annual period per insured from effective date.

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

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Limited Medical Benefit Policy v1

# Plan 100

## Hospital Confinement Benefit

- \$100 per day, max 30 days

## Primary Care Visit Benefit

- \$50 per day, max 3 days

## Specialty Care Visit Benefit

- \$50 per day, max 3 days

## Emergency Room Benefit

- \$50 per day, max 1 day

## Accidental Death Benefit

- \$10,000

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

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Limited Medical Benefit Policy v1

# Plan 200 (1/2)

## Hospital Confinement Benefit

- \$200 per day, max 30 days

## Primary Care Visit Benefit

- \$50 per day, max 5 days

## Specialty Care Visit Benefit

- \$50 per day, max 5 days

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

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Limited Medical Benefit Policy v1

# Plan 200 (2/2)

## Emergency Room Benefit

- \$50 per day, max 1 day

## Basic Pathology & Radiology Benefit

- \$50 per day, max 1 day

## Advance Studies Benefit

- \$50 per day, max 1 day

## Accidental Death Benefit

- \$10,000

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 2        | 3        | 3        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

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Limited Medical Benefit Policy v1



# Plan 200+ (1/2)

## Hospital Confinement Benefit

- \$200 per day, max 30 days

## Primary Care Visit Benefit

- \$50 per day, max 5 days

## Specialty Care Visit Benefit

- \$50 per day, max 5 days

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

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Limited Medical Benefit Policy v1

# Plan 200+ (2/2)

## Emergency Room Benefit

- \$50 per day, max 2 days

## Basic Pathology & Radiology Benefit

- \$50 per day, max 3 days

## Advance Studies Benefit

- \$50 per day, max 3 days

## Surgery Benefit

- \$400 per day, max 3 days

## Anesthesia Benefit

- 20% per day, max 3 days

## Accidental Death Benefit

- \$10,000

## Critical Illness Coverage

- \$1,000

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

\*There is no coverage for a Pre-existing condition for a continuous period of 12 months following the effective date of a covered person under the Policy  
 \*Benefits are based on an annual period per insured from effective date.

2 • Advanced Wellness Plus

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

Limited Medical Benefit Policy v1

# Plan 300 (1/3)

## Hospital Confinement Benefit

- \$300 per day, max 30 days

## Primary Care Visit Benefit

- \$50 per day, max 5 days

## Specialty Care Visit Benefit

- \$50 per day, max 5 days

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

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2 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

# Plan 300 (2/3)

## Emergency Room Benefit

- \$50 per day, max 1 day

## Surgery Benefit

- \$400 per day, max 3 days

## Anesthesia Benefit

- 20% per day, max 3 days

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | -        | \$150    | \$250    | \$375    | \$500    |
|   | Max Day          | -     | -        | -        | -        | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | -        | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | -        | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | -        | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | -        | 1        | 1        | 2        | 3        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | -        | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | -        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

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2 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

# Plan 300 (3/3)

## Mental Health Inpatient Benefit

- \$150 per day, max 60 days

## Mental Health Outpatient Benefit

- \$50 per day, max 20 days

## Supplemental Accident Inpatient Admission Benefit

- \$500 per day, max 1 day

## Supplemental Accident Emergency Room Benefit

- \$250 per day, max 1 day

## Accidental Death Benefit

- \$10,000

## Critical Illness Coverage

- \$1,000

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

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2 - Advanced Wellness Plus

Limited Medical Benefit Policy v1

# Plan 500 (1/3)

## Hospital Confinement Benefit

- \$500 per day, max 30 days

## Primary Care Visit Benefit

- \$50 per day, max 5 days

## Specialty Care Visit Benefit

- \$50 per day, max 5 days

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors Office Visit Benefit         | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

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2 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

# Plan 500 (2/3)

## Emergency Room Benefit

- \$50 per day, max 1 day

## Basic Pathology & Radiology Benefit

- \$50 per day, max 2 days

## Advance Studies Benefit

- \$50 per day, max 2 days

## Surgery Benefit

- \$750 per day, max 3 days

## Anesthesia Benefit

- 20% per day, max 3 days

## Advanced Wellness Plus

| Benefit Description                               |                 | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|-----------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day         | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day         | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day         | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day         | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day         | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day         | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day         | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day         | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day         | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day         | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day         | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day         | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day         | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day         | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day         | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day         | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day         | -     | -        | -        | -        | \$150    | \$250    | \$375    | \$500    |
|   | Max Day         | -     | -        | -        | -        | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day         | -     | -        | -        | -        | \$50     | \$50     | \$50     | \$50     |
|   | Max Day         | -     | -        | -        | -        | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day         | -     | -        | -        | -        | \$500    | \$500    | \$500    | \$500    |
|   | Max Day         | -     | -        | -        | -        | 1        | 1        | 2        | 3        |
| Supplemental Accident Emergency Room Benefit      | Per Day         | -     | -        | -        | -        | \$250    | \$250    | \$250    | \$250    |
|   | Max Day         | -     | -        | -        | -        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day         | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day         | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission   | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day         | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
| Critical Illness                                  |                 | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

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2 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

# Plan 500 (3/3)

## Mental Health Inpatient Benefit

- \$250 per day, max 60 days

## Mental Health Outpatient Benefit

- \$50 per day, max 20 days

## Supplemental Accident Inpatient Admission Benefit

- \$500 per day, max 1 day

## Supplemental Accident Emergency Room Benefit

- \$250 per day, max 1 day

## Accidental Death Benefit

- \$10,000

## Critical Illness Coverage

- \$1,000

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

\*There is no coverage for a Pre-existing condition for a continuous period of 12 months following the effective date of a covered person under the Policy  
 \*Benefits are based on an annual period per insured from effective date.

2 • Advanced Wellness Plus

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

Limited Medical Benefit Policy v1



# Plan 750 (1/3)

## Hospital Confinement Benefit

- \$750 per day, max 30 days

## Primary Care Visit Benefit

- \$50 per day, max 5 days

## Specialty Care Visit Benefit

- \$50 per day, max 5 days

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

\*There is no coverage for a Pre-existing condition for a continuous period of 12 months following the effective date of a covered person under the Policy  
 \*Benefits are based on an annual period per insured from effective date.

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

2 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

# Plan 750 (2/3)

## Emergency Room Benefit

- \$75 per day, max 1 day

## Basic Pathology & Radiology Benefit

- \$50 per day, max 2 days

## Advance Studies Benefit

- \$50 per day, max 2 days

## Surgery Benefit

- \$1000 per day, max 3 days

## Anesthesia Benefit

- 20% per day, max 3 days

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

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 \*Benefits are based on an annual period per insured from effective date.

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

2 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

# Plan 750 (3/3)

## Mental Health Inpatient Benefit

- \$375 per day, max 60 days

## Mental Health Outpatient Benefit

- \$50 per day, max 20 days

## Supplemental Accident Inpatient Admission Benefit

- \$500 per day, max 2 days

## Supplemental Accident Emergency Room Benefit

- \$250 per day, max 1 day

## Accidental Death Benefit

- \$10,000

## Critical Illness Coverage

- \$1,000

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 2        | 3        | 3        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

\*There is no coverage for a Pre-existing condition for a continuous period of 12 months following the effective date of a covered person under the Policy  
 \*Benefits are based on an annual period per insured from effective date.

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

2 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

# Plan 1000 (1/3)

## Hospital Confinement Benefit

- \$1000 per day, max 30 days

## Primary Care Visit Benefit

- \$75 per day, max 5 days

## Specialty Care Visit Benefit

- \$75 per day, max 5 days

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

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 \*Benefits are based on an annual period per insured from effective date.

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

2 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

# Plan 1000 (2/3)

## Emergency Room Benefit

- \$100 per day, max 1 day

## Basic Pathology & Radiology Benefit

- \$75 per day, max 3 days

## Advance Studies Benefit

- \$75 per day, max 3 days

## Surgery Benefit

- \$1500 per day, max 3 days

## Anesthesia Benefit

- 20% per day, max 3 days

## Advanced Wellness Plus

| Benefit Description                               |                 | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|-----------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day         | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day         | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day         | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day         | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day         | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day         | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day         | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day         | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day         | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day         | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day         | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day         | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day         | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day         | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day         | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day         | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day         | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day         | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day         | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day         | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day         | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day         | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Supplemental Accident Emergency Room Benefit      | Per Day         | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day         | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day         | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day         | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission   | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day         | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
| Critical Illness                                  |                 | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

\*There is no coverage for a Pre-existing condition for a continuous period of 12 months following the effective date of a covered person under the Policy  
 \*Benefits are based on an annual period per insured from effective date.

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

2 • Advanced Wellness Plus

Limited Medical Benefit Policy v1

# Plan 1000 (3/3)

## Mental Health Inpatient Benefit

- \$500 per day, max 60 days

## Mental Health Outpatient Benefit

- \$50 per day, max 20 days

## Supplemental Accident Inpatient Admission Benefit

- \$500 per day, max 3 days

## Supplemental Accident Emergency Room Benefit

- \$250 per day, max 1 day

## Accidental Death Benefit

- \$10,000

## Critical Illness Coverage

- \$1,000

## Advanced Wellness Plus

| Benefit Description                               |                  | 100A  | 100      | 200      | 200+     | 300      | 500      | 750      | 1000     |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
| Hospital Confinement Benefit                      | Per Day          | \$100 | \$100    | \$200    | \$200    | \$300    | \$500    | \$750    | \$1000   |
|   | Max Day          | 30    | 30       | 30       | 30       | 30       | 30       | 30       | 30       |
| Primary Care Doctors' Office Visit Benefit        | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Specialty Care Doctors' Office Visit Benefit      | Per Day          | \$50  | \$50     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     |
|   | Max Day          | 3     | 3        | 5        | 5        | 5        | 5        | 5        | 5        |
| Emergency Room Benefit                            | Per Day          | -     | \$50     | \$50     | \$50     | \$50     | \$50     | \$75     | \$100    |
|   | Max Day          | -     | 1        | 1        | 2        | 1        | 1        | 1        | 1        |
| Basic Pathology & Radiology Benefit*              | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Advance Studies Benefit*                          | Per Day          | -     | -        | \$50     | \$50     | -        | \$50     | \$50     | \$75     |
|   | Max Day          | -     | -        | 1        | 3        | -        | 2        | 2        | 3        |
| Surgery Benefit                                   | Per Day          | -     | -        | -        | \$400    | \$400    | \$750    | \$1000   | \$1500   |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Anesthesia Benefit                                | Per Day          | -     | -        | -        | 20%      | 20%      | 20%      | 20%      | 20%      |
|   | Max Day          | -     | -        | -        | 3        | 3        | 3        | 3        | 3        |
| Mental Health Inpatient Benefit                   | Per Day          | -     | -        | -        | \$150    | \$250    | \$375    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 60       | 60       | 60       | 60       | 60       |
| Mental Health Outpatient Benefit                  | Per Day          | -     | -        | -        | \$50     | \$50     | \$50     | \$50     | \$50     |
|   | Max Day          | -     | -        | -        | 20       | 20       | 20       | 20       | 20       |
| Supplemental Accident Inpatient Admission Benefit | Per Day          | -     | -        | -        | \$500    | \$500    | \$500    | \$500    | \$500    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Supplemental Accident Emergency Room Benefit      | Per Day          | -     | -        | -        | \$250    | \$250    | \$250    | \$250    | \$250    |
|   | Max Day          | -     | -        | -        | 1        | 1        | 1        | 1        | 1        |
| Hospital Intensive Care Unit Benefit              | Per Day          | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Additional Hospital Admission Benefit             | Per Admission    | -     | -        | -        | -        | -        | -        | -        | -        |
|   | Max Day          | -     | -        | -        | -        | -        | -        | -        | -        |
| Accidental Death Benefit                          | Maximum Benefit  | -     | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
|   | Critical Illness | -     | -        | -        | \$1,000  | \$1,000  | \$1,000  | \$1,000  | \$1,000  |

\*There is no coverage for a Pre-existing condition for a continuous period of 12 months following the effective date of a covered person under the Policy  
 \*Benefits are based on an annual period per insured from effective date.

2 - Advanced Wellness Plus

\*There is a 30 day waiting period immediately following the Coverage Effective Date; does not apply to an injury.

Limited Medical Benefit Policy v1

## Comparing the Plans

[illegible]

# Limitations and Exclusions

## Exclusions

- Pre-existing conditions for 12 months
- Elective surgeries
- Dental procedures not due to injury

## Limitations

- 30-day waiting period for sickness benefits
- No coverage for experimental treatments

## Hospital Indemnity Insurance Limitations & Exclusions

We will not provide a Benefit for any of the items listed in this section regardless of Medical Necessity or recommendation of a health care provider. We will not pay benefits for treatment, services, or supplies which:

- Are not Medically Necessary;
- Are not prescribed by a Doctor as necessary to treat Sickness or injury;
- Are experimental/investigational in nature, except as required by law;
- Are received without charge or legal obligation to pay; or
- Is provided by an immediate family member.

### Additional Limitations and Exclusions

Except as specifically provided for in this Policy or any attached Riders, We will not pay benefits for Sickness or injuries that are caused by:

#### Dental Procedures

Dental care or treatment except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly. Sound Natural Teeth means teeth that are free of active or chronic clinical decay, have at least 50% bone support and are functional in the arch.

#### Elective Procedures and Cosmetic Surgery

Cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child which has resulted in a functional defect.

#### Felony or Illegal Occupation

Commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

#### Manipulations of the Musculoskeletal System

Care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation or of or in the vertebral column.

#### Suicide or Injuries Which Any Covered Person Intentionally Does to Himself

Suicide, attempted suicide or intentionally self-inflicted injury, self-inflicted injury; whether sane or insane.

#### War or Act of War, Riot, Insurrection, Service in the Armed Forces

War or act of war whether declared or undeclared; participation in a riot or insurrection; service in the Armed Forces or units auxiliary thereto. Losses as a result of acts of terrorism committed by individuals or groups will not be excluded from coverage unless the Covered Person who suffered the loss committed the act of terrorism.

#### Work-related Injury or Sickness

Work-related injury or Sickness, whether or not benefits are payable under any state or federal Workers' Compensation, employer's liability or occupational disease law or similar law.

#### Pre-existing Condition Limitation

There is no coverage for a pre-existing condition for a continuous period of 12 months following the effective date of a Covered Person's coverage under the Policy.

This limitation does not apply to:

- the 60 Day period beginning on the date of adoption or filing of a petition for adoption; or
- "newborn or newly adopted child or child under petition for adoption under the age of 18 if the child is enrolled for coverage within 90 Days from the date of birth

#### Pregnancy

##### Sickness Benefit Waiting Period

There is a 30 day waiting period immediately following the Coverage Effective Date. Effective Date for Sickness. Sickness means an illness, infection, disease, Complication of Pregnancy or any other abnormal physical condition not caused by an Accident.

##### Voluntary Abortion

There is no coverage for Voluntary Abortion except where the Covered Person has a life-threatening condition.

##### Coverage Provisions

This is a brief description of coverage provided under the Group Insurance Policy and is subject to the terms, conditions, limitations and exclusions of the Policy under which the Certificate of Insurance is issued. Please see the Certificate of Insurance for complete details. Coverage may vary or may not be available in all states.

## Claims

### Mail claims to:

International Benefits Administrators  
Attn: Claims Dept.  
P.O. Box 576,  
Arnold, MD 21012

### Electronic Submissions:

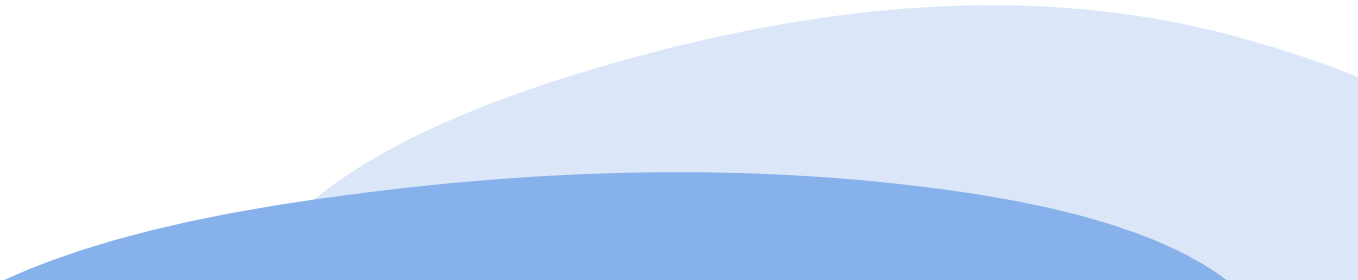
Payor ID: 11329  
<http://changehealthcare.com>

### Claims Status & Questions:

878-512-0177  
<https://ibatpa.com/providers>



# Key Takeaways and Action Steps

- **Flexibility:** Multiple tiers to suit different needs
  - **Balance:** Affordable options with essential coverage
  - **Next Steps:** Contact for enrollment and support
- 

# Thank You!

Continue to be great!



**DISCLAIMER**

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may not be available in all states.