

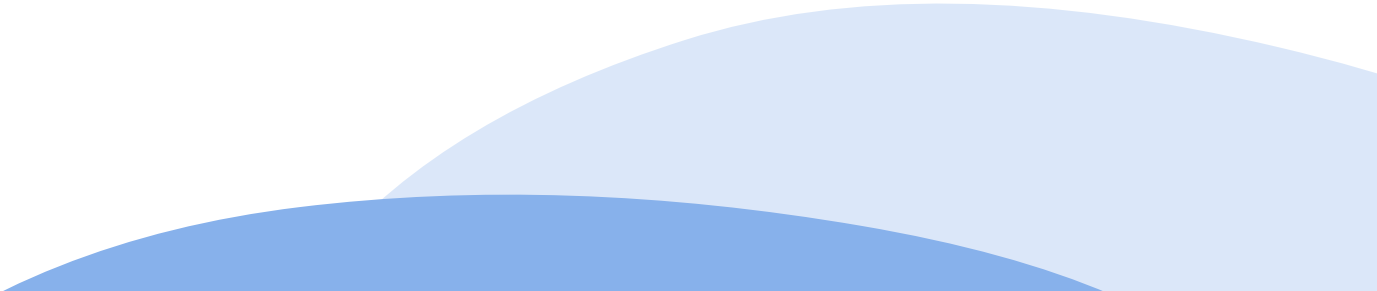
Sigma Care Plus Plan Overview

Understanding the details and benefits of the **Sigma Care 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 Sigma Care Plus Plan

- Limited medical benefits through **National Congress of Employers**
 - **Accessibility** for individuals and families
 - **Affordability** and personal impact
 - **Supplemental coverage** through tiered options
 - **Focus on health and wellness** support
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Key Features and Benefits

Limited Medical Benefits

Supplemental Coverage

Tiered Options (varies by plan)

Personal Impact through National Congress of Employers



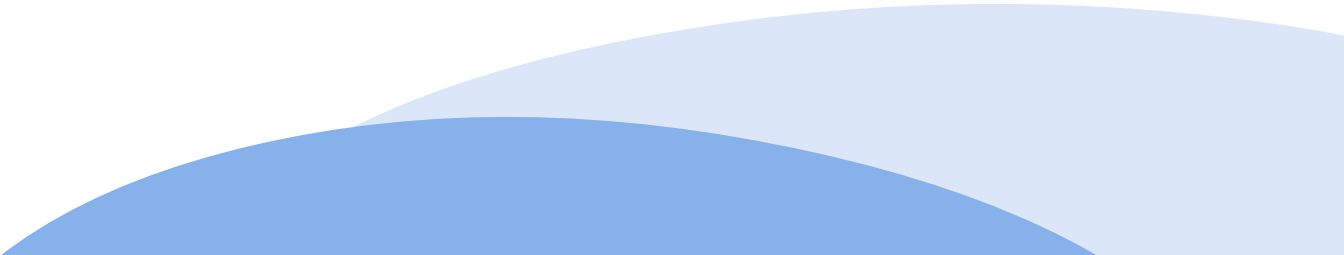
Cost Management Tools

Wellness Programs (WP)


Advocacy Services System

Dashboards Support


How Wellness Programs Work

1. Enroll through **National Congress of Employers**
 2. Access wellness resources
 3. Participate in health activities
 4. Receive wellness updates (**WP**)
 5. Track progress through dashboards
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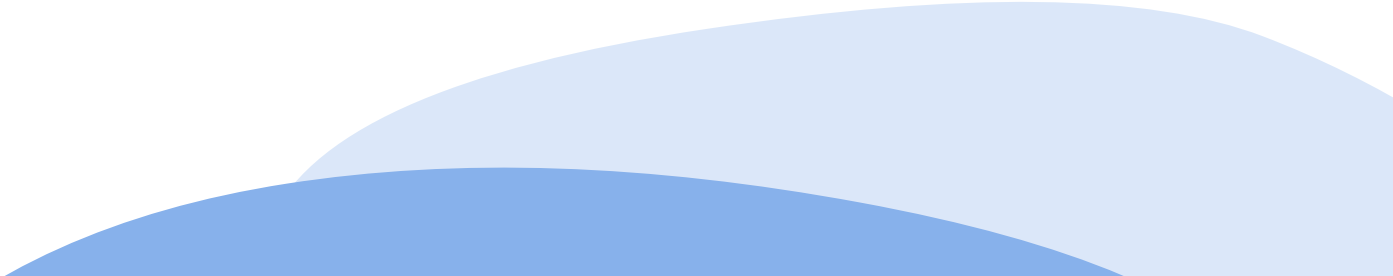
Preventive Care and Wellness

- **Physician Services** Services
 - **Hospitalization** Programs
 - **Virtual Visits** provides telehealth services
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Telehealth Services

- **Virtual Visits**
 - **24/7 Access**
 - **Remote Consultations** available
 - **Convenient Access** to care
- 

Advocacy and Support Services

- **Comprehensive** healthcare advocacy
 - **Claims Management** assistance
 - **Provider Networks** options
 - **Support Tools** support
- 

Plan 100A (1/2)

Hospital Confinement Benefit

- \$100/day, max 30 days

Primary Care Visit Benefit

- \$50/day, max 3 days

Specialty Care Visit Benefit

- \$50/day, max 3 days

Sigma Care 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 • Sigma Care Plus

Limited Medical Benefit Policy v1

Plan 100A (2/2)

Emergency Room Benefit

- Not available

Surgery Benefit

- Not available

Sigma Care Plus

| Benefit Description | | 100A | 100 | 200 | 200+ | 300 | 500 | 750 | 1000 |
|---|------------------|-------|----------|----------|----------|----------|----------|----------|----------|
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| 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 | Per Admission | - | - | - | - | - | - | - | - |
| | Max Day | - | - | - | - | - | - | - | - |
| Critical Illness | 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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- \$200/day, max 30 days

Primary Care Visit Benefit

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Specialty Care Visit Benefit

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| 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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2 • Sigma Care Plus

Limited Medical Benefit Policy v1

Plan 100 (2/2)

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- \$50/day, max 1 day

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- \$400/day, max 3 days

Sigma Care Plus

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| 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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2 • Sigma Care Plus

Limited Medical Benefit Policy v1

Plan 200 (1/2)

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| | 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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| 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 | Per Admission | - | - | - | - | - | - | - | - |
| | Max Day | - | - | - | - | - | - | - | - |
| Critical Illness | 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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| Advance Studies Benefit* | Per Day | - | - | \$50 | \$50 | - | \$50 | \$50 | \$75 |
| | Max Day | - | - | 1 | 3 | - | 2 | 2 | 3 |
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| | 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 • Sigma Care Plus

Limited Medical Benefit Policy v1

Plan 200+ (2/2)

Emergency Room Benefit

- \$50/day, max 2 days

Surgery Benefit

- \$750/day, max 3 days

Sigma Care 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 | Per Admission | - | - | - | - | - | - | - | - |
| | Max Day | - | - | - | - | - | - | - | - |
| Critical Illness | 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 • Sigma Care Plus

Limited Medical Benefit Policy v1

Plan 300 (1/2)

Hospital Confinement Benefit

- \$500/day, max 30 days

Primary Care Visit Benefit

- \$50/day, max 5 days

Specialty Care Visit Benefit

- \$50/day, max 5 days

Sigma Care 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 • Sigma Care Plus

Limited Medical Benefit Policy v1

Plan 300 (2/2)

Emergency Room Benefit

- \$50/day, max 1 day

Surgery Benefit

- \$1000/day, max 3 days

Sigma Care 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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 *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 • Sigma Care Plus

Limited Medical Benefit Policy v1

Plan 500 (1/2)

Hospital Confinement Benefit

- \$750/day, max 30 days

Primary Care Visit Benefit

- \$50/day, max 5 days

Specialty Care Visit Benefit

- \$50/day, max 5 days

Sigma Care 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 • Sigma Care Plus

Limited Medical Benefit Policy v1

Plan 500 (2/2)

Emergency Room Benefit

- \$75/day, max 1 day

Surgery Benefit

- \$1500/day, max 3 days

Sigma Care 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 | Per Admission | - | - | - | - | - | - | - | - |
| | Max Day | - | - | - | - | - | - | - | - |
| Critical Illness | 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.

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2 • Sigma Care Plus

Limited Medical Benefit Policy v1

Plan 750 (1/2)

Hospital Confinement Benefit

- \$1000/day, max 30 days

Primary Care Visit Benefit

- \$75/day, max 5 days

Specialty Care Visit Benefit

- \$75/day, max 5 days

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

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2 • Sigma Care Plus

Limited Medical Benefit Policy v1

Plan 750 (2/2)

Emergency Room Benefit

- \$100/day, max 1 day

Surgery Benefit

- \$1500/day, max 3 days

Sigma Care 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 | Per Admission | - | - | - | - | - | - | - | - |
| | Max Day | - | - | - | - | - | - | - | - |
| Critical Illness | 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 • Sigma Care Plus

Limited Medical Benefit Policy v1

Plan 1000 (1/2)

Hospital Confinement Benefit

- \$1000/day, max 30 days

Primary Care Visit Benefit

- \$75/day, max 5 days

Specialty Care Visit Benefit

- \$75/day, max 5 days

Sigma Care 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 • Sigma Care Plus

Limited Medical Benefit Policy v1

Plan 1000 (2/2)

Emergency Room Benefit

- \$100/day, max 1 day

Surgery Benefit

- \$1500/day, max 3 days

Sigma Care 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 | Per Admission | - | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
| | Maximum Benefit | - | - | - | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 |
| 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 • Sigma Care Plus

Limited Medical Benefit Policy v1

Comparing the Plans

| Feature | 100A | 100 | 200 | 200+ | 300 | 500 | 750 | 1000 |
|--------------------------------------|-------|-------|-------|-------|--------|--------|--------|--------|
| Hospital Confinement Benefit | \$100 | \$200 | \$200 | \$300 | \$500 | \$750 | \$1000 | \$1000 |
| Primary Care Doctors Office Visit | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$75 | \$75 |
| Specialty Care Doctors' Office Visit | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$75 | \$75 |
| Emergency Room Benefit | - | \$50 | \$50 | \$50 | \$50 | \$75 | \$100 | \$100 |
| Surgery Benefit | - | \$400 | \$400 | \$750 | \$1000 | \$1500 | \$1500 | \$1500 |

Definitions and Limitations

Exclusions

- Pre-existing conditions not covered for 12 months
- 30-day waiting period for sickness benefits
- No coverage for elective or cosmetic surgeries

Specific Limitations

- Dental procedures not related to accidental injury
- Injuries from illegal activities or acts of war

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

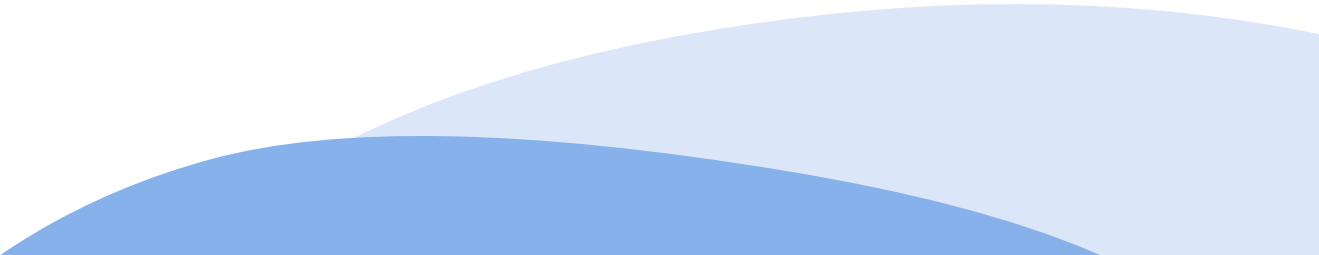
Electronic Submissions:

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

Claims Status & Questions:

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

Key Takeaways and Reminders

- **Flexibility** benefits
 - **Balance** included
 - **Next Steps** benefits
 - **Enrollment** required
- 

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.