

Sigma Care Plus Plan Overview

Understanding the details and benefits of the Sigma Care Plus

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

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

Preventive Care and Wellness

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

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 Descrip	otion	100A	100	200	200+	300	500	750	1000
	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30
8: 6 8 . 65 15:8 6:	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Doctors Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
Consider Constitution (Constitution Constitution Constitu	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Doctors' Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
5 5 5 5	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1
	Per Day	•	-	\$50	\$50	-	\$50	\$50	\$75
Basic Pathology & Radiology Benefit*	Max Day	-	-	1	3	-	2	2	3
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Benefit*	Max Day	-	-	1	3	-	2	2	3
5 D (%)	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-	20%	20%	20%	20%	20%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3
M	Per Day	-	-	-		\$150	\$250	\$375	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-		60	60	60	60
	Per Day	-	-	-		\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-		20	20	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	-	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	-	-	-	-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-
* 1 P	Per Admission	-	-	-	-	-	-		-
Additional Hospital Admission Benefit	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit				\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

^{*}There is no coverage for a Pre-existing condition for a continuous period of 10 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

Plan 100A (2/2)

Emergency Room Benefit

Not available

Surgery Benefit

Not available

Sigma Care Plus

Benefit Descri	ption \	100A	100 `	200 `	200+`	300	500	750	1000
III	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30
D: 0 D : 055 153 D 51	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Doctors Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
Sandala San Barata de Servicia Barata	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Doctors' Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
5 5 6	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Basic Pathology & Radiology Benefit*	Max Day	-	-	1	3	-	2	2	3
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Benefit*	Max Day	-	-	1	3	-	2	2	3
	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-	20%	20%	20%	20%	20%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-		\$150	\$250	\$375	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-		60	60	60	60
	Per Day		-	-		\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-		20	20	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	7 - 7	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	-	-	-	-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-
	Per Admission	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit				\$1,000	\$1.000	\$1.000	\$1,000	\$1.000

[&]quot;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.

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^{2 ·} Sigma Care Plus

Plan 100 (1/2)

Hospital Confinement Benefit

\$200/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 Descrip	otion \	100A	100	200	200+	300 `	500	750 `	1000
	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	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
Primary Care Doctors Office visit Benefit	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
specialty Care Doctors Office visit Benefit	Max Day	3	3	5	5	5	5	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Basic Patriology & Radiology Berlefit	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Benefit:	Max Day	-	-	1	3	-	2	2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
Anestnesia Benefit	Max Day	-	-	-	3	3	3	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-		\$150	\$250	\$375	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-		60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-		\$50	\$50	\$50	\$50
mental Health Outpatient Benefit	Max Day	-	-			20	20	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	-	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	12	-		-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Per Admission	-		-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit				\$1,000	\$1,000	\$1.000	\$1,000	\$1.000

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Plan 100 (2/2)

Emergency Room Benefit

\$50/day, max 1 day

Surgery Benefit

\$400/day, max 3 days

Sigma Care Plus

Benefit Descrip	otion	100A	100	200 `	200+	300	500	750	1000
Harried Conferences Bounds	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30
D: 0 D : 05 15 15 5	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Doctors Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
Consider Cons Donnel Office Viels Bounds	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Doctors' Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
5 5 6	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Basic Pathology & Radiology Benefit*	Max Day	-	-	1	3	-	2	2	3
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Benefit*	Max Day	-	-	1	3	-	2	2	3
- "	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-	20%	20%	20%	20%	20%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-		\$150	\$250	\$375	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-		60	60	60	60
	Per Day		-	-		\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-		20	20	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	-	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	-	-	-	-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	
	Per Admission	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-		-	-	-	-		-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit	-	-		\$1,000	\$1.000	\$1.000	\$1,000	\$1,000

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Plan 200 (1/2)

Hospital Confinement Benefit

\$200/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 Descrip	otion	100A	100 `	200 `	200+`	300	500	750	1000
Harried Conferences Bourses	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30
Deline and Company of the Ministra	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Doctors Office Visit Benefit	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
specialty Care Doctors Office visit Beriefit	Max Day	3	3	5	5	5	5	5	5
F	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1
Danie Dathalana & Danielana Baradist	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Basic Pathology & Radiology Benefit*	Max Day	-	-	1	3	-	2	2	3
Address Conding Descript	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Benefit*	Max Day	-	-	1	3	-	2	2	3
5	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-	20%	20%	20%	20%	20%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-		\$150	\$250	\$375	\$500
Mental Health Inpatient Benefit	Max Day		-	-		60	60	60	60
Manual Harlah Organian Barafia	Per Day	-	-	-		\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-		20	20	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	-	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
Harrist Harris Constitute Bourfit	Per Day	-	-	-	-	-	-	-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-
Additional Housing Administra Deposits	Per Admission	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illnoce	Benefit				#1.000	\$1000	#1.000	£1,000	#1.000

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Plan 200 (2/2)

Emergency Room Benefit

\$50/day, max 1 day

Surgery Benefit

■ \$400/day, max 3 days

Sigma Care Plus

Benefit Descrip	tion \	100A	100	200 `	200+	300	500	750	1000
III	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30
Dailean Company Office Visit Dans fit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Doctors Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
S	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Doctors' Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
5 5 6	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1
D. J. D. H. J	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Basic Pathology & Radiology Benefit*	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Benefit*	Max Day	-	-	1	3	-	2	2	3
5	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-	20%	20%	20%	20%	20%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3
Marie I Harabh I ann Carl Branch	Per Day	-	-	-		\$150	\$250	\$375	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-		60	60	60	60
	Per Day	-	-	-		\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-		20	20	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	.=-	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	1-	-	-	-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-
	Per Admission	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-	-	-	7-2	-	-	-	-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit		-		\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

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^{2 ·} Sigma Care Plus

Plan 200+ (1/2)

Hospital Confinement Benefit

• \$300/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 Descrip	otion	100A	100	200	200+	300	500	750	1000
Harried Conferences Bourfs	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	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
Primary Care Doctors Office Visit Benefit	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
specialty care Doctors Office visit Beriefit	Max Day	3	3	5	5	5	5	5	5
Farancia Daniella	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Basic Patriology & Radiology Benefit	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Benefit:	Max Day	-	-	1	3	-	2	2	3
5	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-		\$150	\$250	\$375	\$500
Mental Health Inpatient Benefit	Max Day		-	-		60	60	60	60
	Per Day	-	-	-		\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-		20	20	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	-	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	-	-	-	-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-
**************************************	Per Admission	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illnoce	Benefit				\$1,000	\$1000	\$1,000	\$1,000	\$1,000

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Plan 200+ (2/2)

Emergency Room Benefit

■ \$50/day, max 2 days

Surgery Benefit

■ \$750/day, max 3 days

Sigma Care Plus

Benefit Descrip	otion	100A	100	200	200+	300	500	750	1000
	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30
2: 6 2 . 65 1632 6	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Doctors Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Doctors' Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
5 5 6	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Basic Pathology & Radiology Benefit*	Max Day	-	-	1	3	-	2	2	3
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Benefit*	Max Day	-	-	1	3	-	2	2	3
- "	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-	20%	20%	20%	20%	20%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-		\$150	\$250	\$375	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-		60	60	60	60
	Per Day	-	-	-		\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-		20	20	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	-	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	12	-	-	-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-
	Per Admission	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-		-	-	-			
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit	-	- ,		\$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

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 Descrip	tion \	100A	100	200 `	200+	300	500	750	1000
III	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30
Dailean Company Office Visit Dans fit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Doctors Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
S	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Doctors' Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
5 5 6	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1
D. J. D. H. J	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Basic Pathology & Radiology Benefit*	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Benefit*	Max Day	-	-	1	3	-	2	2	3
5	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-	20%	20%	20%	20%	20%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3
Marie I Harabh I ann Carl Branch	Per Day	-	-	-		\$150	\$250	\$375	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-		60	60	60	60
	Per Day	-	-	-		\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-		20	20	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	.=-	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	1-	-	-	-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-
	Per Admission	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-	-	-	7-2	-	-	-	-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit		-		\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

[&]quot;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

Plan 300 (2/2)

Emergency Room Benefit

\$50/day, max 1 day

Surgery Benefit

■ \$1000/day, max 3 days

Sigma Care Plus

Benefit Descrip	otion	100A	100	200 `	200+	300	500	750	1000
Harried Conferences Bounds	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30
D: 0 D : 05 15 15 5	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Doctors Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
Consider Cons Donnel Office Viels Bounds	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Doctors' Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
5 5 6	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Basic Pathology & Radiology Benefit*	Max Day	-	-	1	3	-	2	2	3
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Benefit*	Max Day	-	-	1	3	-	2	2	3
- "	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-	20%	20%	20%	20%	20%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-		\$150	\$250	\$375	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-		60	60	60	60
	Per Day		-	-		\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-		20	20	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	-	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	-	-	-	-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	
	Per Admission	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-		-	-	-	-		-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit	-	-		\$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

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 Descrip	otion	100A	100	200 `	200+	300	500	750	1000
	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30
D: 0 D : 0	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Doctors Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
Sandaha Sandaha Barata 1966 - Malabarata	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Doctors' Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
5 5 5 6	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1
- 1 - 1	Per Day	•	-	\$50	\$50	-	\$50	\$50	\$75
Basic Pathology & Radiology Benefit*	Max Day	-	-	1	3	-	2	2	3
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Benefit*	Max Day	-	-	1	3	-	2	2	3
5 B	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-	20%	20%	20%	20%	20%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-		\$150	\$250	\$375	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-		60	60	60	60
	Per Day	-	-	-		\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-		20	20	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	-	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	-	-	-	-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-
	Per Admission	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit	-	-		\$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

Plan 500 (2/2)

Emergency Room Benefit

■ \$75/day, max 1 day

Surgery Benefit

■ \$1500/day, max 3 days

Sigma Care Plus

Benefit Descrip	otion	100A	100	200	200+	300	500	750	1000
	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30
8: 6 8 . 65 1638 6	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Doctors Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
Consider Constitution (Constitution Constitution Constitu	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Doctors' Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
5 5 5	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Basic Pathology & Radiology Benefit*	Max Day	-	-	1	3	-	2	2	3
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Benefit*	Max Day	-	-	1	3	-	2	2	3
	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-	20%	20%	20%	20%	20%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-		\$150	\$250	\$375	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-		60	60	60	60
	Per Day		-	-		\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-		20	20	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	-	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	-	-	-	-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-
	Per Admission	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,00
Critical Illness	Benefit				#1.000	\$1,000	\$1,000	\$1,000	\$1,000

[&]quot;There is no coverage for a Pre-existing condition for a continuous period of 10 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

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 Descrip	otion \	100A	100	200	200+	300	500	750	1000
	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	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
Primary Care Doctors Office visit Benefit	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	30 \$50 5 \$50 5 \$75 1 \$50 2 \$50 2 \$1000 3 20% 3 \$375 60 \$50 2 \$50 2 \$1000 3 \$20% 3 \$20% 3 \$375 1 \$4000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$75
specialty Care Doctors Office visit Benefit	Max Day	3	3	5	5	5	\$500 30 \$50 5 \$50 5 \$50 1 \$50 2 \$750 3 \$20% 3 \$20% 3 \$20% 1 \$20% 1 \$20% 1 \$20% 1 \$20% 5 \$20% 5 \$20% 5 \$20% 5 \$20% 6 8 8 8 8 8 8 8 8 8 8 8 8 8	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1 ,
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Basic Patriology & Radiology Berlefit	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$500 \$750 30 30 \$50 \$50 5 5 \$50 \$50 5 5 \$50 \$50 5 5 \$50 \$50 5 5 \$50 \$50 2 2 2 \$750 \$10 2 2 2 \$750 \$20 3 3 3 20% 20% 20% 3 3 3 \$20% 20% 3 1 2 \$250 \$375 1 1 2 \$250 \$250 1 2 2 \$3 3 3 \$3 3 3 \$4 3 3 3 \$5 3	\$50	\$75
Advance Studies Benefit:	Max Day	-	-	1	3	-		2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3	3 6 20%	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
Anestnesia Benefit	Max Day	-	-	-	3	3	\$50 \$50 \$ 5 5 \$ 5 0 \$ 5 0 \$ 2 2 \$ 5 0 \$ 5 0	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-		\$150	\$150 \$250 \$375	\$375	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-		60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-		\$50	\$50	\$50	\$50
mental Health Outpatient Benefit	Max Day	-	-			20	\$500 30 \$50 5 \$50 5 \$50 5 \$50 1 \$50 2 \$750 3 20% 3 \$250 60 \$50 0 \$50 1 \$250 1 \$250 1 \$250 1 \$250 5 \$350 2 \$350 2 \$350 4 \$350 5 5 \$350 6 6 6 6 6 6 6 6 6 6 6 6 6	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	-	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	121	-		-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-
Additional Housing Administra Descript	Per Admission	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-	-	-	7-2	-	-	-	-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit				\$1,000	\$1,000	\$1.000	\$1,000	\$1.000

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^{2 ·} Sigma Care Plus

Plan 750 (2/2)

Emergency Room Benefit

■ \$100/day, max 1 day

Surgery Benefit

■ \$1500/day, max 3 days

Sigma Care Plus

Benefit Descri	ption \	100A	100 `	200 `	200+	300	500	750	1000
Harried Conference Brooks	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30
B: 0 B : 055 153 B 55	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Doctors Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
6 - 1 - 1 - C - D - 1 - 1 - 0 - 0 - 1 - 1 - C - C - 1 - C - C - 1 - C - C	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Doctors' Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
5 5 5 6	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Basic Pathology & Radiology Benefit*	Max Day	-	-	1	3	-	\$500 30 \$50 \$50 \$50 \$50 \$50 2 \$50 2 \$75 \$50 2 \$75 \$50 2 \$75 \$75 \$75 \$75 \$75 \$75 \$75 \$75	2	3
	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Benefit*	Max Day	-	-	1	3	-	2	2	3
	Per Day	-	-	-	\$400	\$400	\$750 \$1000	\$1500	
Surgery Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-	20%	20%	20%	20%	20%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-		\$150	\$250	\$375	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-		60	5 \$50 \$50 1 \$50 2 \$50 2 \$50 60 \$50 \$20 \$500 1 \$250 60 \$500 1 \$250 60 \$500 1 \$250 60 \$500 1 \$250 60 \$500 1 \$250 60 \$500 1 \$250 60 \$500	60	60
	Per Day	-	-	-		\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-		20	\$50 5 \$50 5 \$50 1 \$50 2 \$50 2 \$750 3 20% 3 \$206 60 \$50 20 \$50 1 \$250 1 \$250 1 \$250 1 \$250 \$350 \$350 \$450 \$550 \$450 \$550 \$450 \$50	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	, - .	-	-		1	1	\$500 \$750 30 30 \$50 \$500 \$550 \$55 \$5 \$5 \$550 \$550 \$75 \$1 \$1 \$550 \$550 \$2 2 \$550 \$550 \$3 3 \$20% \$20% \$375 \$60 60 \$50 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$3 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	-				-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	\$75 1 \$50 2 \$50 2 \$1000 3 20% 3 20% 3 \$575 60 \$50 20 20 2500 2 1 1 20 1 20 1 20 1 20 2 2 3 3 3 4 5 5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 1 2 1 1 2 1 2 1 2 1 2 1 1 2 1 1 2 1	-
	Per Admission	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-	-	-	-	-	-	-	-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit				\$1,000	\$1.000	\$1.000	\$1,000	\$1.000

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^{2 ·} Sigma Care Plus

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 Descrip	otion \	100A	100	200	200+	300	500	750	1000
	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	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
Primary Care Doctors Office visit Benefit	Max Day	3	3	5	5	5	5	5	5
Specialty Care Doctors' Office Visit Benefit	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	30 \$50 5 \$50 5 \$75 1 \$50 2 \$50 2 \$1000 3 20% 3 \$375 60 \$50 2 \$50 2 \$1000 3 \$20% 3 \$20% 3 \$375 1 \$4000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$75
specialty Care Doctors Office visit Benefit	Max Day	3	3	5	5	5	\$500 30 \$50 5 \$50 5 \$50 1 \$50 2 \$750 3 \$20% 3 \$20% 3 \$20% 1 \$20% 1 \$20% 1 \$20% 1 \$20% 5 \$20% 5 \$20% 5 \$20% 5 \$20% 6 8 8 8 8 8 8 8 8 8 8 8 8 8	5	5
Emergency Room Benefit	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1 ,
Basic Pathology & Radiology Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Basic Patriology & Radiology Berlefit	Max Day	-	-	1	3	-	2	2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$500 \$750 30 30 \$50 \$50 5 5 \$50 \$50 5 5 \$50 \$50 5 5 \$50 \$50 5 5 \$50 \$50 2 2 2 \$750 \$10 2 2 2 \$750 \$20 3 3 3 20% 20% 20% 3 3 3 \$20% 20% 3 1 2 \$250 \$375 1 1 2 \$250 \$250 1 2 2 \$3 3 3 \$3 3 3 \$4 3 3 3 \$5 3	\$50	\$75
Advance Studies Benefit:	Max Day	-	-	1	3	-		2	3
Surgery Benefit	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3	3 6 20%	3	3
Anesthesia Benefit	Per Day	-	-	-	20%	20%	20%	20%	20%
Anestnesia Benefit	Max Day	-	-	-	3	3	\$50 \$50 \$ 5 5 \$ 5 0 \$ 5 0 \$ 2 2 \$ 5 0 \$ 5 0	3	3
Mental Health Inpatient Benefit	Per Day	-	-	-		\$150	\$150 \$250 \$375	\$375	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-		60	60	60	60
Mental Health Outpatient Benefit	Per Day	-	-	-		\$50	\$50	\$50	\$50
mental Health Outpatient Benefit	Max Day	-	-			20	\$500 30 \$50 5 \$50 5 \$50 5 \$50 1 \$50 2 \$750 3 20% 3 \$250 60 \$50 0 \$50 1 \$250 1 \$250 1 \$250 1 \$250 5 \$350 2 \$350 2 \$350 4 \$350 5 5 \$350 6 6 6 6 6 6 6 6 6 6 6 6 6	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	-	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	121	-		-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-
Additional Hamiles Administra Descript	Per Admission	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-	-	-	7-2	-	-	-	-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit				\$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

Plan 1000 (2/2)

Emergency Room Benefit

■ \$100/day, max 1 day

Surgery Benefit

■ \$1500/day, max 3 days

Sigma Care Plus

Benefit Descrip	otion	100A	100	200 `	200+	300 `	500	750	1000
Harried Conferences Bourfs	Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1000
Hospital Confinement Benefit	Max Day	30	30	30	30	30	30	30	30
D: 0 D . 0	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Doctors Office Visit Benefit	Max Day	3	3	5	5	5	5	5	5
See also see a see also see a visit see a see	Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Doctors' Office Visit Benefit	Max Day	3	3	5	5	5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	5
5 5 5 6	Per Day	-	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Emergency Room Benefit	Max Day	-	1	1	2	1	1	1	1
Declar Deutscher aus Deutscher Deutschaft	Per Day	-	-	\$50	\$50	-	30 30 30 30 30 350 \$50 \$50 \$50 \$50 \$50 \$75 \$1 1 \$1 \$50 \$50 \$50 \$2 \$2 \$2 \$0 \$750 \$1000 \$3 3 3 \$6 \$20% \$20% \$3 3 \$3 \$0 \$500 \$500 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$	\$75	
Basic Pathology & Radiology Benefit*	Max Day	-	-	1	3	-		2	3
Advance Studies Benefit*	Per Day	-	-	\$50	\$50	-	\$50	\$50	\$75
Advance Studies Benefit*	Max Day	-	-	1	3	-	2	2	3
5 B 6.	Per Day	-	-	-	\$400	\$400	\$750	\$1000	\$1500
Surgery Benefit	Max Day	-	-	-	3	3		3	3
	Per Day	-	-	-	20%	20%	20%	20%	20%
Anesthesia Benefit	Max Day	-	-	-	3	3	3	3	3
	Per Day	-	-	-		\$150	\$250	\$375	\$500
Mental Health Inpatient Benefit	Max Day	-	-	-		60	\$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50	60	60
	Per Day	-	-	-		\$50	\$50	\$50	\$50
Mental Health Outpatient Benefit	Max Day	-	-	-		20	20	20	20
Supplemental Accident Inpatient	Per Day	-	-	-		\$500	\$500	\$500	\$500
Admission Benefit	Max Day	.=-	-	-		1	1	2	3
Supplemental Accident Emergency	Per Day	-	-	-		\$250	\$250	\$250	\$250
Room Benefit	Max Day	-	-	-		1	1	1	1
	Per Day	-	-	-	-	-	-	-	-
Hospital Intensive Care Unit Benefit	Max Day	-	-	-	-	-	-	-	-
	Per Admission	-	-	-	-	-	-	-	-
Additional Hospital Admission Benefit	Max Day	-		-	-	-	-	-	-
Accidental Death Benefit	Maximum	-	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	Benefit	-			\$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

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 cowered 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 nanual 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 selfinflicted 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 petitioner 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 bird.

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 Croup 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.

Claim

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

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Key Takeaways and Reminders

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

Thank You!

Continue to be great!



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