

SUMMARY OF BENEFITS

This Summary of Benefits is only intended to provide an outline of the benefits provided in the Plan. See the specific benefit under the Covered Benefits Section as well as the Exclusions and Limitations section in this document for complete details.

The Plan is considered an Excepted Benefit which means it is a limited benefit plan that is exempt from HIPAA Portability and Patient Protection Affordable Care Act requirements. This coverage does not qualify for exemption under the Individual Mandate of the ACA.

The Plan will pay the Plan Member direct up to the maximum amount shown for a specific Eligible Expense. The Plan does not have a provider network and therefore, will process claims from all providers who are licensed to perform the eligible services.

ACCIDENT BENEFIT

Accident Benefit: See the Covered Benefits Section of this Document for additional criteria. A completed Accident Claim Form will be required. The Plan pays the benefits stated below per Benefit Year for actual services incurred:

Plan will pay up to..... \$1,000*

*The maximum amount is per Benefit Year per Plan Member and is not a per accident maximum.

*Maximum amount includes in-patient and out-patient accident services combined.

CRITICAL ILLNESS

Critical Illness*: 10 initial diagnosed conditions are payable for the Benefit Year maximum amount as noted below. The 10 initial diagnosed conditions are limited to: Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Donor Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer's, ALS, and other Terminal Illness. A completed Critical Illness Claim Form is required. See the Covered Benefits section of this Document for additional criteria.

Plan will pay per Benefit Year per Plan Member..... \$2,500*

***Pre-Existing Condition Limitation:**

24 Month Treatment Period / 24 Month Limitation Period

***Pre-Existing Condition Limitation**

The Plan will not pay Critical Illness benefits for any Pre-existing Conditions. A "Pre-existing Condition" means a disease or physical condition for which the Employee received medical treatment, during the treatment period shown above. The Pre-existing Condition Limitation will not apply after the Limitation Period shown above.

*Critical Illness benefit is only available for participants under the age of 65. Age 65 and older do not qualify.

*Waiting period 180 days.

*Participant must survive 30 days after being diagnosed to receive benefits.

Benefit Description	You Pay, When Using a Participating Pharmacy	Benefit Year Prescription Limit	Additional Limitations and Explanations
<p>ACA Preventive Care Prescriptions*</p> <p>View the list of participating pharmacies, formularies, and available medications by downloading the “The Health Wallet” app from the Apple App Store or Google Play Store or call 800-838-0007.</p> <p>Mail Order is available.</p>	\$0	None	<p>Limited to specific prescriptions required by the Patient Protection and Affordable Care Act. * Must be included on the formulary of approved drugs and filled by a participating pharmacy.</p>
Benefit Description	You Pay, When Using a Participating Pharmacy	Benefit Year Prescription Limit	Additional Limitations and Explanations
<p>Non-ACA Prescriptions</p> <p>See the Prescription Section of this Plan Document for more information.</p> <p>View the list of participating pharmacies, formularies, and available medications by downloading the “The Health Wallet” app from the Apple App Store or Google Play Store or call 800-838-0007.</p> <p>Plan Members will have access to Diabetic Supply, International Pharmacy and Prescription Assistance Programs.</p> <p>Mail Order is available.</p>	<p>\$0 for Acute Formulary</p> <p>\$1 Co-pay for Chronic Formulary</p>	<p>Acute Formulary: Unlimited 30-day supply.</p> <p>Chronic Formulary: 12 retail and 4 mail order prescriptions per Benefit Year per Plan Member.</p>	<p>All prescriptions must be included on the formulary of approved drugs and filled by a participating pharmacy for this benefit.</p> <p>Plan Members may use the Prescription Discount Program for non-formulary prescriptions filled at a participating pharmacy (discount only).</p> <p>Chronic Formulary: After the first retail purchase, all chronic prescriptions must be filled through the mail-order service.</p> <p>Generic Viagra and Cialis can only be purchased through mail order and are limited to 72 generic Viagra 50/100mg pills or 48 generic Cialis 5/20mg pills per Benefit Year.</p>

Limited Benefit Health Indemnity

Limited Benefit Health Indemnity Plan

Plan 2

Limited Benefit Health Plan Options	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Monthly Pre-tax Premium	\$600.00	\$750.00	\$900.00	\$1,050.00	\$1,200.00	\$1,500.00
Daily In-Hospital Benefit						
Benefit Payable Per Day of Confinement	\$500	\$500	\$500	\$750	\$750	\$1,000
Maximum Number of Days Payable	n/a	3 days	5 days	5 days	10 days	30 days
Emergency Room Benefit						
Benefit Payable Per Day	\$100	\$100	\$100	\$250	\$250	\$500
Maximum Number of Days Payable	1 day	1 day	1 day	1 day	1 day	1 day
Ambulance Benefit						
Benefit Payable Per Day	\$100	\$100	\$100	\$250	\$250	\$500
Maximum Number of Days Payable	1 day	1 day	1 day	1 day	1 day	1 day
Wellness Benefit						
Benefit Payable Per Month	\$500.00	\$625.00	\$750.00	\$875.00	\$1,000.00	\$1,200.00
Maximum Number of Months Payable	12 months	12 months	12 months	12 months	12 months	12 months

- 6 options depending on which plan you qualify for
- The Limited Benefit Health Insurance Policy is a supplemental health plan.

Example*	Without Quantum Health	With Quantum Health	Difference	
Gross Income	\$1,200.00	\$1,200.00	\$0.00	
QHB Pre-Tax Premium	\$0.00	\$553.85	\$553.85	
Taxable Income	\$1,200.00	\$646.16	553.84	
Tax Withholding	\$202.69	\$74.83	\$127.86	
QHB Claim Payment	\$0.00	\$461.54	\$461.54	
Net Take home Pay	\$997.31	\$1,032.87	\$35.55	
Federal Withholding	\$78.42	\$16.35	\$62.07	
Social Security	\$74.40	\$40.06	\$34.34	
Medicare	\$17.40	\$9.37	\$8.03	
State Withholding	\$18.07	\$1.30	\$16.77	
SDI	\$14.40	\$7.75	\$6.65	
Total Tax with Withholding	\$202.69	\$74.83	\$127.86	

Increase in take home pay

Per Paycheck \$35.55
Per Month \$77.03
Per Year \$924.30

The above is an example using \$15.00 an Hour/ Bi weekly sample information. Quantum Health Benefits cannot guarantee the same favorable tax outcome in all situations as federal and state tax laws are continuously changing.