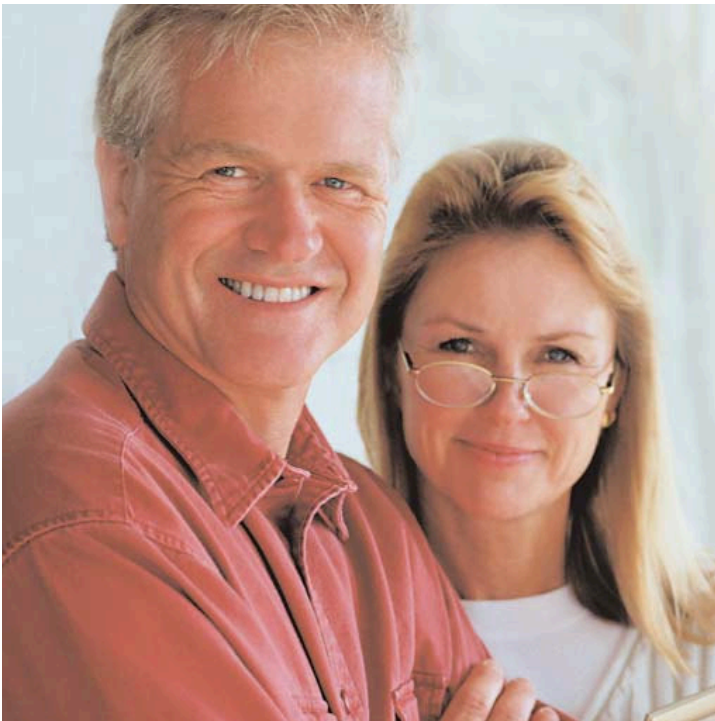


IAC Health Insurance Plans

Group Advantage Series



Traditional & Consumer Driven Health Insurance Plans

*Fully Insured Medical insurance
for 2-50 employees*



**STANDARD
SECURITY**

Life Insurance Company of New York

Medical, Life, AD&D, and Dental Insurance
underwritten by Standard Security Life
Insurance Company of New York

Vision Insurance underwritten by
Fidelity Security Life Insurance Company



SSL Small Group Adv Series Bro 12-05



Why IAC?

Founded in 1978, IAC is one of the country's largest privately-held administrators specializing in the administration of fully insured individual, small and large group health insurance, and self-insured health and welfare plans.

Our expertise and top-rated carrier relationships make us the first choice among successful agents, brokers and consultants looking for money saving solutions. IAC processed more than \$300 million in health claims in 2005 and employs more than 300 dedicated individuals at our corporate headquarters in beautiful Phoenix, Arizona.

Uncommon — We offer employers more intelligent, cost saving alternatives to financing their health care benefits.

Forward-Thinking — New and unique plan designs offer significant premium savings and sensible alternatives to traditional copay plans.

Excellent Track Record — Consistent, results-oriented performance for 28 years with unwavering support for the small group employer community. We are a leader in timely and professional claims payment and customer service.



Why Standard Security Life Insurance Company of New York?

Standard Security Life Insurance Company of New York is rated A (Excellent) by A.M. Best Company. A.M. Best Company rates an insurer on its relative financial strength and ability to meet its obligations to insureds.

IAC Health Insurance Plans

Group Advantage Series

Employees can choose innovative benefit plans featuring consumer driven products or more traditional health plans

Our health insurance plans are designed with today's small employer in mind, allowing you to create flexible and affordable health plan choices for your employees.

IAC Health Insurance Plans provide a continuum of benefits, from the traditional to some of the most innovative consumer driven health plans being marketed today. We are confident you'll find several plan selections to fit your current health plan strategy.

IAC Health Insurance Plans encourage employee choice in several ways! For groups enrolling 10 or more employee lives, an employer can offer up to three separate and distinct health plans.

For groups under 10 employee lives, an employer can offer up to three different deductible, coinsurance, and out-of-pocket maximum amounts under the same plan.

Regardless of the final plan design selected, employees and family members have the opportunity to access self-help and value-added benefits.



IAC Health Plans

IAC Health Plans allow you to develop a long-term strategy to control premium costs, now and into the future.

\$1,000,000 benefit per calendar year, \$5,000,000 maximum while insured

New healthcare financing vehicles — Including Health Reimbursement Arrangements (HRAs) and Health Savings Accounts (HSAs).

Employee Choice Coverage — Help meet your employees' needs and control costs by offering up to three plan designs available in the portfolio.

Employer Choices in Coverage — Offer wellness benefits, 100% accident coverage, life and dental options to customize your plan to fit your needs.

Optional prescription drug benefits — An array of choices which **automatically include oral contraceptives**.

Preferred Providers Organizations (PPOs) — Over 60 regional PPO networks to choose from. Select multiple networks for multi-site locations.

Employee Self-Help Tools

MyHealthCompass™ — Provides comparison hospital information using pricing, quality of care, and treatment outcome data and serves as an excellent resource to research physicians. MyHealthCompass also provides a wealth of information on self-help and wellness strategies.

Optum® Health Forums — An online resource for researching health issues and how to live a healthier, more productive life.

Optum® 24-hour NurseLine — Provides 24-hour telephone access to registered nurses for guidance with treating various health related conditions.



MEDEX Plus Traveler's Emergency Program — Provides for emergency air transport and healthcare coordination when your covered employee is traveling 100 miles or more away from home. MEDEX assists with prescription refills, lost or stolen travel documents, legal problems, finding a doctor or dentist, medical evacuation, repatriation services and more.

Centers of Excellence and high-risk premature birth expert programs — We provide access to top experts for patient care during critical, life threatening illnesses and conditions.

Optional: Optum Care 24 EAP — This optional, full benefit Employee Assistance Program (EAP) provides your employees with professional guidance in handling serious life situations which often affect work performance and absenteeism. Employee Assistance Programs are one of the best ways to alleviate “presenteeism”.

Presenteeism occurs when employee productivity is hindered by serious unresolved personal problems. Presenteeism has the potential to cost employers as much as health benefits cost in lost productivity!

Key Advantages to the IAC Health Plans

Each Group Advantage Series plan includes benefits to enable your employees to take a more active role in leading healthier lifestyles.

Mammography and routine cervical cytologic screening (pap smear) examinations — Covered at 100% for all plans.

LabOne LabCard® — Covers lab tests at 100% coverage with no copay, deductible, or coinsurance! Available as a discount program only on Single Deductible, HRA Advantage and HSA Advantage plans.

Emergency coverage — In real emergencies, coverage is provided at PPO level benefits regardless of where hospital care is received for the first 48 hours following the emergency or until a patient can be safely moved to a PPO network hospital.

Inpatient confinement — If confined as an inpatient at their selected PPO network facility, charges incurred by pathologists, radiologists, and anesthesiologists are covered at PPO level benefits regardless of whether they are part of the PPO network.

8 Plans to choose from

Deluxe Plan

Our traditional coverage offering featuring 100% payment of covered charges after separate copays for office visits, laboratory tests, and diagnostic imaging (up to \$150 per visit). Services must be received on the same day and billed on the same provider bill.

Value Plan

Slightly more cost sharing on the part of the insured allows this plan to work out to cost less than the Deluxe Plan. An ideal blend of traditional benefits with 100% payment of covered charges for physician office visits after a copay.

Copay Advantage Plan

One of our most popular plans!

Lower premium expenses without sacrificing important health benefits. This plan uses two separate out-of-pocket maximum amounts to achieve reduced premiums: one for medical services & supplies and a second for surgery and hospitalization.

For most insureds, the plan works the same as our Value plan when an insured does not require hospitalization or surgery. The plan provides an intelligent way to reduce premiums without the need for a higher deductible.

Copay Saver Plan

Features no in-network deductible for in-network physician visits and medical services & supplies (copays and coinsurance apply). In-network calendar year deductible applies only to less frequently used services, such as surgery or hospitalization, so premium costs are reduced to the levels of high deductible plans, **without** requiring employees to pick up all the up-front costs of their health care.

Single Deductible Plan

Ask your IAC agent how you can save when you purchase this plan to use with an HSA or HRA!

Affordable high-deductible coverage that works well with a Health Reimbursement Arrangement (HRA) and qualifies for a Health Savings Account (HSA). Employees enjoy the convenience of one deductible for all covered expenses, whether services received are from in- or out-of-network providers. An optional \$20 copay for physician office visits allows you to ease the transition to these cost saving health coverage plan strategies.

Note: Electing the Office Visit Copay makes the plan ineligible for an HSA under current federal guidelines.



HSA Advantage

Includes the Health Savings Account (HSA) set-up!

Experience lower premiums and tax advantages by offering employees a qualified high deductible health plan (HDHP) and a Health Savings Account (HSA). Our streamlined enrollment process takes the hassle out of the HSA set-up process.

Minimum deductibles are \$1,100 for individuals and \$2,500 for family plans. You and/or your employees can make contributions to the HSA. Funds can be withdrawn tax-free by employees to pay for qualified medical expenses. A wide range of investment options are also available. HSA Advantage requires a \$2.50 monthly bank fee paid from the employee's HSA for account balances under \$2,500.

Dual Choice Advantage

Two health plan choices - and each choice has the same price! This benefit program empowers employers to offer each employee two plans for the same competitive premium. Our exclusive plan offering encourages employees to choose the health plan with best benefits for them.

Plan 1

Plan 1 introduces a *daily deductible*, a consumer driven concept that lowers premium without having employees switch to a high deductible plan. Employees have a daily deductible of \$250 (individuals) or \$500 (families). Covered charges incurred on any given day that exceed the daily deductible amount are covered by the plan at 100%. Employees pay daily deductibles (or a portion of a daily deductible) until the \$4,000 out-of-pocket maximum is met. The plan then covers additional covered charges at 100% for the remainder of the calendar year.

Example: A 4 day hospital stay for an employee would result in only \$1,000 (\$250 per day) out-of-pocket to that employee. The plan would cover all the remaining eligible expenses on each day.

Plan 2

Plan 2 is a Single Deductible Plan (see left).

HRA Advantage

Includes the Health Reimbursement Arrangement (HRA) set-up!

This is a Single Deductible Plan paired with a Health Reimbursement Arrangement (HRA). With an HRA, you, as the employer, own the funds in the account and decide the amount to contribute to your employees health care costs. HRA Advantage makes the administration and set-up of this tax advantaged program easy. You receive monthly, quarterly, and annual statements of HRA activity and are notified when to deposit funds to cover eligible reimbursements. Most importantly, claims are automatically submitted to the HRA administrator, avoiding the typical paper chase hassles.

In-Network

Outpatient Physician Office Visit
or Physician Visit at a Free-
standing Urgent Care Facility

Mammography, Routine Pap Smears

Outpatient Diagnostic Lab, X-ray,
MRI, CT, Nuclear Imaging and other
tests

Individual Calendar Year Deductible
Options¹
*Family max is three except Single
Deductible plan*

Coinsurance Options

Individual Out-of-pocket Maximum¹
Family max is two

Inpatient Confinement Copay

Outpatient Surgery Copay

Ambulance (All Providers)

Emergency Room
Copay waived if admitted as inpatient

General Outpatient Medical Services and
Supplies, Non-Surgical Back Treatment²

Outpatient Mental, Nervous, and
Chemical Dependency Care

Out-of-Network

Individual Calendar Year Deductible¹
*Family max is three unless otherwise
specified*

Individual Out-of-pocket Maximum¹
Family max is two

Coinsurance

Copays

Deluxe

100% of covered charges
after \$30 copay

100% of covered charges with no
deductible, copay or coinsurance⁵

100% of covered charges after
\$30 copay up to \$150 per visit, then
deductible and coinsurance apply
*Lab tests performed by LabOne: 100%
of covered charges with no
deductible, copay or coinsurance*

\$250 (MI, PA, WI only)
\$500 • \$750 • \$1,000
\$1,500 • \$2,000 • \$5,000

90% or 80%

\$1,500 • \$3,000

No Copay

No Copay

\$100 copay, then deductible and
coinsurance apply⁵

\$100 copay, then deductible
and coinsurance apply

Deductible and
coinsurance apply

Deductible and 50%
coinsurance applies⁶

Deductible is 3x the in-network
deductible, up to \$10,000

3x the in-network out-of-pocket maximum

70% or 50%

Office visit & lab copay do not
apply, all other copays apply

Value

Choice of:
100% of covered charges
after \$35 copay (or)
deductible and coinsurance

100% of covered charges with no
deductible, copay or coinsurance⁵

Deductible and coinsurance apply
*Lab tests performed by LabOne:
100% of covered charges with
no deductible, copay or
coinsurance*

\$250 (MI, PA, WI only)
\$500 • \$750 • \$1,000
\$1,500 • \$2,000 • \$5,000

80%

\$2,000 • \$3,000 • \$4,000

\$500, then deductible and
coinsurance apply

\$250, then deductible and
coinsurance apply

\$100 copay, then deductible and
coinsurance apply⁵

\$100 copay, then deductible
and coinsurance apply

Deductible and
coinsurance apply

Deductible and 50%
coinsurance applies⁶

Deductible is 4x the in-network
deductible, except on the \$2,000 &
\$5,000 options, which are 3x
the in-network deductible

3x the in-network out-of-pocket maximum

60%

Office visit copay (if elected) does
not apply, all other copays apply

Copay Advantage

100% of covered charges
after \$35 copay

100% of covered charges with no
deductible, copay or coinsurance⁵

Deductible and coinsurance apply
*Lab tests performed by LabOne:
100% of covered charges with
no deductible, copay or
coinsurance*

\$1,000 • \$1,500
\$2,000 • \$5,000

80% or 70%

Medical Services and Supplies:
\$2,000³
Inpatient Facility Confinement
and Surgical Services: \$4,000³

\$250, then deductible and
coinsurance apply

No Copay

\$100 copay, then deductible and
coinsurance apply⁵

\$100 copay, then deductible
and coinsurance apply

Deductible and
coinsurance apply

Deductible and 50%
coinsurance applies⁶

Deductible is 2x the in-network
deductible

Medical Services & Supplies: \$5,000
Inpatient Facility Confinement &
Surgical Services: \$10,000

50%

Office visit copay does not apply,
all other copays apply

HSA-qualified high deductible options available with the Single Deductible Plan.

Copay Saver

100% of covered charges after \$30 copay
100% of covered charges with no deductible, copay or coinsurance ⁵
Lab, x-ray, and other tests: \$30 copay, then coinsurance applies MRI, CT and nuclear imaging: \$150 copay, then coinsurance applies Lab tests performed by LabOne: 100% of covered charges with no deductible, copay or coinsurance
\$1,000 Applies only to Inpatient Confinement & Outpatient Surgical Services
80%
\$3,000
\$500, then deductible and coinsurance apply
\$500, then deductible and coinsurance apply
\$150 copay, then coinsurance applies ⁵
\$150 copay, then coinsurance applies
Surgery performed in a physician's office: \$150 copay, Other services: \$30 copay, then coinsurance applies
\$30 copay, then 80% coinsurance applies
\$2,000
\$6,000
60%
All copays are 2x in-network copay

Single Deductible

Choice of: 100% of covered charges after \$20 copay (or) 100% coverage after deductible			
100% of covered charges with no deductible, copay or coinsurance ⁵			
Lab: 100% of covered charges after \$20 copay (if selected) or 100% of covered charges after deductible X-ray, MRI, CT, nuclear imaging, and other tests: 100% of covered charges after deductible Lab tests performed by LabOne: LabOne Select Discount			
In- and out-of-network expenses all accumulate to a common individual or family deductible	Individual \$1,000 \$1,100 \$1,700 \$2,600 \$3,500 \$5,000 \$10,000	Family \$2,500 \$2,500 \$3,350 \$5,150 \$7,500 \$10,000 \$10,000	
	100%		
	\$0		
	No Copay		
	No Copay		
	100% coverage after deductible ⁵		
	100% coverage after deductible		
	100% coverage after deductible		
	Deductible and 50% coinsurance applies ⁶		
Out-of-network maximum out-of-pocket table			
	Individual Ded. ⁴	Family Ded. ⁴	OOP ⁴
	\$1,000.....	\$2,500.....	\$2,500
	\$1,100.....	\$3,350.....	\$2,800
	\$1,700.....	\$5,150.....	\$1,000
	\$2,600.....	\$7,500.....	\$2,500
	\$3,500.....	\$10,000.....	\$5,000
	\$5,000.....		\$5,000
	\$10,000.....		\$5,000
	70%		
Office visit & lab copay (if elected) do not apply			

Employee Choice Options

The extent of Employee Choice allowed is based on your group's size:

Groups enrolling 2 - 9 employees

Offer up to three plan choices **within one** of the plan selections to the left. You can also offer an **HSA Advantage** in addition to one other additional plan.

Examples:

Create 3 offerings of the Value Plan by selecting various copay, deductible, and out-of-pocket options *or*
Offer 2 variations of the Value Plan with an HSA Advantage Plan

Groups enrolling 10 or more employees

Offer up to any three of the plan designs to the left. You can also offer the **HSA Advantage** as one of your plan designs!

Example:

Offer a Deluxe, Value, and Copay Advantage Plan. Select which copay, deductible and out-of-pocket options to offer with each plan.

¹Amount excludes any provider copays and/or Rx deductibles/copays. Out-of-pocket maximum also excludes calendar year deductible. Once the out-of-network deductible has been satisfied, the in-network deductible is deemed satisfied. Once the out-of-network maximum out-of-pocket has been satisfied, the in-network deductible and maximum out-of-pocket are deemed satisfied.

²Non-surgical back treatment subject to \$1,000 maximum benefit per calendar year. Not applicable in TN or WI.

³In- and out-of-network maximums for **each type of service accumulate separately**; however, once the out-of-network maximum out-of-pocket for a category of services has been satisfied, the in-network maximum out-of-pocket for that category of services is deemed satisfied.

⁴Maximum out-of-pocket corresponds to the selected deductible.

⁵In- or out-of-network.

⁶In- and out-of-network coinsurance is 50%.

Note: Benefit limits may apply - see Certificate of Coverage for details.

HSA Advantage

In-Network

Outpatient Physician Office Visit or Physician Visit at a Free-standing Urgent Care Facilities	Deductible and coinsurance apply in- or out-of-network		
Mammography, Routine Pap Smears	100% of covered charges		
Outpatient Diagnostic Lab, X-ray, MRI, CT, Nuclear Imaging and other tests Copay Options	Deductible and coinsurance apply <i>Lab tests performed by LabOne: LabOne Select Discount</i>		
Individual Calendar Year Deductible	In- and out-of-network expenses all accumulate to either an individual or family deductible	Individual \$1,100 \$1,700 \$2,600 \$3,500 \$5,000	Family \$2,500 \$3,350 \$5,150 \$7,500 \$10,000
Coinsurance	100%		
Additional Out-of-pocket Maximum	\$0		
General Outpatient Medical Services and Supplies, Non Surgical Back Care ² , Ambulance, Emergency Room	Deductible and coinsurance apply		
Outpatient Mental, Nervous, and Chemical Dependency Care	Deductible and 50% coinsurance applies ³		

Out-of-Network

Individual Calendar Year Deductible/ Additional Out-of-pocket Maximum	Out-of-network maximum out-of-pocket table			
	Individual		Family	
	Ded. ¹	OOP ¹	Ded. ¹	OOP ¹
	\$1,100.....	\$1,400	\$2,500.....	\$2,500
	\$1,700.....	\$1,650	\$3,350.....	\$2,800
	\$2,600.....	\$750	\$5,150.....	\$1,000
	\$3,500.....	\$1,500	\$7,500.....	\$2,500
Coinsurance	\$5,000.....	\$2,500	\$10,000...	\$5,000
	70%			
Copays	N/A			

Take Advantage of competitively priced, high-quality coverage.

Offer up to three deductible amounts for employees to choose from.

The HSA Advantage plan includes a tax-favored Health Savings Account (HSA)* for your employees, with no extra paperwork or hassle for you!

¹Maximum out-of-pocket corresponds to the selected deductible.

²Non-surgical back treatment subject to \$1,000 maximum benefit per calendar year. Not applicable in TN or WI.

³Out-of-network coinsurance is 50%.

Note: Benefit limits may apply - see Certificate of Coverage for details.

*The HSA is not an insurance product and is not provided, administered or guaranteed by Standard Security Life Insurance Company of New York.

Why offer the HSA Advantage?

Reduced insurance premiums — Insurance premiums are generally 20 to 40% lower when as compared to IAC's traditional low deductible plan offerings

One-stop shopping — A qualified HSA account is automatically set up for each participating employee with Bancorp Bank after the employee insurance certificates are sent. Our one-stop HSA frees you from shopping around for an HSA bank and filling out volumes of additional paperwork. Choose the **HSA Advantage** plan to establish a high deductible health plan and Health Savings Account in one easy, streamlined process

HSA with The Bancorp Bank

- FDIC insured account
- Debit Visa Card
- Online checking account access that includes viewing account balances, transactions, cleared checks and printing account history
- Unlimited check writing — first 50 personalized checks provided free of charge
- 24 hour toll-free customer service, 365 days-a-year
- Preparation of IRS forms for yearly contributions and distributions
- No monthly bank fees for accounts with a \$2,500 balance; \$2.50 monthly maintenance charge deducted directly from the employee's HSA for accounts under \$2,500

Flexible contributions — Elect to contribute **any** amount to your employees' HSAs, up to the federally mandated maximum

Satisfied employees

Tax Savings — Contributions are made on a tax-deferred basis

Earned Interest — Funds grow with tax-deferred interest earning

Employee Funds — Accumulated savings belong to the employee through their working years and retirement. Funds may be withdrawn penalty free at any time by the employee for any eligible medical expense under the health plan or Section 213d of the Internal Revenue Code (IRC). After retirement, funds may be withdrawn for any expenses and are treated as ordinary income for tax purposes.

Long-term Savings — Account balance rolls over year to year allowing funds to accumulate on a long-term basis

Investing HSA funds — Employees can also invest funds directly from their HSA account to over 6,000 stocks, bonds and mutual funds, including over 600 popular no-load non transaction fee funds. Account holders should keep a minimum balance of funds in the HSA account of \$2,500 for fees and eligible health care expenditures. Investment brokerage fees apply.

Neither IAC, Standard Security Life Insurance Company of New York, The Bancorp Bank nor its subsidiaries (collectively "Bancorp") nor American Health Value (AHV) are registered investment advisers nor is IAC, Standard Security Life Insurance Company of New York, Bancorp, or AHV acting in the capacity of a registered investment advisor with respect to the offering by PFIC, Securities Corporation Investment Services of Health Savings Account ("HSA") investment options. Participation in the investment options is voluntary. Under no circumstances is Bancorp or AHV offering any of the HSA investment options and makes no representations with respect to the investment options offered by PFIC, Securities Corporation. The Bancorp Bank and AHV disclaim any and all liability, contingent or otherwise, for the performance of the investment options. Please see a financial adviser for personal investment advice.

Dual Choice Advantage

In-Network	Plan 1	Plan 2	Two plan designs, same rate
Outpatient Physician Office Visit or Physician Visit at a Free-standing Urgent Care Facility	Daily Deductible and coinsurance apply	Deductible and coinsurance apply	
Mammography	100% of covered charges ⁴	100% of covered charges	Let your employees select the plan best for them
Outpatient Diagnostic Lab, X-ray, MRI, CT, Nuclear Imaging and other tests Copay Options	Daily Deductible and coinsurance apply <i>Lab tests performed by LabOne: LabOne Select Discount</i>	Deductible and coinsurance apply <i>Lab tests performed by LabOne: LabOne Select Discount</i>	
Individual Deductible ¹	Daily: \$250 individual \$500 family	Calendar year: \$2,000 individual \$4,000 family	Plan 2 is an HSA-qualified plan if the Rx Discount Only outpatient prescription drug option is selected!
Coinsurance	100%	100%	
Out-of-pocket Maximum ²	\$4,000 individual or family	\$2,000 individual \$4,000 family	¹ Amount excludes any Rx deductibles/copays. ² Includes calendar year or daily deductible(s). ³ Non-surgical back treatment subject to \$1,000 maximum benefit per calendar year. Not applicable in TN or WI. ⁴ In- or out-of-network. ⁵ Out-of-network coinsurance is 50%.
General Medical Services and Supplies, Non Surgical Back Treatment ³ , Ambulance, Emergency Room	Daily Deductible and coinsurance apply	Deductible and coinsurance apply	
Outpatient Mental, Nervous, and Chemical Dependency Care	Daily Deductible and coinsurance apply	Deductible and 50% coinsurance apply ⁵	
Out-of-Network			
Individual Deductible ¹	Daily: \$500 individual \$1,000 family	Calendar year: In- and out-of-network expenses accumulate towards the network deductible	Note: Benefit limits may apply - see Certificate of Coverage for details.
Out-of-pocket Maximum ²	Individual or family: \$8,000	Individual: \$3,350 Family: \$6,150	
Coinsurance	100%	70%	
Copays	N/A	N/A	

In Plan 1, outpatient drug prescription charges do not apply towards the "daily" deductible amount. Payment of outpatient prescription drugs are determined by the Rx prescription drug option purchased.

HRA Advantage

In-Network

Outpatient Physician Office Visit or Physician Visit at a Free-standing Urgent Care Facility	100% of covered charges after \$20 copay (or) 100% of covered charges after deductible		
Mammography, Routine Pap Smears	100% of covered charges		
Outpatient Diagnostic Lab, X-ray, MRI, CT, Nuclear Imaging and other tests Copay Options	Lab: 100% of covered charges after \$20 copay (if selected) or 100% coverage after deductible X-ray, MRI, CT, nuclear imaging, and other tests: 100% of covered charges after deductible Lab tests performed by LabOne: LabOne Select Discount		
Individual Calendar Year Deductible ¹	In- and out-of-network expenses all accumulate to either an individual or family deductible	Individual \$1,000 \$1,700 \$2,600 \$3,500 \$5,000 \$10,000	Family \$2,500 \$3,350 \$5,150 \$7,500 \$10,000 \$10,000
Coinsurance	100%		
Additional Individual Out-of-pocket Maximum ¹	\$0		
General Outpatient Medical Services and Supplies, Non Surgical Back Care ² Ambulance, Emergency Room	Deductible and coinsurance apply		
Outpatient Mental, Nervous, and Chemical Dependency Care	Deductible and 50% coinsurance apply ³		

Our HRA takes you out of the paperwork loop.

Out-of-Network

Individual Calendar Year Deductible / Out-of-pocket Maximum ¹	Out-of-network maximum out-of-pocket table			
	Individual Ded. ¹	Individual OOP ¹	Family Ded. ¹	Family OOP ¹
	\$1,000.....	\$1,500	\$2,500.....	\$2,500
	\$1,700.....	\$1,650	\$3,350.....	\$2,800
	\$2,600.....	\$750	\$5,150.....	\$1,000
	\$3,500.....	\$1,500	\$7,500.....	\$2,500
	\$5,000.....	\$2,500	\$10,000.....	\$5,000
	\$10,000.....	\$5,000	\$10,000.....	\$5,000
Coinsurance	70%			
Copays	Office visit & lab copay (if elected) do not apply			

¹Amount excludes any provider copays and/or Rx deductibles/copays. Maximum out-of-pocket corresponds to the selected deductible.

²Non-surgical back treatment subject to \$1,000 maximum benefit per calendar year. Not applicable in TN or WI.

³Out-of-network coinsurance is 50%.

Note: Benefit limits may apply - see Certificate of Coverage for details.

*The HRA is not an insurance product and is not provided, administered or guaranteed by Standard Security Life Insurance Company of New York.

Optional Benefits

Preventative Care Coverage¹ (Wellness Benefit Coverage)

After copay, the health plan pays 100% of covered wellness charges first, up to \$250, \$350 or \$500 per insured, per calendar year with **no waiting period!** Applies to both in- and out-of-network providers. **Includes:** Routine physical exams & related lab charges, well-child care including immunizations, prostate cancer screening services and flu shots.

Supplemental Accident Coverage¹

Choose a \$500, \$1,000 or \$2,000 per accident benefit amount for your employees. The health plan pays 100% of each accident's covered charges up to the selected benefit amount per person; then the plan's deductible and coinsurance apply. Benefit applies to both in- and out-of-network providers.

Maternity Coverage¹

Maternity services are covered the same as any other illness with this benefit. Covers the insured employee, dependent spouse, and dependent children. Available to groups insuring five or more employees (unless otherwise specified by state law). Mandatory for groups insuring 15 or more employees (by federal regulation).

Life Insurance and Accidental Death & Dismemberment¹

A minimum of \$10,000 and a maximum of \$100,000 in life and accidental death and dismemberment (AD&D) insurance is available. Benefits are available as a flat amount per covered employee or by employee classification. There is a maximum of three different classes, and the face amount of coverage per class cannot exceed two times the face amount of the previous class. The payable life insurance benefit is reduced according to the following age reduction schedule:

Ages 65-69: 65% of selected amount

Ages 70-74: 40% of selected amount

Ages 75-79: 25% of selected amount

Ages 80-84: 15% of selected amount

Ages 85+: 10% of selected amount

24-hour Occupational Coverage¹

On the job coverage for work-related injuries and sickness according to the selected health plan's provisions. **Available only to eligible business owners, partners, sole proprietors or corporate officers who are not eligible for Worker's Compensation coverage.**

Employee Assistance Program Care24 (EAP)

Employer benefits include human resources support, smoking cessation programs, legal and crisis counselors and critical incident stress management. Employee benefits include phone and in-office counseling, service referrals, audio health information library and more!

¹ See Certificate of Coverage and Schedule of Benefits for additional details.



Prescription Drug Options¹

Options	Generic	Brand Deductible	Preferred Brand	Non-Preferred Brand	Specialty Drugs
Option 5: Rx Copay ²	\$10	None	\$25	\$40	\$50
Option 4: Rx Coinsurance ²	\$10	None	\$30 + 20%	\$50 + 20%	\$60 + 20%
Option 3: Rx Deductible ²	\$20	\$250 Calendar Year	\$30 + 20%	\$50 + 20%	\$60 + 20%
Option 2: Rx Insurance ²	\$15	None	\$100	\$150	\$200

Option 1: **Rx Discount Only** If no other Rx option is selected, the plan automatically includes the Rx Discount Only drug feature, providing discounts of up to 25% at Express Scripts pharmacies.

Option 6: **Rx SAAOI Plan**³ Covered prescription drugs are paid the **Same As Any Other Illness (SAAOI)** under the health plan; subject to any applicable plan deductible or coinsurance. **Features electronic submission of claims when an Express Scripts provider is used- employees do not need to submit their RX claims.**

Mail Order and Internet Prescription Drug Purchases

When using an optional prescription drug benefit to purchase through Express Scripts' mail order or Internet services, your employees can purchase up to a 90-day supply for the cost of just two months' prescriptions.

Prescription Drug Formulary

The Prescription Drug Formulary is a list of quality generic and brand name medications offering the potential for cost savings. There are often two or more medications used to accomplish the same therapeutic effect. When a physician prescribes one of the listed medications, if medically appropriate, insureds will have a lower out-of-pocket cost for that prescription.

If the insured or their physician is reluctant to choose a particular medication from the formulary list, they are not required to do so. However, when non-formulary brand name prescription drugs are used, a higher copay applies.

Specialty Drugs

Specialty drugs are prescription medications that may be administered by a Physician as an outpatient or self-administered in a home setting and are listed on the Specialty Drug List. Specialty Medications must be obtained from CuraScript in order for the Specialty Medication to be covered at the In Network benefit level, even if the Specialty Medication is to be administered by a Physician or at a Physician's office. The CuraScript telephone number will be listed on the insured's identification card. The insured should call CuraScript to arrange for delivery of any prescribed Specialty Medication.

Specialty Medications are subject to the Pre-Certification Program requirements. Pre-Certification is a screening process using established medical criteria to determine whether any proposed Specialty Medication is Medically Necessary. It may also include proposing alternative treatment plans. **NO BENEFITS WILL BE PAID FOR SPECIALTY MEDICATION IN THE ABSENCE OF PRE-CERTIFICATION.** As an industry leader of Specialty Pharmacy Services, CuraScript provides specialty medications to individuals with chronic illnesses requiring complex, high-cost treatment.

¹ -See Express Scripts Formulary for current list of preferred prescription drugs. When a brand name medication is dispensed because of an insured person's preference and a less expensive FDA-approved generic medication could have been dispensed, the insured person's out-of-pocket costs may be increased by the difference in the price of the insured's preferred brand medication and the established Maximum Allowable Cost (MAC) price for the generic equivalent. MAC pricing is a statistically derived maximum allowable base price that will be paid for prescription drugs for which a less expensive, FDA-approved generic equivalent is available. This method assures that the cost to the plan does not increase when an insured person makes a decision to use a more expensive product. MAC pricing increases generic utilization and helps to equitably control the cost of outpatient prescription drugs dispensed.

² -Not available on the HSA Advantage plan.

³ - Available on the HSA Advantage, Single Deductible or HRA plans only.