



Product Recommendations

Your Benefit	OV 1500	OV 2500	OV 3500
Maximum Medical Expense Accident & Sickness	\$1,500 per occurrence	\$2,500 per occurrence	\$3,500 per occurrence
Benefit Period	52 weeks	52 weeks	52 weeks
Deductible	\$200 per occurrence	\$200 per occurrence	\$150 per occurrence
Coinsurance (Paid by Insurance Company)	50%	60%	70%
Office Visits/Max Payments (No Deductible)	\$20 co-pay \$55 per visit	\$20 co-pay \$65 per visit	\$15 co-pay \$75 per visit
Emergency Care			
Emergency Room Deductible (Waived if due to an accident or results in admission)	\$350 per visit	\$350 per visit	\$350 per visit
Emergency Room (Up to per occurrence maximum)	Covered at 50%	Covered at 60%	Covered at 70%
Ambulance (Up to per occurrence maximum)	Covered at 50%	Covered at 60%	Covered at 70%
Lab/X-Ray/Diagnostic Tests *Benefits is included in the Medical Expense Accident & Sickness Occurrence	\$500 per occurrence maximum	\$750 per occurrence maximum	\$1,000 per occurrence maximum
Hospital Care			
In-Patient/Out-Patient (Per Occurrence)	Covered at 50% (up to \$1,500)	Covered at 60% (up to \$2,500)	Covered at 70% (up to \$3,500)
Additional In-Patient Benefit (payable after basic benefit is exhausted)	\$300 per day (30 day annual maximum)	\$400 per day (30 day annual maximum)	\$500 per day (30 day annual maximum)
Surgeon's Care			
In-Patient/Out-Patient (Up to per occurrence maximum)	Covered at 50%	Covered at 60%	Covered at 70%
Other Services			
Includes Homes Health Care, Skilled Nursing Facility, Hospice Care, Physical Therapy & Durable Medical Equipment	Covered at 50% (up to max)	Covered at 60% (up to max)	Covered at 70% (up to max)
Accidental Death	\$5,000	\$10,000	\$10,000
Rx Program			
Rx Generic Co-Pay	\$10	\$10	\$10
Rx Brand Name	Discount Only	Discount Only	Discount Only
Generic Oral Contraceptives	\$10	\$10	\$10
Prescription Drug Card (calendar year max)	\$5,000 per person	\$5,000 per person	\$5,000 per person

Occurrence means each separate Accident and Sickness for which a Covered Person incurs covered medical expenses. **Alta Health Plans** are a brand name given to the Limited Medical Plan, (form number PTA-Cert-1) underwritten by Aegis/American Sentinel Insurance Company, currently rated (A) by A.M. Best Company for financial strength and operating performance. The information contained herein is intended to be a brief summary of the Alta Health Plans. The Insurance Certificate is the official document governing the provisions of this plan. These plans are not available in the following states: CT, ME, MD, MN, MT, ND, OR, PR, SD, VT, WA, and may vary based on state mandates.

Rx Program is underwritten by ACE USA Insurance Company and managed by Welldyne Rx.

Alta Health Plans are subject to pre-existing conditions. Pre-existing conditions are covered after 12 continuous months from your enrollment date, or after 6 continuous months of receiving no treatment and incurring no expenses for that condition. These periods may be reduced by any creditable coverage.

THESE PLANS ARE NOT MAJOR MEDICAL PLANS.

Monthly Rate Sheet

Alta OV 1500

Employee Only	Employee + 1	Family
\$162.33	\$309.68	\$457.72

Alta OV 2500

Employee Only	Employee + 1	Family
\$183.19	\$351.39	\$521.50

Alta OV 3500

Employee Only	Employee + 1	Family
\$227.35	\$442.16	\$655.21



PRESCRIPTION DRUG NETWORK: WellDyne Rx

WellDyne Rx features a comprehensive range of health and pharmacy management services including a national mail service pharmacy, a network of over 58,000 retail pharmacies, health-related product information and other tools designed to maximize the pharmacy benefit and control costs.

WellDyne Rx's fully integrated pharmacy programs streamline pharmacy benefit management in retail. Having full control over the entire delivery system provides tremendous advantages to customers for service, cost containment, and care management.

- Pays for most Generic medications
- No Waiting Periods for Pre-Existing Conditions
- You Cannot be Refused Coverage regardless of current Health Conditions
- \$10 Co-pay for covered Generic Drugs at a contracted participating Retail pharmacy. You will receive a discount below average wholesale price on Brand Name Drugs at a contracted participating pharmacy. Brand Name Drugs are not covered under the policy of insurance, but are available through an arrangement with WellDyne Rx.
- Accepted by more than 58,000 Participating Pharmacies

There are no claim forms to file when prescriptions are filled at a contracted participating pharmacy with the prescription drug card. Your personal ID Card will be all you need at the time you fill your prescription, and you do not have to wait for reimbursement.

Prescription Drug Benefits

<u>Prescription Drug Card: Calendar Year Maximum</u>	<u>Prescription Drug Co-Pay</u>
Employee Only: \$5,000 Employee+1: \$5,000 per person Family: \$5,000 per person	Generic: \$10 co-pay Brand: Discounted



PPO NETWORK: Private HealthCare Systems

1. **A Complete Cost Management Solution**

PHCS is the national leader in health care cost management. We own and operate the largest proprietary PPO network in the United States and are the second largest care management company.

2. When you use the **PHCS Network** in tandem with **PHCS Care Management**, you tap into the power of substantial savings and coordination of care. We refer your members to in-network providers at the point of notification, which allows you to take advantage of significant savings through increased network utilization. Additionally, your members benefit from having access to quality providers belonging to the largest proprietary PPO in the nation.

3. **Solution Oriented Products and Services**

The extensive **PHCS Network** provides your members with unprecedented choices in their health care providers. Nearly 450,000 providers and over 4,000 facilities participate in the **PHCS Network**, and those numbers are growing daily. Since 1997, the number of providers in our Network has increased more than 50%, and the number of facilities has skyrocketed nearly 70%. Our highly flexible **PHCS Care Management** program offers you the freedom to choose from a menu of options that best meet your unique utilization management needs and focus on the areas that have the greatest potential for savings. Because our Care Management program is so adaptable, you are able to employ the program in the areas where care management can make the greatest impact.

4. **Substantial Savings**

All of our customers have one thing in common; they benefit from our strong relationships with providers across the nation, which allows us to offer substantial savings. Higher quality of care for your members - significant total cost savings for your business.

Your savings increases greatly when you use **PHCS Care Management**. Because the program is so flexible, you have the freedom to apply care management in the areas where it can make the greatest financial impact. This precise allocation of resources maximizes the use of your health care dollars.

5. **Greater Control Over Predicting Health Care Costs**

We negotiate fixed rates with providers and facilities in our Network so you can predict and control health care costs. Our contractors are skilled negotiators, able to manage a wide array of situations. They are armed with information about volume and utilization that clearly illustrates the value of participating in the **PHCS Network**. By insisting upon fixed rate agreements, we help you control costs and pass savings on to your members.

PHCS Care Management reduces your total health care claim costs by helping to ensure that your members are receiving appropriate care at the right times and in the right locations. We monitor your total savings with detailed **PHCS Care Management** savings reports that demonstrate the cost effectiveness of the program.

6. **Superior Commitment to Customer Service**

In 2002, we introduced Service Excellence, a company-wide initiative designed to help us achieve the highest level of customer service. We are committed to providing all our employees with the tools and information they require to respond to customer requests in a timely manner. We continuously emphasize the importance of understanding customer needs and being accountable for our actions. We firmly believe our focus on customer service is unmatched in the industry and think our customers would agree.

PART VI - EXCLUSIONS

No benefits will be paid for loss caused by or resulting from:

- a) mental or nervous disorders, alcoholism or drug addiction, except as specifically provided in this policy;
- b) participation in a riot or insurrection;
- c) intentionally self-inflicted injuries, suicide or any attempt thereof while sane or insane;
- d) declared or undeclared war or any act thereof, however this does not apply to acts of terrorism;
- e) serving on full-time active duty in the Armed Forces of any country or international authority;
- f) the Covered Person's commission of a felony;
- g) flying as a pilot or crew member of any aircraft or travel or flight, including boarding or alighting, in any vehicle or device while being used for any test or experimental purposes or while being operated by, for or under the direction of any military authority other than the Military Airlift Command (MAC) of the United States or similar air transport service of any other country;
- h) work-related Injury or Sickness, whether or not benefits are payable under Workers' Compensation or similar law;
- i) with respect to Accidental Death benefits, sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, or bacterial or viral infection regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily Injury or accidental food poisoning.
- j) driving a motor vehicle while Intoxicated;

In addition to the above exclusions, no benefits will be paid for:

- a) eye examinations for glasses; any kind of eye glasses, or prescriptions therefore;
- b) normal health checkups, ear examinations, or hearing aids unless provided for under this policy;
- c) treatment in a Hospital or facility owned or run by the United States Government, unless a charge is made for such services in the absence of insurance; or in a Hospital which does not unconditionally require payment;
- d) dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this policy, and rendered within 6 months of the Accident;

- e) cosmetic surgery, except cosmetic surgery which the Covered Person needs as a result of an Accident which happens while he is covered under this policy. The surgery must be performed within 90 days of the Accident causing the Injury and while such person's coverage is in force;
- f) expenses used to meet the Deductible, or in excess of the coinsurance level, or in excess of those expenses considered Usual and Customary;
- g) services provided by a member of the Covered Person's immediate family or services provided by the Subscriber;
- h) voluntary self administration of any drug or chemical substance not prescribed by, or taken according to the directions of a Doctor;
- i) that part of medical expense payable by any automobile insurance policy without regard to fault (does not apply in any state where prohibited);
- j) medical expenses incurred outside the United States, its possessions or the countries of Canada and Mexico;
- k) treatment of the feet (including, but not limited to corns, calluses, bunions or toenails) for other than Injury;
- l) contraceptive methods, devices or aids, elective sterilization or its reversal, artificial insemination or in-vitro fertilization;
- m) vasectomy;
- n) treatment of temporomandibular joint (TMJ) disorders;
- o) services in excess of 12 visits per contract year for physiotherapy, including spinal manipulations;
- p) weight loss treatment;
- q) treatment of obesity, except for surgical treatment of morbid obesity when the Covered Person's weight is at least twice the ideal weight specified for frame, age, height and sex;
- r) care and treatment of acne;
- s) circumcision;
- t) correction of myopia or hyperopia by means of corneal microsurgery, such as keratomileusis, keratophakia, and radial keratotomy and all related services;
- u) oral surgery except for surgical extraction of full bony impacted wisdom teeth;
- v) Acupuncture, acupressure, biofeedback, massage therapy, reflexology, or hypnosis.

Pre-Existing Conditions - We will not pay benefits for a condition for which a Covered Person received medical treatment, care or advice within the 6 month period ending on the enrollment date. This does not apply if:

- a) he has received no such treatment, care or advice for that condition for 6 straight months after being covered under this policy; or
- b) he has been covered under this policy for 12 months after the enrollment date;
or
- c) the condition is a pregnancy; or
- d) benefits are for adopted children if placement for adoption occurs while the Insured is eligible for coverage; or
- e) benefits are for a newborn child who, as of the last day of the 30-day period beginning with the date of birth, is covered under Creditable Coverage.

Genetic information will not be treated as a Pre-Existing Condition in the absence of a diagnosis of the condition related to such information.