



# FlexMED<sup>sm</sup>

Fully Insured Limited Benefit Health Insurance

Group: Plan 2 Example Only

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- You control the cost... Choose only the benefits you need
- No medical questions or physical examinations
- Guaranteed issue for all eligible employees
- Pre-existing conditions are covered
- Available to all employers with 2 or more enrollees
- Available to full-time, part-time, seasonal and temporary employees
- No employer contribution requirements
- Freedom to use any licensed doctor or hospital, or use the PPO network
- First dollar coverage... Pays in addition to other private insurance
- No deductibles, no coinsurance, no copays for medical benefits
- Benefits may be assigned or paid directly to the employee
- 12-Month rate guarantee



## UNIQUE

*BasicPlus FlexMED* allows you, the employer, to create the plan that is right for your business. You purchase only the benefits you need.

## AFFORDABLE

*BasicPlus FlexMED* offers a variety of affordable monthly premiums. The cost is determined by the benefits you select.

## INNOVATIVE

*BasicPlus FlexMED* is a valuable, lower-cost alternative for employers who do not want to participate in the expensive one-size-fits-all approach to employee health insurance plans.

## AVAILABLE

*BasicPlus FlexMED* is available to all of your employees, including part-time, seasonal and contract workers. You, the employer, decide which benefits you want to offer and how much you want to contribute.

## SIMPLE

*BasicPlus FlexMED* is easy to enroll and simple to use.

## Benefits:

Hospitalization — *FlexMED* pays the amount selected per day for up to 150 days per calendar year with a lifetime maximum of 500 days for all inpatient confinements.

Intensive Care — if elected, *FlexMED* pays double the daily hospital benefit for intensive care confinement while in the hospital, up to 30 days per calendar year, subject to the lifetime confinement maximum.

Convalescent Care — if elected, *FlexMED* pays 50% of the daily hospital benefit for care while confined in a convalescent facility, up to 60 days per calendar year following within 3 days of a hospitalization of at least 3 days, subject to the lifetime confinement maximum.

Alcohol / Drug Abuse — if elected, *FlexMED* pays 50% of the daily hospital benefit for treatment of alcohol or drug abuse while hospital confined, up to 30 days per calendar year, subject to the lifetime confinement maximum.

Mental Illness — if elected, *FlexMED* pays 50% of the daily hospital benefit for treatment of mental illness while hospital confined, up to 30 days per calendar year, subject to the lifetime confinement maximum.

1st Day in Hospital — if elected, *FlexMED* pays the higher amount selected on the first day only.

Heart Attack / Stroke / Cancer — if elected, *FlexMED* pays double the daily hospital benefit for heart attack, stroke or cancer, up to 30 days per calendar year, subject to the lifetime confinement maximum.

Surgery — if elected, *FlexMED* pays a fixed amount per procedure in accordance with the selected schedule for surgery performed in a hospital or outpatient surgery facility, even if the billed amount is lower.

Anesthesia — if elected, *FlexMED* pays an amount equal to 25% of the surgery benefit paid.

Doctor's Office Visits — *FlexMED* pays the amount selected per doctor's office visit for treatment of an injury or sickness, up to the number of visits selected per covered person per calendar year.

Neighborhood Clinic Visits — *FlexMED* pays 50% of the amount selected for a doctor's office visit for treatment of an injury or sickness performed at a facility other than



a doctor's office, staffed by a physician as defined by the policy. Counts as a doctor's office visit.

Diagnostic Testing or X-ray — if elected, **FlexMED** pays the amount selected per visit for medically necessary diagnostic testing and x-rays of injury or sickness performed in a doctor's office or outpatient facility, up to the number of visits selected per covered person per calendar year.

Wellness Visits (Preventive Care) for Adults and Children — if elected, **FlexMED** pays the amount selected per doctor's office visit for well care, up to the number of visits selected, per covered person per calendar year. Well care includes physical examinations, assessments, and screenings.

Ambulance — if elected, **FlexMED** pays the amount selected for ground ambulance transportation up to 2 trips per calendar year.

Emergency Room — if elected, **FlexMED** pays the amount selected for an emergency room visit due to sickness only when not confined to a hospital, up to the number of visits selected per covered person per calendar year.

Accident Benefit — if elected, **FlexMED** pays benefits for an accident claim, up to the amount selected, after all other benefits have been paid.

Rx Drug Card — if elected, employers may choose from five fully insured **FlexMED** plans:

*Plan A* - \$50 calendar year deductible per person/\$100 per family plus \$15 retail generic copay/\$45 mail order; contracted rate on brand Rx

*Plan B* - \$10 retail generic copay/\$30 mail order; contracted rate brand Rx

*Plan C* - \$100 calendar year deductible person/\$200 per family plus \$15 retail generic copay/\$45 mail order; greater of \$50 or 50% retail copay on preferred brand/\$150 or 50% mail order; contracted rate on non-preferred Rx

*Plan D* - \$15 retail generic copay/\$45 mail order; greater of \$50 or 50% retail copay on preferred brands /\$150 or 50% mail order; contracted rate on non-preferred brand Rx

*Plan E* - \$10 retail generic copay/\$30 mail order; greater of \$50 or 50% retail copay on preferred brand; contracted rate on non-preferred brand

*Maximum for all plans: retail 30 days supply / mail order 90 days supply; \$250/employee & \$500/family per month.*

Dental Plan — if elected, **FlexMED** benefits are payable in scheduled amounts for various covered

procedures up to the annual maximum of \$1,000. Some procedures require a 12-month waiting period before benefits are available. (see separate brochure)

Vision Plan — if elected, employers may choose from two **FlexMED** plans (minimum of 10 employees, see separate brochure):

Vision Choice (Option 1) – eyewear only (network only) allowances and substantial discounts for frames, lenses and contact lenses

Vision Select (Option 2) – exam and eyewear paid-in-full exam and contact lens fitting, plus allowances for eyewear and lenses

Short Term & Long Term Disability Insurance — if elected, employers may apply for the Company's short term disability plan. A complete census and underwriting is required. (see separate brochure)

Life Insurance — \$5,000 of group term life insurance is included on each employee.

AD&D — if elected, \$5,000 of group accidental death & dismemberment is provided on each employee.

Additional Life Insurance and AD&D — higher amounts of group term life and AD&D insurance may be available subject to underwriting.

Dependent Life Insurance — if elected, \$1,000 of group term Life & AD&D are provided for the spouse. Child(ren) ages 15 days to 6 months receive \$200; those ages 6 months to 19 years receive \$1,000.

### The Value-Added Benefits:

Beech Street Physician and Hospital Referral Plan — provides access to a network of thousands of medical facilities and physicians nationwide. By using these providers, employees receive substantial discounts on medical services.

Discount Rx Card — provides access to a quality network of Rx vendors across the country. Employees receive substantial savings when compared to retail drug store prices.

Flexible Spending Account (FSA) — for a fee, provides



a complete cafeteria plan (Section 125) for your employees along with FlexMED.

**Premium Only FSA Plan (POP)** — allows your employees participating in FlexMED to pay their share of the premium cost on a tax favored basis.

**COBRA Administration** — for a fee, provides all the necessary administrative services to keep the employer compliant as required by Federal COBRA legislation.

***The Value-Added Benefits are not insurance.** Employees will receive discounts on medical services when they go to certain providers who are contracted with the plan. Employees are solely responsible for payment for all healthcare services provided under the Value-Added Benefits. No portion of any provider's fee will be reimbursed or otherwise paid by the plan.*

Search for providers at [www.flexmedinsurance.com](http://www.flexmedinsurance.com)

## Group Administration:

**Eligibility** - All employees in an eligible class who have completed the required waiting period (30, 60, or 90 days, if elected by the employer) are eligible provided they:

- are actively at work, performing all the normal duties of the job;
- are under age 75;
- are working at least an average of 15 hours per week, during the current calendar quarter;
- reside in the United States.

Employees' dependents are also eligible. Dependents include spouses (if not legally separated or divorced) and children, including adopted and stepchildren up to age 21 (23 if a full-time student), who are unmarried and dependent on the employee for support. To be eligible, dependents must:

- be performing the normal activities of persons who are the same age and gender;
- reside in the United States.

Newborns are covered from birth provided we are notified of the birth and the appropriate premium is paid within 31 days of birth. Otherwise, the newborn is considered a late enrollee and may not be enrolled until the next open enrollment period.

**Enrollment Process** - Employees are given information about the plan design and rates by the employer. During the initial open enrollment period (or any subsequent open enrollment period), eligible employees may

complete an enrollment form to participate in the plan. Open enrollment is available for new employees for 30 days following completion of the waiting period.

**Rate Increases / Policy Cancellation** - No individuals can be singled out for cancellation or rate increase under the policy. The employer has the right to cancel the policy by providing written notice to the Company. Termination will be effective on the latter of: (a) the date we receive the notice; or (b) the requested termination date. After the first anniversary date of the policy, the Company has the right to terminate any or all of the insurance under the Policy as of any premium due date by giving notice to the Policyholder, or each Subscribing Unit, at least 60 days prior to the termination.

**Effective Date of Coverage** - Coverage becomes effective on the first day of the month coinciding with or immediately following the date a completed enrollment form is received, provided that full premium for the coverage has been received.

**Termination for Employees / Dependents** - A covered employee automatically ceases to be insured on the occurrence of any of the following events:

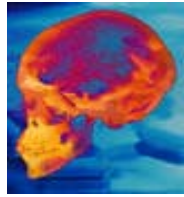
- the date he or she requests cancellation;
- the end of the last period for which all required premium has been paid;
- the date employment ends;
- the last day of the month in which the employee is pensioned or retired;
- the date the employer ceases to offer the plan; or
- the date the policy terminates.

Spouse's and children's coverage terminates concurrently with that of the employee or earlier, if they no longer qualify as a dependent or if the employee requests termination of coverage.

**Flexible Spending Accounts** - Employers may elect to offer a complete cafeteria plan or a premium only plan (POP). The administrator can facilitate this service for the employer.

**COBRA Continuation** - Employers with 20 or more employees are required to offer an extension of benefits as required by federal COBRA legislation. The administrator can facilitate this service for the employer.

**Premium Billings** - Monthly billings will be sent to the employer. The employer must pay as billed. The



employer should note changes and adjustments when premium is remitted. A modal billing fee of \$15 will be reflected on each bill.

**Pre-Existing Conditions Limitation** - There are no exclusions or limitations of benefits due to a pre-existing condition.

**Payment of Claims** - All claims are paid directly to the insured employee unless assigned to a provider. Claims are paid to a specific provider if a valid assignment is made and accepted. The Employer will receive an administration kit which includes claim forms and instructions for filing claims.

Services and discounts under the discount drug program and value-added discount benefits program are handled directly with the participating provider. There are no claims to file.

**Evidence Of Coverage**- All insured employees will receive a certificate of insurance and an identification card.

**Summary of Exclusions and Limitations Applicable To All Benefits (See the Certificate of Insurance for a complete listing)**

Benefits are not provided for injury or sickness of a covered person which results directly or indirectly, wholly or partly, from:

- . [Suicide or attempted suicide, while sane or insane.
- . [Intentionally self-inflicted injury or sickness.
- . [Rest care or rehabilitative care and treatment, unless otherwise provided.
- . [Cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from a covered Accident if initial treatment of the Covered Person is begun within 12-months of the date of the Accident.
- . [Immunization shots and routine examinations and physicals, unless otherwise provided.
- . [Routine newborn care, including routine nursery charges.
- . [Voluntary abortion, except with respect to the insured or covered dependent spouse when such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from an abortion.
- . [Pregnancy of a dependent child, unless required by law.
- . [Mental illness, functional or organic nervous disorder, alcohol abuse, drug use unless such drugs were

taken on the advice of a Physician for more than 10 days in any Calendar Year, with respect to payment of the Daily In-Hospital Indemnity Benefit, unless otherwise provided.

- . [Participation in a riot, civil commotion, civil disobedience, or unlawful assembly.
- . [Attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation.
- . [Participation in a contest of speed in power-driven vehicles, parachuting, parasailing, bungee jumping, or hang gliding.
- . [Air travel except as a fare paying passenger on a regularly scheduled air carrier.
- . [Any accident occurring because the insured person was intoxicated.
- . [Sex changes.
- . [Experimental or investigational treatment.
- . [The reversal of tubal ligation or vasectomies.
- . [Artificial insemination, in vitro fertilization, and test tube fertilization.
- . [Exogenous obesity or weight control.
- . [An act of war, whether declared or undeclared or while performing police duty as a member of any military or naval organization.
- . [Sickness or injury arising out of and in the course of any occupation for compensation, wage or profit.
- . [Air or ground ambulance service, unless otherwise provided.
- . [Unless specifically provided in the Plan, dental care or oral surgery.
- . [Unless specifically provided in the Plan, refractions, eyeglasses or their fitting, or hearing aides.
- . [Services related to educational or vocational testing or training.
- . [Outpatient food, food supplements, or vitamins.
- . [Surgery to correct vision problems which are not caused by a sickness or injury.
- . [Treatment by a surgeon, nurse, dentist or doctor who normally lives with the covered person; is a member of the covered person's family; is the covered person's employer or is contracted for or by a union, employee benefit association, trustee, or similar organization.
- . [Smoking cessation

**Exclusions and Limitations Specific to the Dental Care Benefits of the Plan** Types 1 through 7 are subject to annual maximum of: \$1,000. Types 2, 5, 6a, 7 and 8 are subject to a 12-month waiting period. Benefits are not provided for any charges or expenses incurred by a covered person which result directly or indirectly, wholly or partly from:



Replacement of a tooth extracted prior to the covered person's effective date. Dentures, crowns, inlays, onlays, bridgework or appliances or services for increasing vertical dimensions. Denture or bridgework adjustments. Replacement of a lost or stolen prosthesis or for a duplicate prosthesis. Oral hygiene, diet or plaque control instructions and programs. Athletic mouth guards. Temporary denture or bridge. Failure to appear as scheduled for an appointment. Tooth re-implantology not resulting from an accident. Drugs except for injectable antibiotics administered by a dentist. Procedures, services, or supplies, which do not meet accepted standards of dental practice. Treatment initiated prior to coverage under the plan, except for comprehensive orthodontic treatment as defined by the policy. Services, which are not specifically covered.

**Exclusions and Limitations Specific to the Vision Plans** are located on the Vision by Designs insert pages 1-3 attached to this proposal, if elected.

**Exclusions, Limitations and Provisions Specific to the Outpatient Prescription Drug Plans**

Prescription Drug means all outpatient Medically Necessary Legend non-injectable medications shown on the Formulary, unless otherwise specifically excluded and any of the following. Outpatient means a Prescription Drug is not taken in or administered by a hospital or any other health care facility or office. *Diabetic Products* - Over-the-counter/Diabetic supplies -alcohol swabs, lancets, lancets devices, test strips and tablets (urine, blood glucose, ketone). Insulin and insulin syringes. *Family Planning* -Oral contraceptives. *Nutritional Products* -Prenatal Legend Vitamins. *Other Legend Drugs* -Acne products (Retin-A only up to 24<sup>th</sup> birthday). Compounds -one ingredient must be Legend. *Cough and Cold*. Immunosuppressants. All over-the-counter and injectable medications are excluded unless shown above. If classifications contain both prescribed and over-the-counter or both injectable and non-injectable products, only the non-injectable, prescribed products will be covered unless shown above.

**PRESCRIPTION DRUG BENEFIT PROVISION-** The benefit amounts are payable for Medically Necessary Covered Charges incurred for the purchase of outpatient Prescription Drugs from a Participating or Non-Participating Pharmacy. Any Deductible must be satisfied before benefits will be paid and the Copayment must be incurred for each Prescription Drug or authorized refill. All benefit amounts are subject to the maximum benefits payable.

**Prescription Drugs Purchased With Drug Card-** The insured person will be given a prescription drug card, and is required to present the prescription drug card to the Participating Pharmacy and must pay any appropriate Deductible and/or Copayment amount at the time each Prescription Drug is filled or refilled. When a Prescription Drug card is used at a Participating Pharmacy, benefits are assigned to the Participating Pharmacy.

**Prescription Drugs Purchased Without Drug Card-** If a Prescription Drug is purchased at a Non-Participating Pharmacy, or purchased at a Participating Pharmacy without the prescription drug card, the insured person must pay the full cost for the Prescription Drug at the time of purchase and complete a claim form. Reimbursement subject to any Deductible and/or Copayment will be made directly to the insured person when a Non-Participating Pharmacy is used, or where purchase is made without the Prescription Drug card at a Participating Pharmacy.

**Prescription Drugs Purchased By Mail Order-** The insured person may choose to purchase Prescription Drugs at the

approved Mail Service Participating Pharmacy. The Deductible, if applicable, is a combined Deductible with Retail and also applies to Mail Service. The Copayment must be incurred for each Prescription Drug or authorized refill. **EXCLUSIONS/ LIMITATIONS-** Prescription Drug benefits are not payable for the following items except as set forth above: All over-the-counter products and medications unless shown under the definition of Prescription Drug. This Includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements and all other over-the-counter products and medications. Blood glucose meters; insulin-injecting devices. Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs. Biologicals (including allergy tests); blood products; growth hormones; hemophiliac factors; MS injectables; immunizations; all other injectables unless shown under the definition of Prescription Drug. All other medical supplies and durable medical equipment unless shown under the definition of Prescription Drug. Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid and Niacin - used in treatment versus as a dietary supplement; all other Legend Drug vitamins and nutritional supplements. Anorexiant; Any cosmetic drugs including, but not limited to, Renova, skin pigmentation preps; Any drugs or products used for the treatment of baldness; Topical dental fluorides. Refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription. Any drug labeled "Caution - limited by Federal Law for Investigational Use" or experimental drugs. Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment. Drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder; or the Insured Person taking part in the commission of a felony. Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an Insured Person while on active duty in any armed force. Any expenses related to the administration of any drug. Drugs or medicines taken while in or administered by a hospital or any other health care facility or office. Drugs covered under Worker's Compensation, Medicare, Medicaid or other Governmental programs. Drugs, medicines or products, which are not Medically Necessary. Diaphragms; Erectile dysfunction Legend drugs, unless specifically listed in the definition of Prescription Drug; Infertility Legend drugs. Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; Imitrex-auto injection. Smoking deterrents, Legend or over-the-counter. Vacation supplies and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs. All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication. Brand Name Prescription Drugs

if the benefit purchased covers only Generic Equivalent Drugs. **Limitations** If the benefit purchased covers both Brand and Generic Drugs, and if a Brand Name Prescription Drug is dispensed in lieu of an available Generic Prescription Drug, then in addition to any Deductible and/or Copayment amount, the Insured Person will be responsible for the cost of such Prescription Drug which exceeds the cost of its Generic alternative. The Days Supply is limited to up to a maximum of 30 days at Participating and Non-Participating Pharmacies, and up to a maximum of 90 days.



**FlexMED** is available to employer groups with 2 or more eligible employees in the states of: Alabama, Alaska, Arizona, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, New Hampshire, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Wisconsin, and Wyoming.

**FlexMED** is available to employers with locations in multiple states and/or employees residing in multiple states provided the employer's address is in a state where the program is available and the majority of the eligible employees are located in states where the program is available.

**IMPORTANT**— **FlexMED** is not comprehensive major medical insurance. Policy forms are intended to comply fully with all applicable state insurance statutes and regulations. Because of differing state requirements, benefits, terms and conditions may vary by state from the description according to the employer's location and/or the employee's state of residence.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of coverage will be set forth in the group policy and adopted by each participating employer group. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference and refer to the Certificate of Insurance for additional specific details. Some provisions, benefits, exclusions or limitations listed herein may vary, depending on the employer's location or an employee's state of residence.

## **Aegis Administrative Services inc.**

**Agents must contact Aegis prior to marketing this plan 888-889-**

**2307.**

**Insured by: Companion Life Insurance Company**

Companion Life Insurance Co. ([www.CompanionLife.com](http://www.CompanionLife.com)) has specialized in employee benefits for more than 35 years. The company markets life, dental, disability, specialty accident and health insurance products in 45 states and the District of Columbia and holds an

**A.M. Best rating of A+ (Superior).**

**Administered by: TCC, Inc. / P.O. Box 22557 / Charleston, SC .**

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Employer Name: Plan 2

Rates are based on employer contribution of: 0% to 100% and any existing or prior coverage, if applicable. The QUESTION below should be answered before, and again after the enrollment, in order to determine if a discount is available. Rates are subject to final enrollment. Billing fees are not included in the rates.

Anticipated Employee Enrollment	Selected>	2
Employer Paid % of Employee Only Premium	Selected>	100%
Replacing/Keeping Major Medical	Selected>	No
QUESTION (if yes) how many covered	Selected>	0
Hospitalization (daily benefit)	Selected>	\$1,000
Intensive Care (2x daily benefit)	Selected>	Yes
Convalescent (1/2 daily benefit)	Selected>	No
Alcohol/Drug Abuse (1/2 daily benefit)	Selected>	No
Mental Illness (1/2 daily benefit)	Selected>	No
Heart Atk/Stroke/Cancer (2x daily benefit)	Selected>	Yes
1st Day In Hospital (total pd 1st day)	Selected>	\$1,500
Surgical Schedule (per procedure)	Selected>	5000
Anesthesia (25% of surgery benefit paid)	Selected>	Yes
Doctor's OV/Neighborhood Clinic (per visit)	Selected>	6x
(If Selected)	Selected>	\$30
Diagnostic Tests (per visit)	Selected>	3x
(If Selected)	Selected>	\$200
Wellness Visits (Preventive Care)	Selected>	1x
(If Selected)	Selected>	\$0
Ambulance (2 trips)	Selected>	\$0
Emergency Room - Sickness (2 visits)	Selected>	\$200
Accident Benefit	Selected>	\$1,000
RX Drug Card - Insured Plan	Selected>	NO
Life Insurance (ee)	Included>	\$5,000
AD&D (ee)	Selected>	\$5,000
Dependent Life Insurance	Selected>	No
Value Added Benefits (PPO/Rx discount)	Selected>	Yes
POP Section 125	Selected>	No
COBRA Eligible	Selected>	No
Dental Plan	Selected>	No
Vision Plan	Selected>	N/A
Short Term Disability	Selected>	No

Monthly Premiums

3 - Tier Premiums

Employee Only	\$147.82
Employee + 1 Dependent	\$275.12
Employee + Family	\$412.27

4 - Tier Premiums

Employee Only	\$147.82
Employee + Spouse	\$296.34
Employee + Children	\$237.73
Employee + Family	\$433.11

Agent Signature: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## FlexMED

### Limited Benefit Health Insurance

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#### Insured by: **Companion Life Insurance Company**

Companion Life Insurance Company has specialized in employee benefits for more than 35 years. The company markets life, dental, disability, specialty accident and health insurance products in 45 states and the District of Columbia and holds an **A.M. Best rating of A+ (Superior)**

**Administered by: TCC, Inc. / P.O. Box 22557 / Charleston, SC 29413**

**Marketed Locally BY: Aegis Administrative Services Inc. 888-881-2307.**

## Benefits:

Hospitalization - FlexMED pays \$1,000 per day for up to 150 days per calendar year with a lifetime maximum of 500 days for all inpatient confinements.

Intensive Care - FlexMED pays \$2,000 per day for intensive care confinement while in the hospital, up to 30 days per calendar year, subject to the lifetime confinement maximum.

1st Day in Hospital - FlexMED pays \$1,500 on the first day only.

Heart Attack / Stroke / Cancer - FlexMED pays \$2,000 for heart attack, stroke or cancer, up to 30 days per calendar year, subject to the lifetime confinement maximum.

Surgery - FlexMED pays up to \$5,000 per procedure in accordance with the schedule for surgery performed in a hospital or outpatient surgery facility, even if the billed amount is lower.

Anesthesia - FlexMED pays an amount equal to 25% of the surgery benefit Paid.

Doctors Office Visits - FlexMED pays \$30 per doctors office visit for treatment of an injury or sickness, up to 6 visits per covered person per calendar year.

Neighborhood Clinic Visits - FlexMED pays \$15 for treatment of an injury or sickness performed at a facility other than a doctors office, staffed by a physician as defined by the policy. Counts as a doctors office visit.

Diagnostic Testing or X-ray - FlexMED pays \$200 per visit for medically necessary diagnostic testing and x-rays of injury or sickness performed in a doctors office or outpatient facility, up to 3 visits per covered person per calendar year.

Emergency Room - FlexMED pays \$200 for an emergency room visit due to sickness only when not confined to a hospital, up to 2 visits per covered person per calendar year.

Accident Benefit - FlexMED pays benefits for an accident claim, up to \$1,000 after all other benefits have been paid.

Life Insurance - \$5,000 of group term life insurance is included on each employee.

AD&D - \$5,000 of group accidental death & dismemberment is provided on each employee.



**The Value-Added Benefits:**

Beech Street Physician and Hospital Referral Plan - provides access to a network of thousands of medical facilities and physicians nationwide. By using these providers, employees receive substantial discounts on medical services.

Discount Rx Card - provides access to a quality network of Rx vendors across the country. Employees receive substantial savings when compared to retail drug store prices.

The Value-Added Benefits **are not insurance.** Employees will receive discounts on medical services when they go to certain providers who are contracted with the plan. Employees are solely responsible for payment for all healthcare services provided under the Value-Added Benefits. No portion of any providers fee will be reimbursed or otherwise paid by the plan.

Effective Date of Coverage - Coverage becomes effective on the first day of the month coinciding with or immediately following the date a completed enrollment form is received, provided that full premium for the coverage has been received.

Enrollment Process - If eligible to participate, you must enroll during the initial open enrollment period (or any subsequent open enrollment period). Open enrollment is available for new employees for 30 days following completion of the waiting period. No late enrollments.

Enroll now:

\$ \_\_\_\_\_ Per month \$ \_\_\_\_\_ Per pay period

Search for providers: [www.FlexMEDInsurance.com](http://www.FlexMEDInsurance.com)

