

Fundamentals Health Plan

Affordable Fundamental Healthcare, Flexible Plans & Easy Online Administration

Providing employee benefits
has never been easier.

Insurance Coverage is Underwritten by
ACE American Insurance Company:



Rated A+ by S&P and AM Best

Standard and Poor (S&P), and AM Best ratings are based on Insurance Company analysis and rating for financial strength and it's ability to meet their policyholders' and other obligations over a long period of time.

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An Affordable Option for America's Workers

In the year 2005, only 60% of employers offered healthcare coverage to workers, according to a study conducted by the Kaiser Family Foundation and Health Research and Educational Trust.*

BRMS has the answer to this quandary.

Now, employers with as few as 75 employees can afford to provide fundamental healthcare coverage to all employees, whether full-time, part-time, temporary or seasonal.

Insured by ACE American Insurance Company, the Fundamentals Health Plan™ is an affordable solution to basic health insurance protection.

With five insurance plans to choose from, you can choose the level of coverage you are able to provide.

From basic insurance coverage on office visits, emergency care, inpatient hospitalization, supplemental accident and AD&D insurance, to additional accident benefits, outpatient diagnostic, laboratory and X-ray, and surgical costs — Fundamentals Health Plan™ has a plan to meet employers' needs.

In addition, each plan includes simple online benefit enrollment and administration.

With Fundamentals Health Plan™, employees have access to effective care when they need it most — keeping your workers healthy and productive.

This conservative plan provides fundamental medical coverage that meets your specific business needs.

Choose from five different insurance plans that include simple online enrollment, benefit management, consolidated billing and a fully staffed call center.

Providing employee benefits has never been easier.

*Kaiser Family Foundation/HRET release, 9/9/05.



ACE American Insurance Company



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Headquartered in Bermuda since its inception in 1985, ACE was created to satisfy a market need for excess liability and excess directors & officers insurance. Through its strategic acquisitions and entry into the global accident and health market, ACE now does business around the world with underwriting programs tracing their history back to 1792.

As an organization dedicated to providing client, shareholder and employee value, ACE fosters an environment of professional excellence that enables its employees in delivering the ACE promise to be creative, agile, innovative and ethical in meeting the needs of their customers and producers.

The ACE Group of Companies is one of the world’s leading providers of insurance and reinsurance. ACE USA is the U.S.-based operating division of the ACE Group of Companies, headed by ACE Limited (NYSE: ACE). ACE USA provides insurance products and services through the U.S. operating subsidiaries and globally, through ACE global subsidiaries, in close to 50 countries on a locally admitted basis. ACE is among the top 25 largest Property/Casualty Groups in the world, ranked by Total Assets-per A.M. Best Statistical Study, June 2003.

ACE USA Accident & Health is a marketing division of ACE USA, headquartered in Philadelphia, PA. ACE American Insurance Company, the primary ACE underwriting company for accident and health insurance in the U.S., is part of the ACE Group of Companies.

ACE American Insurance Company

A.M. Best Rating:	A+ (Excellent)
Standard & Poor’s Rating:	A+ (Strong)
Moody’s Rating:	A2 (Good)
Fitch:	A+

Financial Statistics, as of December 31, 2004

Total Assets	\$5,374,011,925
Total Capital & Surplus	\$881,559,111



The Benefits of Offering Insurance Benefits

Healthier Employees = Healthier Business

Consider benefits as an investment in your company's well being.

Qualified employees often seek employers who offer health benefits and competition for these qualified workers makes it necessary for companies to stay one-step ahead of the rest. When included as part of total compensation package, benefits not only attract more experienced employees, they help keep them healthy and productive. Employees without medical benefits are more likely to file workers compensation claims for medical treatment or defer medical treatment — potentially developing into a serious medical situation.

In addition, when your employees have greater empowerment and choice over their health and wellness, you're likely to see less sick days. Overall, benefits can help secure your business.

Benefits help you to improve productivity:

- Attract and retain employees who can make your business a success.
- Keep up with competition.
- Foster good morale.
- Reduce absenteeism.
- Reduce workers' compensation claims.
- Relieve your employees of the anxieties associated with lack of health insurance.

Moreover, there may be tax advantages to offering health care benefits — your contribution as an employer may be deductible and the insurance is not taxable. Consult your tax advisor for the tax advantages of offering health insurance.

Employee Retention

Employees are a key investment for any company; and, keeping employees is much more cost-effective than replacing them. Employee turnover equates to a net loss when you consider the time and cost associated with recruiting, screening, interviewing and training new workers — not to mention loss of productivity and overtime pay to those covering the vacant job.

The Employment Policy Foundation states that 25% of annual compensation is a conservative estimate for the cost of replacing an employee.*

Insurance benefits are an effective and efficient means of meeting your employee's and business' economic needs.

"Employee Turnover Is Expensive," Fact Sheet October 22, 2004, Employment Policy Foundation, www.epf.org



Benefit & Risk Management Services, Inc.



Benefit & Risk Management Services

Benefit & Risk Management Services (BRMS) is a leading employee benefit administration and healthcare risk management TPA that is building trusted and valued relationships to reduce healthcare costs.

Founded in 1994, BRMS has redefined the value of Third Party Administration with the most advanced technology solutions.

BRMS helps over 400 organizations (including IT industry leaders, school districts, credit unions, hospitals, home builders and vineyards) control their benefit costs with advanced administration services, creative funding options and an innovative Web-based Virtual Benefits Administration System (Vbas®) that streamlines processes.

- Risk Management Services
- Vbas® Online Benefit Administration & Enrollment
- Third Party Administration Services

For more information on BRMS and Vbas®, visit www.brmsonline.com.

BRMS' Fundamentals Health Plan™ Services Include:

- Benefits Administration
- Claims Administration
- Reporting
- Data Warehousing
- Consolidated Billing
- Toll Free Customer Support/ Call Center

A leading technology innovator developing advanced solutions for healthcare management, BRMS pioneers progressive methods to increase administration efficiencies and reduce costs.



Easy Online Benefit Administration with Vbas®

Virtual Benefits Administration System (Vbas®)

The Virtual Benefits Administration System (Vbas®) is BRMS' exclusive technology solution to managing your benefit administration. Our secure online system houses, protects, analyzes and consolidates insured data, enrollment, reporting and billing for the Fundamentals Health Plan™.

The initial enrollment for Fundamentals will be managed by your broker. After that, BRMS will automatically apply all of the features and benefits of Vbas as described below to your Fundamentals Health Plan. If you would like to extend the power of Vbas to your entire employee benefits program, please contact your broker.

The Vbas® Advantage

- One secure database
- Online communication
- Automated online enrollment (optional)
- Electronic billing
- Pre-scheduled custom reports
- Employee access to benefits
- Toll free customer support center



Vbas® automates each and every step in the benefit administration process for the Fundamentals Health Plan™. Your employee benefit information is available via the Internet, updated in real-time and automatically integrated with BRMS.

With the click of a button, all eligible employees have the ability to view plan information and enroll themselves and dependents in the Fundamentals Health Plan™.

Vbas® eases the administration for those who experience high turnover, with automatic tracking and system updating.

Vbas® can also integrate with your existing HR and payroll system with your Fundamentals Health Plan data to ensure information integrity across all databases.

If you need to create custom reports quickly and easily, Vbas® can pre-schedule custom automated reports, cross tabulate, analyze and output reports in a user-friendly format, any time of the day or night.

If you have elected to extend Vbas® to your entire benefits program, Vbas® also combines all your health benefit billing into one easy-to-read monthly invoice and auto-reconciles your billing to keep track of changes in eligibility and ensure you don't incur costly errors.



The Fundamentals Health Plan™

Fundamentals Health Plan™ provides health coverage up to the stated maximum dollar amount per type of service, flexibility in choice of physicians and hospitals and affordable doctor visits. The Fundamentals Health Plan™ also includes reimbursement for in-patient hospital procedures, surgical benefits, doctor visits, emergency treatment and AD&D benefits.

There are five insurance plans from which you can choose.

This flexible plan allows members to have open access to providers of their choice and to receive the same benefit regardless of the provider chosen. Plus, with Fundamentals, there are no restrictions or waiting periods for pre-existing conditions (exception: pregnancy when conception occurs prior to the employee's effective date of coverage),

The insurance plans are available to employers with as few as 75 employees, and can be structured to include part-time, temporary or seasonal employees.

The Employee Advantage

Oftentimes, seasonal or temporary employees, beginning service or industrial hourly workers, retail stock or sales employees have never been offered employee benefit coverage.

For many, the Fundamentals Health Plan™ will be their first opportunity at a health insurance plan that (while controlling your costs) allows the employees to have access to doctors, admission to hospitals, accidental coverage and more.

This may be the only opportunity some employees will have to purchase health insurance. The Fundamentals Health Plan™ offers your employees and their dependents health insurance protection when they may need it most. Many employees will also reduce their out-of-pocket medical expenses immediately.

In turn, you will benefit from employee loyalty, fewer sick days and less workers' compensation claims.

Easy Online Enrollment

Vbas® is a simple, straight forward system that walks employees through the enrollment process. With step-by-step instructions, employees can view their insurance plan information and enroll themselves and their dependents online. In addition, our friendly, well-trained benefit administration staff are available 11 hours a day, toll free, to answer any questions your employees may have.



Fundamentals Safety Plan

Office Visits	Up to \$40 per visit	6 visits per person per year
Emergency Room	Up to \$75 per visit	4 visits per person per year
(for sickness only)		
Inpatient Hospital	\$200 per day	1 st day
	\$100 per day	29 days per person per year
Supplemental Accident	Up to \$500 per occurrence	No limit to # of occurrences
(Non-hospital confined services provided by physician, lab or hospital; initial treatment within 72 hours of accident.)		
AD&D	\$20,000 — Employee, \$5,000 — Spouse, \$1,000 — Child	
Vision*	Non-Insured Discount Access Plan	
Rx Drug*	Non-Insured Discount Access Plan	

*Fully Insured Vision and Rx Drug coverage, and Enhanced Benefits Discount Plan available (see pages 15-17).

This program is administered by Benefit & Risk Management Services, Inc. The Limited Medical and Accidental Death and Dismemberment coverages are underwritten by ACE American Insurance Company.
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Fundamentals Safety Plan Plus

Office Visits	Up to \$50 per visit	6 visits per person per year
Diag/Lab/Xray (outpatient only)	Up to \$30 per visit	3 visits per person per year
Emergency Room (for sickness only)	Up to \$75 per visit	4 visits per person per year
Inpatient Hospital	\$400 per day	1 st day
	\$200 per day	29 days per person per year
Supplemental Accident (Non hospital confined services provided by physician, lab or hospital; initial treatment within 72 hours of accident.)	Up to \$500 per occurrence	No limit to # of occurrences
AD&D	\$20,000 – Employee, \$5,000 – Spouse, \$1,000 – Child	
Vision*	Non-Insured Discount Access Plan	
Rx Drug*	Non-Insured Discount Access Plan	

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Fundamentals Protection Plan

Office Visits	Up to \$60 per visit	6 visits per person per year
Wellness Care		
Adult	Up to \$75 per visit	1 visit per person per year
Child(ren) age 4 and under	Up to \$75 per visit	3 visits per person per year
Diag/Lab/Xray (outpatient only)	Up to \$40 per visit	3 visits per person per year
Emergency Room (for sickness only)	Up to \$75 per visit	4 visits per person per year
Inpatient Hospital	\$600 per day	1 st day
	\$300 per day	29 days per person per year
ICU	\$300 per day add'l	Included above
Supplemental Accident	Up to \$500 per occurrence	No limit to # of occurrences
(Non hospital confined services provided by physician, lab or hospital; initial treatment within 72 hours of accident.)		
AD&D	\$20,000 – Employee, \$5,000 – Spouse, \$1,000 – Child	
Vision*	Non-Insured Discount Access Plan	
Rx Drug*	Non-Insured Discount Access Plan	

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Fundamentals Protection Plan Plus

Office Visits	Up to \$60 per visit	6 visits per person per year
Wellness Care		
Adult	Up to \$75 per visit	1 visit per person per year
Child(ren) age 4 and under	Up to \$75 per visit	3 visits per person per year
Diag/Lab/Xray (outpatient only)	Up to \$50 per visit	3 visits per person per year
Emergency Room (for sickness only)	Up to \$75 per visit	4 visits per person per year
Inpatient Hospital	\$1000 per day	1 st day
	\$500 per day	29 days per person per year
ICU	\$500 per day add'l	Included above
Supplemental Accident (Non hospital confined services provided by physician, lab or hospital; initial treatment within 72 hours of accident.)	Up to \$1,000 per occurrence	No limit to # of occurrences
Surgery	Per surgical schedule	\$1,500 per year
-Anesthesia	25% of surgical schedule	\$375 per year
AD&D	\$20,000 – Employee, \$5,000 – Spouse, \$1,000 – Child	
Vision*	Non-Insured Discount Access Plan	
Rx Drug*	Non-Insured Discount Access Plan	

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Fundamentals Full Protection Plan

Office Visits	Up to \$75 per visit	6 visits per person per year
Wellness Care		
Adult	Up to \$75 per visit	1 visit per person per year
Child(ren) age 4 and under	Up to \$75 per visit	3 visits per person per year
Diag/Lab/Xray (outpatient only)	Up to \$50 per visit	3 visits per person per year
Emergency Room (for sickness only)	Up to \$75 per visit	4 visits per person per year
Inpatient Hospital	\$1500 per day	1st day
	\$1000 per day	29 days per person per year
ICU	\$1000 per day add'l	Included above
Supplemental Accident	Up to \$1000 per occurrence	No limit to # of occurrences
(Non hospital confined services provided by physician, lab or hospital; initial treatment within 72 hours of accident.)		
Surgery	Per surgical schedule	\$3000 per year
-Anesthesia	25% of surgical schedule	\$750 per year
AD&D	\$20,000 — Employee, \$5,000 — Spouse, \$1,000 — Child	
Vision*	Non-Insured Discount Access Plan	
Rx Drug*	Non-Insured Discount Access Plan	

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Non-Insured Discount Access Plan: Vision

Lens Options

The NVA participating provider will charge up to the wholesale cost, plus fifty percent (50%) on each option selected, or their usual, customary and reasonable fee, whichever is less.

Standard Lens Options Include: Photochromatic, Scratch Resistant, Fashion or Gradient Tints, Progressive or No-line Multifocals, Anti-reflective, Polycarbonate and Prescription Sunglasses.

Frames

The participating provider will charge up to the wholesale cost for frames, plus fifty percent (50%), or their usual, customary and reasonable fee, whichever is less. This pricing structure greatly reduces your out-of-pocket expenses. Eye care provider’s normal retail prices on frames are often as much as three times (3x) the wholesale cost.

Contact Lenses

The participating provider will charge his or her usual, customary and reasonable fee, less twenty-five percent (25%) for contact lenses, including the contact lens examination. Disposable Contact Lenses are limited to a “one time only” discount.

Lenticular Lenses

The participating provider will charge his or her usual, customary and reasonable fee, less twenty-five percent (25%).

Schedule of Benefits

*Routine Vision Analysis:

Eastern/Mid-Atlantic	Western/Southern
Areas	Areas
\$38.00	\$50.00

	Clear Lenses (Per Pair)	
	Plastic	Glass
Single Vision:	\$30.00	\$31.00
Bifocal:	\$41.00	\$45.00
Trifocal:	\$50.00	\$55.00

*Does Not Include Contact Lens Analysis

Administered by National Vision Administrators
A Division of National Prescription Administrators, Inc.



Non-Insured Discount Access Plan: Rx Drug

Regence Rx Prescription Drug Discount Plan Arranged through PRAM Insurance Services, Inc. Frequently Asked Questions



How does the prescription discount benefit work?

You will be provided with a member identification card. Once your doctor has written you a prescription, simply take it to be filled at one of the Regence Rx participating pharmacy locations. While at the pharmacy, present your identification card to the pharmacist/pharmacy technician. Your prescription claim information will then be submitted electronically, in real time to the Regence Rx claim processing system. Once the system receives the claim information, your eligibility information will be verified and your discount price calculated. The claim system will then send a response to the participating pharmacy indicating the amount to collect from you, the member. This process normally takes less than 2 seconds.

Are the individual Discounts listed the same as copays?

No, the discount pricing provided is a guide for our members, which provides a general idea of what the out of pocket cost will be once the discount is applied. For instance, if a medication is listed as a Discount 1 medication, that means the member can expect to pay up to \$10 for that particular medication. It is important to note that medication prices change. We urge members to utilize PRAM's WEB pricing tool, which calculates the discount price at your pharmacies. This online service allows members, armed with their username and password, to put in the name of their prescription and receive an online estimate of the average cost of the prescription, based upon claims that have processed in the last 60 days. To access this service, go to PRAM's web site at www.pram.com, click on the Products and Services tab, and then on Prescription Discount Programs, and log in using your username and password, or by using the link, www.pram.com/prescription_discount_progs.shtml and logging in.

Do all pharmacy locations participate in the Regence Rx program?

No, not all pharmacy locations participate in the Regence Rx program. However, there are over 51,000 pharmacies nationwide that do participate. Those pharmacies include nationally recognized chains, such as Walgreens, as well as grocery and independent retail pharmacies across the country.

How do I find out if my pharmacy participates in this program?

You can verify a pharmacy location by simply going to PRAM's web site at www.pram.com, click on the Products and Services tab, and then on Prescription Discount Programs, and log in using your username and password, or by using the link, www.pram.com/prescription_discount_progs.shtml and logging in. Once you are there, with a click of the cursor, the pharmacy name, city, state, and zip code and be entered, and the pharmacy locator will provide the names of local approved contracted pharmacies ready to honor your Rx card. This is a great resource if you plan to travel. If you do not have access to the internet, you can call PRAM's member services at (800) 262-7726 for participating pharmacy verification.



Non-Insured Discount Access Plan: Rx Drug

Will I save money on every prescription?

Members are guaranteed to pay the lower of the Regence Rx contracted rate, or the pharmacy's usual and customary price (U&C). In most cases, the Regence Rx contracted rate will save members anywhere between 5% to 50% depending on the medication type and which pharmacy location the member chooses to fill the medication.

The participating pharmacy network is comprised of different types of pharmacies. Each pharmacy has different buying habits when it comes to purchasing their medication inventory and setting their U&C. Therefore, there may be instances, particularly for certain heavily marketed brand name medications, that a particular pharmacy's U&C is better than the contracted rate. In this instance, the member will pay the price they would have paid even without the Regence Rx benefit.

What is the difference between a generic and a brand-name medication?

Not much, except for the name and price. The products contain the same active ingredients. Generics, however, may cost between 20% to 60% less than the cost of the brand-name medication.

Are new brand-name medications better than older generics? Aren't generic medications inferior?

Many new medications come to the market annually. However, new does not always mean better. In many situations, generics remain the medications of choice. Also, generics have a longer safety record than newer medications. Finally, price does NOT reflect quality for generic or brand-name medications. Since generic medications generally sell for less than brand-name medications, they are falsely considered inferior to their brand-name counterparts.

Does the FDA review and approve generics the same way they do brand-name medications?

Yes. Before the FDA will approve a generic for distribution, it must be generically and therapeutically equivalent to the brand-name counterpart. That means it must:

- Have the same active ingredients, strength, and dosage form (tablet, liquid, injection, etc).
- Meet FDA specifications for quality, purity and potency for the approved indications and conditions of use.



Non-Insured Discount Access Plan: Rx Drug

When a brand medication finally goes generic, how much money can I expect to save?

When a patent protection is finally exhausted for a brand medication, in most cases, one manufacturer is awarded a six-month exclusive right to produce the generic form of that particular brand medication. Initially, the generic form of the medication is considered a single source generic since there is only one manufacturer. Therefore, in these instances consumers can expect to save 10% to 15% off of the original brand price. For example, if the original brand cost for a 30-day supply was \$120, the new generic cost might be \$102 to \$108. Only until the exclusivity period expires and multiple manufacturers begin to produce the generic form of the drug, will consumers see 40% to 50% off of the original brand price.

Can I use the Regence Rx benefit if I already have Health Insurance?

Yes, if the health insurance coverage you currently have requires you to file a claim for prescription medication reimbursement, the Regence Rx benefit will reduce your out of pocket expense by the amount of our discount. Once you have received the Regence Rx benefit at the participating pharmacy location, simply file the claim with your health insurance provider for reimbursement.

If I forget my identification card and I get a prescription, can I file a claim with Regence Rx for reimbursement?

No, Regence Rx is not insurance, therefore, if you do not present your identification card at the time of service, you will not receive the discount benefit. However, if you did leave your identification card at home or simply forgot to present your identification card, you may ask the participating pharmacy to re-submit the claim for processing. The participating pharmacy is not obligated to re-submit the claim, however, if you act in a reasonable time period (within 7 days of the fill), most pharmacies will re-submit the claim and reimburse less the Regence Rx applicable discount.

How can I maximize my savings utilizing the Regence Rx prescription drug benefit?

Although Regence Rx members will realize savings for both brand and generic medications, the most significant savings are realized on generic medication. Since, in most cases, there are multiple sources for generic medications, the negotiated discounts with the participating providers for these medications are greater and yield a bigger savings to the member. Therefore, in order to maximize your savings, if there is a generic medication available, always request your doctor prescribe the generic medication alternative, or at the time of filling your prescription, if the pharmacy asks if you would like the generic equivalent, elect to take the generic medication.

Is there a Mail Service Benefit available?

Yes, additional savings can be obtained on prescriptions filled at Mail Service. With your prescription in hand, simply inquire at the toll-free number provided on your member identification card for more information.



Optional Fully Insured Vision & Rx Drug Plans

Underwritten by ACE American Insurance Company

Fully Insured Vision Benefit*

Vision Examination Benefit

Benefit Co-pay Amount	\$0	\$0
Maximum Benefit	100%	\$35
Frequency	Once every 12 months	Once every 12 months

Eyeglass Frame Benefit

Benefit Co-pay Amount	\$0	\$0
Maximum Benefit	\$60 Retail Allowance	\$25 Reimbursement
Frequency	Once every 24 months	Once every 24 months

Standard Eyeglass Lenses Benefit (Standard Glass or Plastic)

Benefit Co-pay Amount	\$0	\$0
Maximum Benefit		
Single Vision	100%	\$35
Bifocals (pair)	100%	\$45
Trifocals (pair)	100%	\$55
Lenticular Lenses	100%	\$80
Frequency	Once every 12 months	Once every 12 months

Contact Lenses Benefit (In Place of Lenses/Frames)

Benefit Co-pay Amount	\$0	\$0
Maximum Benefit		
Medically Necessary	100%	\$100
Cosmetic (Fitting Fee)	100%	\$20 Daily Wear Lenses
Cosmetic -		\$30 Extended Wear Lenses
Lenses, Retail Allowance	\$75 Retail Allowance	\$50 Reimbursement
Frequency	Once every 12 months	Once every 12 months

*The scheduled amounts shown are maximums. The actual amount to be paid for any service or material will be the lesser of the scheduled amount for such service rendered and/or materials purchased, or the actual amount charged.

Fully Insured Prescription Drug Benefit

Benefit Amount: 100% of Covered Expenses after Co-payment

Benefit Period: Benefits are payable on a Plan Year basis. A Plan Year is 12 months from the date a covered person's insurance initially goes into effect, and thereafter each subsequent 12 consecutive months provided coverage remains in force under the Policy.

Maximum Benefit: \$2,500 per Covered Person per Plan Year

Co-payment: Generic: \$10 Mail Service Generic: \$30

Dispensing Limits and Authorized Refills

Limits: Retail: 30 day supply Mail: 90 day supply



Optional Enhanced “Best Benefits” Discount Plan

Employees have the option to add Vision and Prescription coverage by purchasing the “Best Benefits” Discount Plan, an easy and affordable way for employees to increase healthcare coverage.

DENTAL

Save 10% to 50% at the dentist

Members not only save on routine and preventive care, but also on more extensive treatments such as fillings, crowns, root canals, dentures, cosmetic dentistry and orthodontics at over 25,000 providers nationwide.

VISION

Save up to 50% on eye care

Members save up to 50% off eyeglasses, contact lenses (excluding disposable) and other retail eyewear items through a network of over 9,000 eye care professionals nationwide.

HEARING

Receive a free hearing aid evaluation

Members receive at least a 20% discount from the provider’s usual and customary fees on hearing aids, hearing aid repairs as well as related hearing products through one of the largest networks of Audiologists in the U.S.

PRESCRIPTION DRUG

Save on your prescription needs

Members can obtain discounts of up to 30% on name brand and generic prescription drugs at over 40,000 participating pharmacies nationwide, including most major chains. Members can save even more with our convenient mail order service.

CHIROPRACTIC

Save up to 40% at the chiropractor

Members receive discounts on exams, x-rays, and save up to 40% on diagnostic services and up to 20% on all other services. One of the largest networks in the nation.

With over
6 million
members nationwide,
Best Benefits
is the leading program
for discounted
healthcare services.



Optional Enhanced “Best Benefits” Discount Plan

PHYSICIAN SERVICES

Save money on your next doctor's visit

With access to a network of hundreds of thousands of health care providers nationwide, members can save on their health care needs. Members who have no health insurance can save money on all visits to a participating provider or members who do have health insurance can save on services not covered, such as routine office visits, exams, and cosmetic surgical procedures. An average savings of 20%-25% and up to 40% savings, members can save hundreds or even thousands of dollars a year.

24-HOUR NURSELINE

Enjoy peace of mind with our 24-hour nurse helpline

The 24-hour nurse helpline provides access to registered nurses, 24 hours a day, 7 days a week. These nurses are specially trained to offer prompt, confidential medical counseling to assist members in making informed decisions on their health care needs.

MEDICAL RECORDS STORAGE

Your complete medical history is now only a phone call away

For members a quick telephone call is all it takes to access your complete medical history, emergency contact information, and even living will instructions—any time, day or night.

