Companion Life

Preferred United Plans®
"Alternative Funding"

SECUREONE Benefit Administrators, Inc.

Benefit Summary PPO - 80/50

	IN NETWORK	OUT OF NETWORK
Deductible *Individual*	$1,000, $1,500, $2,000, $2,500, $3,000, $4,000, $5,000, $7,000, $8,000	$3,000, $4,500, $6,000, $7,500, $9,000, $12,000, $15,000, $21,000, $24,000
Family	$2,000, $3,000, $4,000, $5,000, $6,000, $8,000, $10,000, $14,000, $16,000	$6,000, $9,000, $12,000, $15,000, $18,000, $24,000, $30,000, $42,000, $48,000
Preventative Care	100%	50% After Deductible
Primary Care Visit	$30 Copay	50% After Deductible
Specialist Visit	$50 Copay	50% After Deductible
Coinsurance (Plan Pays)	80% After Deductible	50% After Deductible
Total Out of Pocket Maximum	Includes Deductible	
Individual	$8,700	$23,000, $24,500, $26,000, $27,500, $29,000, $32,000, $35,000, $41,000, $44,000
Family	$17,400	$46,000, $49,000, $52,000,$55,000, $58,000, $64,000, $70,000, $82,000, $88,000
Copays will be applied towards out-of-pocket maximums up to $8,700 Single / $17,400 Family for In Network only. **The maximum Out-Of-Pocket for In Network cannot exceed $8,700 for Single and $17,400 for Family** **Note: The deductible, out-of-pocket limit and maximums are separate for both the network and non-network providers.**		
Covered Individual Annual Maximum	Unlimited	
EMERGENCY SERVICES		
Urgent Care Visit	$75 Copay	50% After Deductible
Emergency Room Visit (Facility)	$350 / $500 Copay then 80% Waived if Admitted	$350 / $500 Copay then 80% Waived if Admitted
Emergency Room Physician	80% After Deductible	50% After Deductible
Ambulance Service	80% After Deductible	50% After Deductible
Air Ambulance Limit	$5,000	$5,000
HOSPITAL SERVICES		
INPATIENT		
~Room and Board	80% After Deductible The semiprivate room rate	50% After Deductible The semiprivate room rate
~Physician Services	80% After Deductible	50% After Deductible
~Intensive Care Unit	80% After Deductible	50% After Deductible
~Inpatient Surgery	80% After Deductible	50% After Deductible
~Anesthesiologist	80% After Deductible	50% After Deductible
~Lab/X-Ray/CT Scan/MRI	80% After Deductible	50% After Deductible
~Inpatient Miscellaneous Fees	80% After Deductible	50% After Deductible
~Organ Transplants	80% After Deductible at Centers of Excellence	50% After Deductible at Non-Centers of Excellence/Maximum $150,000 a Lifetime
OUTPATIENT		
~Outpatient Surgery	80% After Deductible	50% After Deductible
~Physician Services	80% After Deductible	50% After Deductible
~Anesthesiologist	80% After Deductible	50% After Deductible
~Lab/X-Ray/CT Scan/MRI **(preventative see above)**	80% After Deductible	50% After Deductible
~Outpatient Hospital Services	80% After Deductible	50% After Deductible
~Primary Office Visit or Virtual Visit	$30 Copay	50% After Deductible
~Specialist Office Visit or Virtual Visit	$50 Copay	50% After Deductible
Pregnancy	80% After Deductible	50% After Deductible
REHABILITATION SERVICES		
Occupational Therapy	80% After Deductible 25 visits Calendar Year Maximum	50% After Deductible 25 visits Calendar Year Maximum
Speech Therapy	80% After Deductible 25 visits Calendar Year Maximum	50% After Deductible 25 visits Calendar Year Maximum
Physical Therapy	80% After Deductible 25 visits Calendar Year Maximum	50% After Deductible 25 visits Calendar Year Maximum
Durable Medical Equipment	80% After Deductible	50% After Deductible
Prosthetics	80% After Deductible	50% After Deductible
Orthotics	80% After Deductible	50% After Deductible

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	IN NETWORK	OUT OF NETWORK
SKILLED NURSING FACILITY		
	80% After Deductible	50% After Deductible
~Maximum	30 days for each care period	30 days for each care period
HOME HEALTH CARE		
	80% After Deductible	50% After Deductible
~Maximum per visit	$100	$100
~Maximum visits per Calendar Year	45	45
Outpatient Private Duty Nursing	80% After Deductible	50% After Deductible
Hospice Care	80% After Deductible	50% After Deductible
MENTAL DISORDER/SUBSTANCE ABUSE		
~Inpatient & Outpatient	80% After Deductible	50% After Deductible
OTHER SERVICES		
Temporomandibular Joint Disorder (TMJ)	80% After Deductible Maximum benefit payable per calendar year is $1,500	50% After Deductible Maximum benefit payable per calendar year is $1,500
Spinal Manipulation/Chiropractic	80% After Deductible $1,000 Calendar Year Maximum	50% After Deductible $1,000 Calendar Year Maximum
VISION CARE	Up to $300 Annual Max per covered member	Up to $300 Annual Max per covered member
PRESCRIPTION DRUG COPAY		
Generic	$5 **OR** $15 **OR** $20	
Preferred Brand Name	$25 **OR** $40 **OR** $60	
Non-Preferred Brand Name	$50 **OR** $80 **OR** $100	
Tier IV	25% copay for all Level IV drugs. Limited to $5,000 per member copay per calendar year.	
Mail Order	2.5x the retail co-pay; 90-day supply	
	Generic Drug Mandate; If a physician writes a prescription for a brand name drug and a generic is available, the covered person will be charged the brand name copay and the difference in ingredient cost between the brand name and generic whether or not the physician indicates "dispense as written" on the prescription.	

Other Plan Information

- If a generic drug is available but not dispensed, the Insured may be required to pay the difference between the generic and brand name drug cost.
- Treatments of any condition for which benefits are recovered under any Workers Compensation or Occupational Disease Law are excluded.
- Emergency services performed by non-participating providers will be paid at the in-network benefit levels contained in the plan document. Included as covered under the in-network benefits are: emergency room charges, emergency room physicians, laboratory and x-ray charges, radiologist and other charges incurred while being treated in the emergency room and subject to URC charges.
- Each child who is under the age of 26 years old may be covered under this Plan. When the dependent child reaches age 26, coverage will run through the end of the month of the child's 26th birthday.
- **Motor Vehicle Exclusion:**

For Residents of States With No-Fault Insurance (Michigan)

BENEFITS ARE NOT PAYABLE UNDER THIS PLAN FOR INJURIES RECEIVED IN AN ACCIDENT INVOLVING A MOTOR VEHICLE (AS DEFINED BELOW). It is your responsibility to obtain Motor Vehicle insurance and designate it as the primary payer of medical benefits for you and your Family in the event of an auto accident. You will not have any medical expense coverage available for auto-related injuries under this Plan. If a Participant is involved in a Motor Vehicle Accident as a pedestrian and incurs medical expenses as a result of the Accident, this Plan will be the secondary payer and any other insurer that may have liability for the medical expenses Incurred by the Participant will be primary to this Plan.

Definition of Motor Vehicle

"Motor Vehicle" means a car, truck, motor home, or other vehicle, including a trailer, operated, or designed for operation upon a public highway by power other than muscular power, which has more than 2 wheels. It does not include a motorcycle, moped, all-terrain vehicle (ATV), or off-road vehicle (ORV);

For Residents of States Without No-Fault Insurance (Ohio)

BENEFITS ARE NOT PAYABLE UNDER THIS PLAN FOR INJURIES RECEIVED IN AN ACCIDENT INVOLVING A MOTOR VEHICLE (AS DEFINED BELOW) UNLESS AT THE TIME OF THE ACCIDENT, THE INDIVIDUAL IS COVERED BY INSURANCE for his or her own injuries (such as uninsured/under-insured motorist or personal injury coverage) with a per person coverage limit of at least $2,000. If you are the owner or registrant of a Motor Vehicle, it is your responsibility to obtain medical coverage through your auto insurance policy with a per person coverage limit of at least $2,000. Once this $2,000 limit has been exhausted by the Participant, this Plan will then be the secondary payer and any insurer or other plan, policy, or person that may have liability for the medical expenses will be primary to this Plan.

Exception: The above exclusion will not apply if the Participant is not required by law to carry any Motor Vehicle insurance whatsoever (as a result of not being the owner or registrant of a Motor Vehicle), including but not limited to, coverage under the state's financial responsibility law. In that case, this Plan will be the secondary payer and any insurer or other plan, policy, or person that may have liability for the medical expenses will be primary to this Plan.

Definition of Motor Vehicle
"Motor Vehicle" means a car, truck, motor home, or other vehicle, including a trailer, operated or designed for operation upon a public highway by power other than muscular power, which has more than 2 wheels. It does not include a motorcycle, moped, all-terrain vehicle (ATV), or off-road vehicle (ORV);

- **Motorcycle Exclusion:**

For Residents of States With No-Fault Insurance (Michigan)

Motorcycle Accidents Involving a Motor Vehicle

If a Participant is injured in a Motorcycle accident that involves a Motor Vehicle, claims will be processed in accordance with the Plan's position on Motor Vehicle accidents.
Motorcycle Accidents NOT Involving a Motor Vehicle
If a Participant is operating a Motorcycle and is injured in an accident that does not involve a Motor Vehicle, this Plan will exclude coverage for the first $50,000 in eligible charges or, if greater, the amount of health benefits payable by the Motorcycle insurance policy. This Plan will then be the secondary payer and any insurer or other plan that may have liability for the Participant's medical expenses will pay primary to this Plan. It is the responsibility of any Participant who operates a Motorcycle to ensure that he or she is covered under a Motorcycle insurance policy that will pay at least $50,000 in health benefits for him or her per accident. This requirement applies even if the Participant is not legally required to have such health benefit coverage. If the Participant fails to maintain $50,000 of coverage through a Motorcycle insurance policy, the difference between the policy's maximum payout per accident (if any) and $50,000 will be the Participant's responsibility.
A Participant who is riding a Motorcycle as a passenger and is injured in an accident that does not involve a Motor Vehicle will not be subject to this provision and will not have his or her otherwise eligible claims excluded from Plan coverage as described above.

Motorcycle Definition
For purposes of the above exclusion, "Motorcycle" means any Motorcycle, motor scooter, moped, or other similar motorized vehicle that has two wheels (including a three-wheel Motorcycle) and that is operated or designed for operation upon a public highway. It does not include an all-terrain vehicle (ATV), off road vehicle (ORV), or other motorized vehicle not designed for operation on a public highway;

For Residents of States Without No-Fault Insurance (Ohio)
Motorcycle Accidents NOT Involving a Motor Vehicle

BENEFITS ARE NOT PAYABLE UNDER THIS PLAN FOR INJURIES RECEIVED IN AN ACCIDENT INVOLVING A MOTORCYCLE (AS DEFINED BELOW) UNLESS AT THE TIME OF THE ACCIDENT, THE INDIVIDUAL IS COVERED BY INSURANCE for his or her own injuries (such as uninsured/under-insured motorist or personal injury coverage) with a per person coverage limit of at least $2,000. If you are the owner or registrant of a Motorcycle, it is your responsibility to obtain medical coverage through your auto insurance policy with a per person coverage limit of at least $2,000. Once this $2,000 limit has been exhausted by the Participant, this Plan will then be the secondary payer and any insurer or other plan, policy, or person that may have liability for the medical expenses will be primary to this Plan.

Exception: The above exclusion will not apply if the Participant is not required by law to carry any Motorcycle insurance whatsoever (as a result of not being the owner or registrant of a Motorcycle), including but not limited to, coverage under the state's financial responsibility law. In that case, this Plan will be the secondary payer and any insurer or other plan, policy, or person that may have liability for the medical expenses will be primary to this Plan.

Motorcycle Definition
For purposes of the above exclusion, "Motorcycle" means any Motorcycle, motor scooter, moped, or other similar motorized vehicle that has two wheels (including a three-wheel Motorcycle) and that is operated or designed for operation upon a public highway. It does not include an all-terrain vehicle (ATV), off road vehicle (ORV), or other motorized vehicle not designed for operation on a public highway;

- For full exclusion information, please see your plan document.

This is a general outline of covered benefits. It does not include all exclusions, reductions of benefits, or terms under which the self-funded plan may be continued or discontinued. The Plan Document is the legal document under a self-funding ERISA plan, which lists all exclusions and coverages.