



## **OptiMed Enrollment Kit For Ability360**

- *No Health Questions Asked*
- *No Deductible*
- *No Coinsurance*
- *No Co-pays on the Medical*
- *No Pre-existing Condition Clause*
- *Benefits May Be Paid Directly to the Provider*
- *National Medical PPO Network*
- *Patient Advocacy*

**Effective Date: January 1, 2017**

*Customer Service: 1-800-482-8770*





## How Does OptiMed Medical Work?

### *It's Simple...*

- Find a Provider:** Locate a participating network provider.  
Call OptiMed Customer Service at: **1-800-482-8770**, or go to [www.optimedhealth.com/providers](http://www.optimedhealth.com/providers)
- Schedule an Appointment:** Set up an appointment and see your doctor.
- Benefit Amounts:** OptiMed pays based on a fixed Indemnity schedule of benefits. If the plan design states that you are entitled to a \$60 office visit, the benefit you are entitled to is \$60.
- Assignment of Benefits:** OptiMed also allows an assignment of benefits. You should have to pay nothing up front.
- Payment:** The provider should bill OptiMed directly. If the provider wishes you to pay up front have them call OptiMed customer service while you are at the provider's office. If you elect to pay up front you can easily file a claim with OptiMed.
- Network\*:** If you chose an in network provider, you are entitled to a discount. This means that you are able to save out of pocket expenses. OptiMed discounts the bill and sends the provider the benefit payment along with an explanation of benefits. You also receive an explanation of benefits. Should there be a balance due, the provider then bills you for the difference. If you choose an out of network provider, you are still entitled to your benefit, but not a discount.

*Example: Figures below are for illustrative purposes only. Actual Provider bills will vary.*

<u>In-Network:</u>		<u>Out of Network:</u>	
Physician office visit bill:	\$100	Physician office visit bill:	\$100
Sample discount at 20%:	-\$ 20	No discount:	-\$ 00
<u>Benefit payment</u>	<u>-\$ 60</u>	<u>Benefit payment</u>	<u>-\$ 60</u>
Member Out of Pocket	\$ 20	Member Out of Pocket	\$ 40

\*Not an insurance benefit.



# OptiMed Preferred Care Plus Plan

AVAILABLE OPTIMED BENEFIT OPTIONS - (All medical benefit maximums shown are per person per benefit period, Benefit period is calendar year unless otherwise stated)	Benefit Amounts
<b>Outpatient Physicians Office Visit Benefit</b> – both general and specialist - 10 day benefit period maximum	\$70 per day
<b>Emergency Room Benefit for Sickness</b> - 3 day benefit period maximum	\$75 per day
<b>Wellness Benefit</b> - day maximum based on age under age 1 - 4 day benefit period maximum 1 and older - 3 day benefit period maximum	\$50 per day
<b>Hearing Exam Benefit</b> - Benefit is payable one time per 24 consecutive month period per insured and dependent spouse and one time per 12 consecutive month period per dependent child	\$70 exam
<b>Outpatient Diagnostic Laboratory Tests</b> - 8 day benefit period maximum	\$40 per day
<b>Outpatient Diagnostic Tests</b> - 3 day benefit period maximum	\$50 per day
<b>Emergency Room Benefit for Injury</b> - For treatment in an emergency room if performed within 72 hours of the accident/3 day benefit period maximum	\$1,000 per day
<b>Inpatient Surgery</b> - 2 day benefit period maximum	\$500 per day
• <b>Outpatient Surgery</b> - 2 day benefit period maximum	\$250 per day
• <b>Anesthesiology - Inpatient and Outpatient</b>	20% of surgical benefit paid
<b>Hospital Indemnity Benefit</b> (for sickness or accidents) - Requires 24 hour stay	\$500 per day
• Intensive Care - 30 day benefit period maximum (paid in addition to Hospital Indemnity Benefit)	\$500 per day
• Skilled Nursing - For stays in a Skilled Nursing Facility within 14 days following a 3+ day hospital stay 60 day maximum per benefit period/120 day maximum lifetime	\$250 per day
<b>Employee Term Life Insurance/AD&amp;D</b>	\$10,000/\$10,000
<b>Dependent Life - Term Life Insurance Only</b>	
• Spouse	\$5,000
• Children 6 months to 19 (25 if full time student)	\$2,500
• Infants 14 days to 6 months	\$250
<b>Outpatient Indemnity Prescription Drug Insurance - Average Tier Insured Cost Generic \$10, Brand \$50</b> Annual Maximums : \$2,500 Per Insured - subject to drug formulary Cost may vary by Formulary Tier and Pharmacy. Member pays 100% of discounted price for drugs not covered under the formulary	Generic/Brand

	Employee Only	Employee + 1	Family
Weekly Rate	\$23.72	\$47.46	\$67.07

Medical PPO Network:  
PHCS

This is not a contract of insurance. Above Indemnity and Outpatient Prescription Drug plan benefits provided through Fidelity Security Life Insurance Company. This is a brief summary of a group limited medical indemnity insurance plan designed to assist you in the process of comparing several health insurance options. This plan is not major medical insurance and is NOT designed to replace, provide, or modify major medical insurance. Some provisions, benefits, and exclusions or limitations listed herein may vary by state.

**Additional Included OptiMed Programs - These are not insurance benefits**

- National Medical PPO
- Patient Advocacy Service
- Enhanced Customer Care
- Telephonic Doctor Visits



\*The OptiMed Plan is a limited medical insurance policy which is packaged with certain non-insured benefits, including PPO savings.

**Disclosures:** Please note: The Hearing Exam Benefit, Term Life/AD&D and Indemnity Outpatient Prescription Drug Benefits are optional and may be declined should a group request those coverages be removed. Administered by United Group Programs, Inc. Term life, AD&D and limited medical benefits underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 64111 Policy Form Nos. M-6012/M-6014/M-9114/M-9118/ M-9091/M-9096. Policy Nos. LM-150/LM-151/IP-106/IP-107/HC-104-HC-105.

Certain states require a minimum of 51+ eligible employees. Before any presentation of a proposal, please check with your OptiMed sales representative to be certain that the program being proposed is appropriate for the state intended. This is not an offer of sale. No offering of this material should be given without the expressed approval of OptiMed, and any offering will be based upon state availability, underwriting guidelines, agent guide, and minimum group size and participation requirements being met. The OptiMed program is not available in all states, including Washington. Please check with your OptiMed Group Sales Representative to confirm that OptiMed is available in the state or states in which you may have an interest in offering OptiMed.

AVAILABLE OPTIMED BENEFIT OPTIONS - (All medical benefit maximums shown are per person per benefit period, Benefit period is calendar year unless otherwise stated)	Benefit Amounts
<b>Outpatient Physician; Office Visit Benefit</b> – both general and specialist - 12 day benefit period maximum	\$80 per day
<b>Emergency Room Benefit for Sickness</b> - 3 day benefit period maximum	\$75 per day
<b>Wellness Benefit</b> - day maximum based on age under age 1 - 4 day benefit period maximum 1 and older - 3 day benefit period maximum	\$150 per day
<b>Hearing Exam Benefit</b> - Benefit is payable one time per 24 consecutive month period per insured and dependent spouse and one time per 12 consecutive month period per dependent child	\$70 exam
<b>Outpatient Diagnostic Laboratory Tests</b> - 5 day benefit period maximum	\$60 per day
<b>Outpatient Diagnostic Tests</b> - 3 day benefit period maximum	\$60 per day
<b>Emergency Room Benefit for Injury</b> - For treatment in an emergency room if performed within 72 hours of the accident/3 day benefit period maximum	\$1,000 per day
<b>Inpatient Surgery</b> - 2 day benefit period maximum	\$1,500 per day
<ul style="list-style-type: none"> <li><b>Outpatient Surgery</b> - 2 day benefit period maximum</li> </ul>	\$750 per day
<ul style="list-style-type: none"> <li><b>Anesthesiology - Inpatient and Outpatient</b></li> </ul>	20% of surgical benefit paid
<b>Hospital Indemnity Benefit</b> (for sickness or accidents) - Requires 24 hour stay	\$1,000 per day
<ul style="list-style-type: none"> <li>Intensive Care - 30 day benefit period maximum (paid in addition to Hospital Indemnity Benefit)</li> </ul>	\$1,000 per day
<ul style="list-style-type: none"> <li>Skilled Nursing - For stays in a Skilled Nursing Facility within 14 days following a 3+ day hospital stay 60 day maximum per benefit period/120 day maximum lifetime</li> </ul>	\$500 per day
<b>Employee Term Life Insurance/AD&amp;D</b>	\$20,000/\$20,000
<b>Dependent Life - Term Life Insurance Only</b>	
<ul style="list-style-type: none"> <li>Spouse</li> <li>Children 6 months to 19 (25 if full time student)</li> <li>Infants 14 days to 6 months</li> </ul>	\$10,000 \$5,000 \$500
<b>Outpatient Indemnity Prescription Drug Insurance - Average Tier Insured Cost Generic \$10, Brand \$50</b> <i>Annual Maximums : \$2,500 Per Insured - subject to drug formulary Cost may vary by Formulary Tier and Pharmacy. Member pays 100% of discounted price for drugs not covered under the formulary</i>	Generic/Brand

	Employee Only	Employee + 1	Family
Weekly Rate	\$35.83	\$73.70	\$104.74

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4 Terry Drive, Suite 1, Newtown, PA 18940  
 Phone: (800) 482-8770 Fax: (215) 968-6301

**Enrollment Form Fixed Indemnity  
 Limited Benefit Medical Coverage**

**For:  
 Ability360**

**Fax this form to Ability360 at  
 602-528-3422**

Please Select One	Coverage Affected
Addition <input type="checkbox"/>	Medical Coverage <input type="checkbox"/>
Termination <input type="checkbox"/>	
Change <input type="checkbox"/>	
<input type="checkbox"/> Do not change existing coverage level.	

Policy Number: LM-150/LM-151

**Information** (Please print in ink)

Plan Selected:		<input type="checkbox"/> Preferred Care Plus	<input type="checkbox"/> Premier Care	
Medical Coverage (check one):	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee + 1 Dependent	<input type="checkbox"/> Family	
Name: (Last) (First) (Middle Initial)			Social Security Number:	
Home Address: (Street) (City) (State) (Zip Code)			Date of Birth: / /	Occupation:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address:			
Location:	Daytime Phone: ( ) ( ) ( )	Evening Phone: ( ) ( ) ( )	Date of Hire: / /	
<b>Dependent Information:</b> I request coverage for my dependents listed below ( <input type="checkbox"/> Additional dependents attached)				
Dependent's Name: (First and Last)	Gender:	Date of Birth:	Social Security Number:	Full-Time Student:
Spouse:	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
Child:	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child:	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Beneficiary Information</b>				
Name: (Last) (First) (Middle Initial)			Social Security Number:	
Date of Birth: / /	Daytime Phone: ( ) ( ) ( )	Relationship to Employee:		
<b>Requested Effective Date (check one):</b>				
<input type="checkbox"/> I request an effective date of _____ (must be the 1 <sup>st</sup> of the month). I understand I cannot change this date.				
<input type="checkbox"/> None, since I am declining coverage.				
The information in this Enrollment Form is true and complete as of the date I signed this Enrollment Form. I elect to participate in the indicated plan. I acknowledge this insurance is not major medical insurance and is not a substitute for major medical insurance. It does not qualify as minimum essential health coverage under the Federal Affordable Care Act. I understand this insurance will not satisfy the federal requirement that I have health coverage, which is in effect beginning January 1, 2014.				
<b>I hereby represent that I have reviewed the fraud warning notice (if applicable) included with this Enrollment form for my Employer's state of domicile.</b>				

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(City and State) (Day) (Month) (Year)

Signature (Parent if under 18) -ENROLLER SIGNATURE-PRINT NAME \_\_\_\_\_ Date \_\_\_\_\_

UNDERWRITTEN BY: FIDELITY SECURITY LIFE INSURANCE COMPANY Kansas City, Missouri 64111

**FRAUD WARNING NOTICE**

<b>For residents of all states</b> (except the following:)	Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
<b>Arkansas Rhode Island West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>District of Columbia</b>	<b>WARNING:</b> It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Georgia</b>	Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Nebraska</b>	Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a materially false or deceptive statement is guilty of insurance fraud.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>North Carolina</b>	Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.
<b>Oklahoma</b>	<b>WARNING:</b> Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>Pennsylvania</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
<b>Tennessee Virginia</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



## EXCLUSIONS

### Limited Medical Indemnity

The Policy does not provide any benefits for the following:

- 1) suicide or any attempt of suicide, while sane or insane (in Colorado, Missouri or Montana, while sane);
- 2) any intentionally self-inflicted Injury or Sickness or any attempt thereof (in Colorado, Missouri or Montana, while sane);
- 3) rest care or rehabilitative care and treatment, except as specifically provided in the Skilled Nursing Facility Confinement benefit;
- 4) Dependent child Pregnancy, except Complications of Pregnancy;
- 5) routine newborn care, except as specifically provided for in the Wellness benefit;
- 6) .voluntary abortion, except where Medically Necessary to save the Insured Person's life;
- 7) Participation in a Riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly. For purposes of this exclusion, "Participation" means to take an active part in common with others; "Riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority;
- 8) committing, attempting to commit or taking part in a felony, battery, assault or engaging in an illegal occupation;
- 9) any Injury occurring while the Insured Person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Injury took place);
- 10) treatment for the voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a Physician and taken according to the prescribed dosage;
- 11) dental care or treatment, except:
  - a. care or treatment due to an Injury to sound, natural teeth treated within 12 months of the Accident;
  - b. treatment necessary due to congenital defects or birth abnormalities;
  - c. excision of impacted third molars, or
  - d. closed or open reduction of fractures or dislocation of the jaw;
- 12) sex changes;
- 13) the reversal of tubal ligation or the reversal of vasectomies;
- 14) flying or descending from any aircraft or air conveyance, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route;
- 15) accidental bodily Injury occurring while serving on full-time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by the Company pro rata for any period of active duty);
- 16) declared or undeclared war or acts thereof;
- 17) Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit or benefits that the Insured Person is entitled to under any Occupational Disease Law or similar law, whether or not application for such benefits have been made;
- 18) medical care, services or supplies provided outside of the United States of America or its territories;}
- 19) treatment of obesity, weight reduction or dietetic control; except morbid obesity or disease etiology;
- 20) Confinement, care or services incurred prior to the Insured Person's Effective Date or that begin after termination of coverage;
- 21) Confinement, care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law;
- 22) Confinement or treatment that is not Medically Necessary; or
- 23) any Confinement or treatment not specifically covered in the Schedule of Benefits.

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### **Advanced Diagnostic Exclusions**

The Advanced Diagnostic test benefits will not be paid for any of the following:

- 1) Advanced Diagnostic Test performed while the insured person is an inpatient;
- 2) Routine wellness scans and test; or
- 3) Advanced Diagnostic test not due to an Injury or sickness.

Policy Nos. LM-150/LM151. Policy Form Nos. M-6012/M-6014.

### **Hearing Exam Policy Exclusions**

Hearing Exam benefits are not payable for the services, procedures, treatments or materials that are:

- 1) Provided free of charge in the absence of insurance;
- 2) Payable under any Workers' Compensation law, or similar statutory authority;
- 3) Payable under any governmental plan or program whether Federal, state or subdivisions thereof, except for medical assistance benefits under Title XIX of the Social Security Act (Medicaid);
- 4) For the medical and/or surgical treatment of the ear, ears or supporting structures;
- 5) Provided by a Hearing Aid Dispenser;
- 6) Required by an Employer as a condition of employment;
- 7) Not prescribed by a Physician or Audiologist.

Policy Nos. HC-104/HC-105. Policy Form Nos. M-9091/M-9096.

### **Term Life and AD&D Rider Exclusions**

Suicide while sane or insane is not covered under the Term Life Insurance Benefit for two years (one year in Colorado, Missouri or North Dakota) from the Insured Person's Effective Date. In such event, the Company will only pay a benefit equal to the premium paid.

No benefit will be payable for any Accidental Death or Dismemberment Loss caused by or contributed to by:

- 1) Sickness, bodily or mental health, or diagnostic medical or surgical treatment;
- 2) infection, except pyogenic infections resulting from an accidental bodily Injury or resulting from the accidental ingestion of a contaminated substance;
- 3) attempted suicide or intentional self-inflicted Injury or Sickness while sane or insane (while sane in Colorado or Missouri);
- 4) declared or undeclared war or acts thereof;
- 5) military service for any country or organization, including service with military forces as a civilian whose duties do not include combat; war or any act of war whether declared or undeclared. Upon notice to the Company of entering the armed forces, the Company will return to the Insured, pro-rata any premium paid, less any benefits paid, for any period during which the insured is in such service;
- 6) participation in a riot or insurrection. "Participation" means taking an active part in common with others. "Riot" means any use or threat to use force or violence by three or more persons without authority of law;
- 7) Insured's commission or attempted commission of a felony, assault or illegal action;
- 8) voluntary taking of any poison, drug, sedative or narcotic or inhalation of any kind of gas unless prescribed by a Physician and taken according to the prescribed dosage; or
- 9) legal intoxication where the blood alcohol content of the Insured exceeds the legal limit of the state in which the accident took place;
- 10) an on the job Injury that is covered by Workers' Compensation; or
- 11) participation in any non-occupational activity in which the Insured purposely exposes themselves to an increase accidental bodily Injury. These activities include but are not limited to:
  - a. belaying and repelling rock climbing;
  - b. flying ultra-light aircraft;
  - c. hang-gliding, skydiving, scuba diving, para-sailing;
  - d. motorized vehicle stunt driving, racing, jumping drag racing and demolition;
  - e. bungee jumping;
  - f. any hazardous activity for exhibition purposes; or
  - g. flying as a pilot, crew member, or passenger in any aircraft, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route.

Form No. R-02818

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## Outpatient Prescription Drug Policy Exclusions and Limitations

### **Generic Only**

#### **Limitations**

**Dispensing Limits and Authorized Refills.** Retail Pharmacy: the lesser of a 30-day supply or specified unit doses.

#### **Exclusions**

The Policy does not provide any benefits for the following:

- 1) all Prescription Drugs not specifically listed in the Formulary;
- 2) all over-the-counter products and medications;
- 3) all non-Legend Prescription Drugs;
- 4) refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
- 5) 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;
- 6) any drug labeled “Caution - Limited by Federal Law for Investigational Use” or experimental drugs;
- 7) any drug that the FDA has determined to be contraindicated for the specific treatment;
- 8) 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;
- 9) 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 Forces;
- 10) any expenses related to the administration of any drug;
- 11) needles or syringes;
- 12) drugs or medicines taken while in or administered by a hospital or any other health care facility or office;
- 13) drugs covered under Workers’ Compensation, Medicare or other Governmental program;
- 14) drugs, medicines or products that are not Medically Necessary; or
- 15) Brand Name Prescription Drugs.

### **Generic Plus Brand**

#### **Limitations**

If a Brand Name Prescription Drug is dispensed solely upon the Insured Person’s request in lieu of an available Generic Prescription Drug, the Company will pay the benefit shown in the Schedule of Benefits for the Generic alternative.

**Dispensing Limits and Authorized Refills.** Retail Pharmacy: the lesser of a 30-day supply or specified unit doses.

#### **Exclusions**

The Policy does not provide any benefits for the following:

- 1) all Prescription Drugs not specifically listed in the Formulary;
- 2) all over-the-counter products and medications;
- 3) all non-Legend Prescription Drugs;
- 4) refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
- 5) 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;
- 6) any drug labeled “Caution - Limited by Federal Law for Investigational Use” or experimental drugs;
- 7) any drug that the FDA has determined to be contraindicated for the specific treatment;
- 8) 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;
- 9) 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 Forces;
- 10) any expenses related to the administration of any drug;
- 11) needles or syringes;
- 12) drugs or medicines taken while in or administered by a hospital or any other health care facility or office;
- 13) drugs covered under Workers’ Compensation, Medicare or other Governmental program; or
- 14) drugs, medicines or products that are not Medically Necessary.

Policy Nos. IP-106/IP-107. Policy Form Nos. M-9114/M-9118.

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