



# MidMed

Limited Benefit Medical Insurance Plan



## According to Statistics:

- Nearly 46 million Americans, or 18 percent of the population under the age of 65, were without health insurance in 2007, the latest government data available.
- The number of uninsured rose 2.2 million between 2005 and 2006 and has increased by almost 8 million people since 2000.
- The number of uninsured children in 2007 was 8.1 million – or 10.7 percent of all children in the U.S.
- Nearly 40 percent of the uninsured population reside in households that earn \$50,000 or more.

Statistics provided by:  
DeNavas-Walt, C.B. Proctor, and J.  
Smith. Income, Poverty, and Health  
Insurance Coverage in the United  
States: 2007. U.S. Census Bureau,  
August 2008.

## The MidMed Group Limited Benefit Medical Insurance Plan,

underwritten by Continental American Insurance Company, is designed to provide more coverage than most other limited benefit plan choices. It offers many of the same features of a comprehensive insurance plan and industry leading American Health Data Institute Wellness Services at an affordable cost.

### SPECIAL FEATURES

- Compassionate, High-Tech Personalized Wellness Services
- National Network
- Co-Pays for Physician Office Visits and Routine Physicals
- Hospital & Surgical Benefits
- Includes Chronic Disease Management Program
- Dependent Only Coverage Available

### ELIGIBILITY

Employees & Spouses (ages 18-64) and dependent children under age 19 (or under age 25 if a full-time student).

### Medical Benefits And How They Work

#### DEDUCTIBLES

Shown in Benefits Description.

Deductible applies to all expenses except Physician Office visits and Supplemental Accident Benefits.

#### CO-PAYS

Shown in Benefits Description.

Network Physician/Specialist Office Visit set for your plan and the Plan pays 100% of eligible expenses

In and Out-of Network co-pays as shown in the benefit  
(Co-Pay does not apply to other services rendered in the physician's office)

#### PLAN MAXIMUMS

Maximum amount shown in Benefits Description for Annual and Lifetime Plan Maximums

# Sample Plan Design

Annual Plan Maximum • \$50,000

Lifetime Plan Maximum • \$150,000

Calendar Year Deductible • \$1,500

Outpatient Expense Benefits	In-Network	Out-of-Network
Physician or Specialist Office Visit	\$25 Co-pay then 100%	55% after deductible
Routine Physical Exams/Wellness Visits	\$30 Co-pay then 100% up to \$300 Calendar Benefit	55% up to \$300 Calendar Benefit not subject to deductible
Other Services Provided During Office Visits	75% not subject to deductible	55% after deductible
Outpatient Surgery/Anesthesia Services	75% after deductible	55% after deductible
Maternity Care	75% after deductible	55% after deductible
Emergency Accident Benefit	1st \$100 per Accident paid in full, then 75%	1st \$100 per Accident paid in full, then 55%
Cardiac, Occupational, Physical, Pulmonary & Speech Therapies and Chiropractic Services	Max 5 visits per Calendar Year/Category 75% after deductible	Max 5 visits per Calendar Year/Category 55% after deductible
Urgent Care Facility	75% after deductible	55% after deductible
Transplant Related Expenses	75% after deductible	55% after deductible
Inpatient Expense Benefits	In-Network	Out-of-Network
Hospital Confinement (includes ICU)	75% after deductible	55% after deductible
Maternity Care	75% after deductible	55% after deductible
Surgery	75% after deductible	55% after deductible
Professional Fees of Doctors, Surgeons, and Anesthesiologists	75% after deductible	55% after deductible
Other Covered Inpatient Services	75% after deductible	55% after deductible

The percentages shown are paid for eligible expenses AFTER you pay the deductible unless otherwise noted. \*Expenses are subject to reasonable and customary limits.

## Outpatient Prescription Drugs • Underwritten by Fidelity Security Life Insurance Company

The Plan includes a separate Co-pay plan for outpatient prescription drugs purchased at participating pharmacies. The CatalystRx plan, underwritten by Fidelity Security Life Insurance Company, utilizes a generic formulary with a preferred drug list. The formulary is a list of all products available at one co-pay level or another. The preferred drug list contains generic products available at lower co-pay levels. Please refer to the Certificate of Insurance for a complete list of exclusions and limitations.

Annual Maximum Rx Benefit- \$750 per insured

Prescription Drug Card	Option 1
Generic Oral Contraceptive	\$15 Generic Co Pay

#### Pre-Certification

Pre-admission certification prior to eligible inpatient hospitalization or surgery by the covered individual within 48 hours is required. This is not a guarantee of benefits. Failure to pre-certify will result in benefit reductions.

#### Reasonable And Customary Charge

A "reasonable and customary charge" is the charge typically made by physicians or suppliers of medical services, medicines and supplies within a specific geographic area.

#### Pre-existing Condition Limitation

Expenses incurred for treatment of Pre-Existing Conditions are not covered for the first 12 months following an Insured's Effective Date of coverage under the Group Policy. This limitation will not apply if: a) The individual seeking coverage under the Group Policy has an aggregate of 12 months of Creditable Coverage and becomes eligible and applies for coverage. Credit will be given for the time the individual was covered under prior Creditable Coverage that is not separated by a break in coverage of 63 days or more; or b) The individual accepted and used up COBRA continuation of coverage or similar state coverage if it was offered to him or her.

A newborn child, a child placed for adoption, or a newly adopted child under the age 18 who begins dependent coverage hereunder within 30 days of birth, placement for adoption, or adoption (or who has creditable coverage from birth, placement for adoption, or adoption without a significant break in coverage) shall not be considered to have any pre-existing conditions.

Pre-existing condition means a physical or mental condition, regardless of the cause of the condition, for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 month period prior to the enrollment date. Genetic information shall not be treated as a pre-existing condition in the absence of a diagnosis of the condition related to the genetic information. In order to be taken into account, the medical advice, diagnosis, care or treatment must have been recommended or received from an individual licensed or similarly authorized to provide such services under state law and who operates within the scope of practice authorized by the state law.

**CREDIT FOR PRIOR COVERAGE:** An insured whose coverage under prior Creditable Coverage ended not more than 63 days before the Insured's Effective Date under the Group Policy, will have any applicable Pre-Existing Condition limitation reduced by the total number of days the Insured was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the Company will credit only the days of such coverage after the break. The Insured must provide proof of prior Creditable Coverage.

**EXCLUSIONS AND LIMITATIONS** – The following are not Eligible Expenses and will not be covered under the Group Policy: 1. Injury arising out of or in the course of employment, or activity for wage or profit, or which is compensable under Worker's Compensation or Occupational Disease Act or Law. 2. Experimental or investigational services, drugs, or supplies except to the extent required by law; 3. Educational testing or training related to learning disabilities or developmental delays; 4. Custodial care or personal items; 5. Any expense incurred before the Insured's Effective Date of coverage under the Policy or after the coverage termination date; 6. Eye surgery to correct refractive errors; 7. Therapy, supplies or counseling for sexual dysfunctions; 8. Performance, or lifestyle enhancement drugs or supplies; 9. Artificial insemination, in vitro fertilization, or embryo transfer or any related procedures except where required by law; 10. Routine physical, vision, or hearing exams, immunizations, or other preventative services or supplies, except to the extent that coverage is specifically provided under the Group Policy. 11. Dental care except for Injury to sound, natural teeth; 12. Elective Surgery; 13. Cosmetic Surgery other than Reconstructive Surgery incidental to or following surgery resulting from trauma, infection, or other Diseases of the involved part; or Reconstructive Surgery because of a congenital Disease or anomaly; or according to the requirements of the Women's Health and Cancer Rights Act. 14. Speech therapy except as otherwise specifically covered under the Group Policy; 15. Inpatient or outpatient treatment of alcoholism, drug abuse, and mental illnesses; except where required by law; 16.

Private duty nursing; 17. An Injury sustained while the Insured is legally intoxicated or under the influence of alcohol as defined by the jurisdiction where the Accident occurred; 18. Charges made to treat a Sickness or Injury sustained while flying as a pilot or crew member; 19. Voluntary sterilization procedure or the reversal of a sterilization procedure; 20. Weight control services including surgical procedures, medical treatments, weight control/loss programs, food supplements, exercise programs or equipment; 21. Intentionally self inflicted injury or action unless the result of a medical condition; 22. War (declared or undeclared) or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence. 23. Services and supplies not medically necessary, recommended or approved by a physician for the diagnosis, care or treatment of any Disease or Injury; 24. Charges made for: manipulative (adjustive) treatment; or treatment of any condition caused by or related to biomechanical or nerve conduction disorders of the spine; 25. Prescription drugs and medicines prescribed by a physician on an outpatient basis; 26. Charges in excess of the Recognized Charge, based on the 90th percentile of the Medicare Medical Data Research Tables; 27. Charges for any treatment received while in a skilled nursing facility; 28. Charges for any treatment for Home Health Care, except as covered under maternity; 29. Transportation charges, including ambulatory services; 30. Charges for biofeedback; 31. Any treatment received under hospice care; 32. Elective or voluntary abortions except in the case of rape, incest or congenital deformities; 33. Charges for Prosthetics and/or orthotics; 34. Charges for Temporomandibular Joint Disorder (TMJ).

#### Rx Plan Limitations and Exclusions

Prescription Drug benefits are not payable for the following items except as set forth above: 1. 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; 2. blood glucose meters; insulin injecting devices; 3. Depo-Provera; levonorgestrel; condoms, contraceptive sponges and spermicides; sexual dysfunction drugs; 4. biologicals (including allergy tests); blood products; growth hormones; hemophilic factors; MS injectables; immunizations; all other injectables unless shown under the definition of Prescription Drug; 5. Aerochamber, Aerochamber with Mask; Peak Flow Meter; all other medical supplies and durable medical equipment unless shown under the definition of Prescription Drug; 6. liquid nutritional supplements; pediatric Legend Drug vitamins; prenatal 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; 7. Anorexiants; 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; 8. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription; 9. 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; 10. any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs; 11. any drug that the FDA has determined to be contraindicated for the specific treatment; 12. 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; 13. 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; 14. any expenses related to the administration of any drug; 15. needles or syringes unless shown under the definition of Prescription Drug; 16. drugs or medicines taken while in or administered by a hospital or any other health care facility or office; 17. drugs covered under Workers' Compensation, Medicare, Medicaid or other Governmental program; 18. drugs, medicines or products that are not Medically Necessary; 19. Brand Name Prescription Drugs; 20. Diaphragms; Erectile dysfunction Legend Drugs, unless specifically listed in the definition of Prescription Drug; Infertility Legend Drugs; 21. Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; Imitrex-auto injection; or 22. smoking deterrents, Legend or over-the-counter.

#### Limitations

Dispensing Limits and Authorized Refills - Retail: the lesser of a 30-day supply or specified unit doses. Mail order not available.

Rx Plan Underwritten by Fidelity Security Life Insurance Company Policy Form Number M-9031. Some provisions, benefits, exclusions or limitations may vary by state. Not available in all states.

This is only a summary of the Continental American MidMed Limited Benefit Medical Insurance & Fidelity Security Life CatalystRx Prescription Drug Plan; all benefits are subject to the terms, conditions, state mandated benefits, exclusions and limitations of the master group policies.

**Some provisions, benefits, exclusions or limitations may vary by state. Not available in all states.**

**This Plan is not Comprehensive Major Medical Coverage or designed as a substitute for Comprehensive Major Medical Coverage. This is a limited medical plan that provides for limited coverage with a reduced annual and lifetime limit. The limitations are disclosed in the policy and certificate which are made available at the time of enrollment. Applicable to policy form series CA1000.**

**FOR CLAIMS AND CUSTOMER SERVICE CALL TOLL FREE:**

**1-800-308-6457**

**UNDERWRITTEN BY:**



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COLUMBIA, SC 29205**

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