



Carolina Benefit
Administrators, Inc.

LIMITED MEDICAL INSURANCE PLANS

Benefits Include

Doctor's Office Visits

Outpatient Diagnostic X-ray & Lab

Preventive Care

Accident Coverage

In-Patient Hospital Indemnity



Carolina Benefit
Administrators, Inc.
1321 Westbrook Plaza Drive
Winston-Salem, NC 27103
1-800-537-6614

Underwritten by:



This brochure is a brief description only of the benefits and provisions of the Group Policy. The Certificate of Insurance should be read for more complete descriptions of all plan benefits, limitations, exclusions and provisions.

Group Policy: SSL LMB POL 0106

Three Plans to Choose From

Benefits	Standard Plan	Select Plan	Premier Plan
Doctors Office Visit	\$50 per visit \$200 calendar year max	\$60 per visit \$240 calendar year max	\$75 per visit \$300 calendar year max
Outpatient Diagnostic Laboratory Tests and X-rays	\$50 per day \$150 calendar year max	\$60 per day \$180 calendar year max	\$75 per day \$225 calendar year max
Advanced Studies	\$200 per day \$600 calendar year max	\$300 per day \$900 calendar year max	\$500 per day \$1,500 calendar year max
Preventive Care	\$50 per visit \$150 calendar year max	\$75 per visit \$225 calendar year max	\$100 per visit \$300 calendar year max
Accident Coverage	\$500 per occurrence	\$1,000 per occurrence	\$2,500 per occurrence
Emergency Room Indemnity Benefit for Illness Only	\$75 per visit \$300 calendar year max	\$100 per visit \$400 calendar year max	\$125 per visit \$500 calendar year max
Daily In-patient Hospital Benefit	\$300 per day	\$500 per day	\$700 per day
- Intensive Care Unit	\$600 per day	\$1,000 per day	\$1,400 per day
- Substance Abuse	\$150 per day	\$250 per day	\$350 per day
- Mental Illness Disorder	\$150 per day	\$250 per day	\$350 per day
- In-patient Skilled Nursing Facility	\$150 per day	\$250 per day	\$350 per day
Hospital Admission	\$300 per confinement	\$500 per confinement	\$700 per confinement
Surgical Benefit			
- Inpatient/Outpatient	\$500/\$250 lump sum	\$1,000/\$500 lump sum	\$1,500/\$750 lump sum
- Outpatient Minor / Venipuncture	\$75 / \$25 lump sum	\$75 / \$25 lump sum	\$75 / \$25 lump sum
Anesthesiology	\$125 lump sum	\$250 lump sum	\$375 lump sum
Accidental Death & Dismemberment	\$10,000 (employee only)	\$15,000 (employee only)	\$20,000 (employee only)
*Health Savings Program	Included	Included	Included
*Prescription Drug	Tiered Rx	Tiered Rx	Tiered Rx
*First Health Network	Doctors	Doctors and Hospitals	Doctors and Hospitals

Monthly Rates

Employer Paid	Monthly		Weekly		Monthly		Weekly	
	Standard	Select	Standard	Select	Standard	Select	Standard	Select
Employee Only	\$63.75	\$94.07	\$14.71	\$21.71	\$128.56	\$196.57	\$29.67	\$45.36
Employee Plus Child(ren)	\$92.43	\$139.31	\$21.33	\$32.15	\$196.57	\$310.00	\$45.36	\$71.54
Employee Plus Spouse	\$144.85	\$219.89	\$33.43	\$50.74	\$310.00	\$333.06	\$71.54	\$76.86
Employee Plus Family	\$152.63	\$233.01	\$35.22	\$53.77	\$333.06	\$333.06	\$76.86	\$76.86
Voluntary	Monthly		Weekly		Monthly		Weekly	
Employee Only	\$79.69	\$117.59	\$18.39	\$27.14	\$160.70	\$245.71	\$37.08	\$56.70
Employee Plus Child(ren)	\$115.54	\$174.14	\$26.66	\$40.19	\$245.71	\$387.50	\$56.70	\$89.42
Employee Plus Spouse	\$181.06	\$274.86	\$41.78	\$63.43	\$387.50	\$416.33	\$89.42	\$96.08
Employee Plus Family	\$190.79	\$291.26	\$44.03	\$67.21	\$416.33	\$416.33	\$96.08	\$96.08

First Health Network

The First Health Network provides access to one of the nation's largest and most respected networks. By going to a First Health provider members can reduce out of pocket expenses and stretch their benefit dollars.

- Access to more than 490,000 provider locations across all 50 states and the District of Columbia
- First Health logo on medical ID card for fast and easy recognition by the provider
- Re-priced claims will be assigned directly to the provider to simplify the claims process

To find a provider online, visit www.yourmedbenefits.com. Members retain the ability to choose any doctor they wish and have those claims assigned. All benefits will pay as specified in the benefit provisions of the policy regardless of the provider chosen.



*These benefits are not underwritten by Standard Security Life Insurance Company of New York.

Medical Insurance Benefit Descriptions

Doctor's Office Visits Indemnity Benefit - due to Illness, Accident or Medical Emergency

Benefit payable per visit per covered person. Routine exams, immunizations and Preventive Care are not covered under this benefit.

Outpatient Diagnostic X-Ray and Lab Indemnity Benefit

Benefit is payable per day per covered person, when Hospital Confinement is not required. Routine exams are not covered under this benefit.

Advanced Studies Indemnity Benefit

Benefit payable per day of testing per covered person. MRIs, CT scans and other advanced diagnostic tests are covered under this benefit.

Preventive Care Indemnity Benefit

Benefit payable per visit per covered person. Routine exams, immunizations and other Preventive Care as defined in the coverage, are covered under this benefit.

Accident Expense Benefit

Up to 100% of charges incurred are payable within 90 days of an Accidental Bodily Injury. Benefit is per accident.

Emergency Room Visit

Benefit is paid for a covered person who has an ER visit as a result of a non-occupational illness which does not result in a hospital admission.

Daily In-Hospital and Skilled Nursing Facility Indemnity Benefit

Daily In-Hospital Benefit Benefit payable per day. Up to a Lifetime Maximum of 500 days of confinement (except for Substance Abuse, Mental Illness Disorder, and In-patient Skilled Nursing Facility).

Intensive Care Unit Double the Daily In-Hospital Benefit will be paid, up to a maximum of 30 days per Calendar Year.

Mental Illness Disorder 50% of the Daily In-Hospital Benefit will be paid, up to a maximum \$5,000 per Calendar Year. Lifetime Maximum \$30,000.

Substance Abuse 50% of the Daily In-Hospital Benefit will be paid, up to a maximum of 30 days per Calendar Year. Lifetime Maximum \$30,000.

In-patient Skilled Nursing Facility 50% of the Daily In-Hospital Benefit will be paid. Maximum benefit per Covered Person per period of confinement is 60 days. The confinement is covered only if it follows a covered Hospital stay of at least 3 days.

Prescription Drug Program

Preferred Brand and Generic Drugs - \$10, \$20, \$40 or less for the scheduled quantity and dose

Non-Preferred Drugs - Discounts apply

Mail Order Pharmacy - Included

The Tiered Pricing Pharmacy Plan is accepted at over 48,000 pharmacies throughout the United States including: CVS, Rite Aid, Medicine Shoppe, Walgreens and independent pharmacies nationwide.

Pharmacy locations may be obtained by contacting customer service at 800-800-7616.

The Health Savings Program is NOT insurance. These programs provide discounts at certain healthcare providers for medical services. It does not make payments directly to the providers. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount program organization. The range of discounts for medical or ancillary services provided under the program will vary depending on the type of provider and medical or ancillary service received. **The Prescription Program is NOT insurance** and is not intended as a Substitute for Insurance. The discount is only available at participating pharmacies.

First Day Hospital Admission Indemnity Benefit

Benefit pays an additional amount equal to one times the hospital benefit for each hospital stay.

Inpatient, Outpatient, Outpatient Minor and Outpatient Venipuncture Surgical Indemnity Benefit

No benefit will be paid for dentistry or oral surgery.

Inpatient benefit is payable for one procedure per year or two or more within the same surgical session.

Outpatient benefit is payable for one procedure per year or two or more within the same surgical session other than outpatient minor procedures and outpatient Venipuncture.

Outpatient Minor benefit is payable at a flat benefit level for one procedure per year or two or more within the same surgical session.

Outpatient Venipuncture benefit is payable at a flat benefit level for one procedure per year.

Anesthesiology Indemnity Benefit

If coverages includes Inpatient, Outpatient, Outpatient Minor and Outpatient Venipuncture Surgical benefit, an amount equal to 25% of the surgical benefit will be paid for anesthesiology.

Accidental Death and Dismemberment Benefit

The AD&D Benefits reduce by 35% of the original amount upon attainment of Age 65, and by an additional 35% each five year period thereafter.

Health Savings Program

Your membership provides significant savings on the following coverages:

Vision Care Coast to Coast (CTC) Vision is contracted with over 12,000 participating eyecare locations nationwide. Members save on eyeglasses, contacts, eye exams and surgical procedures. Not available to Vermont residents.

Hearing Members may select from 1,350 Beltone locations nationwide to receive a free hearing screening and 15% off over 70 models of auditory devices.

Chiropractic Care Members may choose from more than 3,000 participating Doctors of Chiropractic. Members enjoy a variety of savings and services including a free consultation, 50% savings on diagnostic services, 50% savings on x-rays performed on-site and 30% savings on treatment and other services. Not available to Vermont residents.

VIP Health and Wellness The mail order service provides an extensive catalog with savings on nutritional and health needs.

In addition, members receive access to the following:

Nurse Hotline Nurse Hotline offers toll-free access to experienced registered nurses, 24 hours a day, 365 days a year. Our hotline nurses are an immediate, reliable and caring source of health information, education and support.

Counseling Services Telephone counselors assist with problem resolution and suggest options to help members with personal issues of any size. Members receive free, unlimited telephone counseling services 24 hours a day, 7 days a week.

Frequently Asked Questions

How does this plan work?

You're allowed to use any licensed doctor or hospital. There are no networks or doctor directories you are required use. There are no deductibles that have to be paid before the insurance covers an eligible expense. Most of the benefits have a calendar year maximum per covered person.

What type of coverage will I and my eligible dependents have?

This is a limited benefit health insurance plan designed to provide coverage for your everyday health care needs. While the coverage does not provide benefits that are unlimited in nature and would not cover catastrophic health needs it does provide basic, valuable benefits.

Will I receive an ID card?

Yes, upon enrollment members will receive a fulfillment kit including a Certificate of Insurance describing his/her benefits, plastic Identification Cards and a Benefit Guide. The ID cards will include information for the medical, prescription and Health Savings Program benefits.

Are there any Pre-Existing Condition Limitations under this policy?

There are no Pre-Existing Condition Limitations under this policy. There are no medical questions to answer when enrolling during the open enrollment.

Do I have to use a network doctor or hospital to receive benefits?

No, the member is free to use any doctor or hospital (as defined by the plan policy). However, if they choose to use an approved First Health Network provider, members will receive a negotiated discount rate.

Do I have to use a network pharmacy or formulary drug list?

Yes, members will receive a booklet in their packet listing drugs covered under the tiers. This booklet will also include a list of participating pharmacies.

In what states is this plan available?

AL, AK, AZ, AR, CO*, DE, DC, FL**, GA, ID, IL, IN, IA, KS, KY*, LA, ME, MI, MS, MO, MT**, NE, NV*, NM, NC, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI, WY; Contact American Medical Brokers as this listing is subject to change and for information on products available in states not listed. *Special rates apply **Special rates and minimum eligible group size 51

Brief Statement of Policy Provisions Relating to Premiums, Renewability and Termination

The policy is renewable at the option of the Company or the insurer.

The insurer reserves the right (subject to state specific requirements) to change the premiums upon 31 days prior written notice.

Coverage may be terminated by the Policyholder or the Insurance Company upon 31 days written notice to the other party, and for other reasons stated in the group policy, such as: failure by the Policyholder to pay the required premium; if you are no longer eligible for this insurance; or you are no longer in an eligible class.

Claims

Standard Security Life Insurance Company of New York
Group Benefit Claims
P. O. Box 110 -Park Ridge, IL 60068-0110

(800) 822-3906

Questions?

Upon enrollment Member Services is available
Monday - Friday from 7:00am - 7:00pm
Central Standard Time

(800) 822-3906

Spanish speaking representatives available



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Important Notices: This program is Limited Medical Insurance and is not intended or recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This brochure is for summary purposes only. The insurance is being offered by Standard Security Life Insurance Company of New York, and a detailed Certificate of Coverage will be provided upon enrollment, or upon request.

Standard Security Life Insurance Company of New York—EXCLUSIONS AND LIMITATIONS FROM COVERAGE

The Policy does not provide any Benefits for the following confinements, visits, charges, treatment, services or supplies for or related to:

1. Preventive Services which are not Medically Necessary for the treatment of Illness or Injury, except as specified in the Preventive Care Indemnity Benefit, if shown in the Schedule of Benefits; or
2. Any treatment, service or supply which is not due to an Illness or Injury; or
3. Any treatment, service or supply which is not recommended by a Doctor; or
4. Any treatment, service or supply which is not Medically Necessary; or
5. Treatment, services or supplies for which no charge is made or for which the Covered Person is not required to pay; or
6. Any treatment, service or supply provided by a government owned or operated facility or by government employed health care providers, unless the Covered Person is legally required to pay the charges incurred; or
7. Hospital and Doctor charges for weekend Hospital admissions occurring between noon on any Friday and noon the following Sunday for non-emergency procedures, unless Medically Necessary or unless surgery is scheduled for the next day; or
8. An Illness or Injury which arises out of or in the course of any employment for wage or profit or an Illness or Injury for which the Covered Person has or had a right to recovery under any Workers' Compensation or Occupational Disease Law; or
9. Physical or psychological examinations required by any third party, such as by a court or for employment, licensing, insurance, school, sports or recreational purposes; or
10. An Illness or Injury incurred while on active duty with the military of any country or international organization; or
11. An Illness or Injury resulting from war or any act of war (declared or undeclared) or the participation in a riot or insurrection; or
12. An Illness or Injury incurred (a) during the commission or attempted commission of a crime or felony or while engaged in an illegal act; or (b) while imprisoned; or
13. Treatment, services or supplies for any loss sustained, incurred due to, or contracted as a consequence of a Covered Person (a) being intoxicated; or (b) being under the influence of any illegal narcotic, barbiturate, hallucinatory or other drug, unless administered by a Doctor and taken in accordance with the prescribed dosage. A Covered Person is conclusively determined to be intoxicated by drug or alcohol if a chemical test administered in the jurisdiction where the loss or cause of loss occurred is at or above the legal limit set by that jurisdiction; or
14. Treatment, services or supplies to improve the appearance or self-perception of a Covered Person, which does not restore a bodily function including, without limitation, cosmetic or plastic surgery, hair loss or skin wrinkling, or the complications of any such treatment; or
15. Treatment, services or supplies for (a) breast augmentation; (b) the removal of breast implants unless Medically Necessary and related to surgery performed as reconstructive surgery due to a Sickness; and (c) breast reduction surgery unless Medically Necessary due to a Sickness; or
16. Surgery to correct refractive errors, such as radial keratotomy or radial keratectomy; or
17. Routine eye exams, glasses, visual therapy, or contact lenses; except as specified in the Vision Benefit Rider, if shown in the Schedule of Benefits; or
18. Routine hearing exams to assess the need for, or change to, hearing aids; and the purchase, fittings or adjustments of hearing aids; or
19. Penile implants and fertility and sterility studies; or
20. Treatment, services or supplies: (a) to restore or enhance fertility; or (b) to reverse sterilization; or
21. Impregnation techniques such as: (a) artificial insemination; or (b) in vitro fertilization; including but not limited to: artificial insemination, in vitro zygote and intra-fallopian transfers, gamete intra-fallopian transfer, genetic counseling, and all charges related to such in vitro fertilization; or
22. Voluntary abortion; except if the life of the mother would be in danger if the fetus were carried to term, or except for complications of a voluntary abortion; or
23. Mental Illness Disorders and Substance Abuse except as specified in the Hospital Inpatient and Skilled Nursing Facility Daily Indemnity Benefit; or
24. Treatment, services or supplies to eliminate or reduce a dependency on or an addiction to tobacco, including but not limited to: nicotine withdrawal programs; nicotine products, such as transdermal patches and gums; hypnotism; and goal oriented behavioral modification; or
25. Marriage or family counseling, recreational therapy, equine therapy, educational therapy, social therapy, or sex therapy; or
26. Sexual reassignments or sexual dysfunctions or inadequacies; or
27. Meridian therapy (acupuncture); or
28. Treatment, services or supplies related to paring or removal of corns, calluses, bunions or toenails (other than partial or complete removal of nail roots); or
29. Treatment, services or supplies related to the feet by means of posting or strapping, or range of motion studies; or
30. Orthotics; or
31. Treatment, services or supplies for obesity or weight reduction, including wiring of the teeth and all forms of intestinal bypass surgery and complications resulting from such surgery; or
32. Treatment, services or supplies received from a Doctor or other provider if such person is: (a) a person who ordinarily resides in Your household, (b) a member of Your immediate family or (c) the Policyholder; or
33. Custodial Care, regardless of who prescribes or renders such care; or
34. Treatment, services or supplies received or purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, for a period not to exceed 90 days, and the charges are incurred for an Emergency, provided the treatment, services or supplies used in connection with the Emergency are approved for use in the United States; or
35. Telephone consultations, missed appointment fees and fees for completing claim forms; or
36. Treatment, services or supplies for complications of conditions that are not covered under the Policy except for complications of a voluntary abortion; or
37. Prescription Medications, except as specified in the Outpatient Prescription Medication Indemnity Benefit, if shown in the Schedule of Benefits; or
38. Treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause; except as specified in the Dental Benefit Rider, if shown in the Schedule of Benefits; or
39. Treatment, services or supplies as the result of prognathism, retrognathism, micrognathism, or any treatment, services or supplies to reposition the maxilla (upper jaw) mandible (lower jaw), or both maxilla and mandible, unless due to an Injury, which occurs while covered under the Policy, to Sound Natural Teeth, provided that such treatment is received within 12 months following the date of Injury; or
40. Treatment, services or supplies provided for temporomandibular joint (TMJ) dysfunction; or
41. Physical, speech and occupational therapy; or
42. Hospice Care; or
43. Home Health Care.

All policies described herein, except the Prescription Program, Health Savings Program and First Health Network, are offered by Standard Security Life Insurance Company of New York.