Group Indemnity Medical Insurance

Supplements existing medical coverage with cash benefits to help you pay for out-of-pocket expenses.

Group Indemnity Medical coverage from Allstate Benefits provides cash benefits for hospitalization or intensive care confinement, surgery or emergency treatment and can help cover them as they happen.

What if you or a family member were hospitalized tomorrow...

could you pay for out-of-pocket expenses associated with a hospital stay, plus cover daily living expenses?

- CAR
- GROCERIES
- BILLS
- PRESCRIPTIONS

Benefit coverage for

Manna Development Group, LLC

These plans do not meet minimum creditable coverage.
group indemnity medical* and indemnity medical +†‡

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. But having the right coverage in place to help when a sickness or injury occurs can help eliminate your financial concerns and provide support at a time when it is needed most. Group Indemnity Medical can help, by offering coverage for First Day Hospital Confinements.

Below is an example of how benefits are paid in the event you or a covered family member are hospitalized.**

meeting your needs

Indemnity medical coverage

• Coverage is guaranteed issue; there are no medical exams or tests to take
• Affordable premiums
• Benefits paid directly to you, unless you assign them to someone else
• Benefits include hospitalization due to Pregnancy
• Portability. If you leave your job, you can take the coverage with you as long as you make payments to Allstate Benefits

Indemnity medical+ coverage

• PPO Network***
• Base benefits increase by 5% after the first coverage year and each coverage year thereafter, for the next 5 years

***The Preferred Provider Organization (PPO) Network, MultiPlan, provides unsurpassed value, combining nationwide access, deep discounts on covered services, and exceptional service. The network includes over 535,000 individual practitioners and over 87,000 facility locations, including more than 4,800 acute care hospitals. Visit www.multiplan.com/allstate for more information.

indemnity medical benefit coverage*

First Day Hospital Confinement* - Pays a benefit for the first day of a hospital stay. Payable once for each continuous confinement, up to once per year. Not paid for a newborn child's initial confinement after birth.

indemnity medical + benefit coverage†‡

HOSPITALIZATION BENEFITS

Initial Hospitalization Confinement1 - Pays a benefit for the first hospital confinement during the year, when a benefit is paid under Daily Hospital Confinement. Payable once each year per person.

Daily Hospital Confinement2 - Pays a daily benefit for a hospital stay. Max. of 180 days each continuous confinement.

Hospital Intensive Care - Pays a daily benefit for an intensive-care unit stay and in addition to the Daily Hospital Confinement. Max. of 60 days each continuous confinement.

1Normal pregnancy or complications from pregnancy, newborn child's hospitalization after birth, and transfers to another hospital for additional care before being discharged are not covered.

2Routine nursing or well-baby care of newborn children are not covered.

SURGERY AND RELATED BENEFITS

Surgery - Pays a benefit for covered surgery. Amount paid depends on surgery.

Anesthesia - Pays 25% of surgical benefit for anesthesia received during a covered surgery.

Inpatient Physician’s Treatment - Pays a daily benefit for physician services if hospital confined.

†This coverage is not available to residents of the state of Massachusetts.
‡You must enroll in the GIM plan to be eligible for the benefit.
§Group Indemnity Medical is the GIM2 plan. Group Indemnity Medical+ is the GIM plan.

Please see page 8 for your plan details. See page 9 for limits and conditions and state variations.
We have included the Group Indemnity Medical+ insurance coverage to help provide cash benefits if you are injured or ill and must visit the doctor, go to the emergency room, or stay in the hospital. Plus, the coverage includes benefits for transportation, ambulance, diagnostic X-ray, and Wellness and Preventive tests. Our coverage helps offer peace of mind when a hospitalization occurs.

Below is an example of how benefits are paid in the event you or a covered family member are hospitalized.

**The example shown may vary from the plan your employer is offering. Your individual experience may also vary.**

**OUTPATIENT, NURSING AND TRANSPORTATION BENEFITS**

**Outpatient Emergency Accident** - Pays a benefit for treatment in an emergency treatment center if injured. Payable 2 times each year per person.

**Outpatient Physician’s Treatment** - Pays a benefit for physician treatment outside a hospital. Max. of 5 visits each year for Employee, 10 visits for Employee and Spouse or Employee and Children, and 15 visits for Family coverage.

**At Home Nursing** - Pays a daily benefit for care, within 60 days after hospital confinement. One visit each day, up to 30 visits in 60 days.

**Ambulance Services** - Pays a benefit for transport to an emergency treatment center or hospital by licensed ambulance. Max. of 3 trips each year per person.

**Non-Local Transportation** - Pays a benefit for transportation when you have treatment not available locally. Max. of 3 trips each year per person.

**WELLNESS AND DIAGNOSTIC BENEFITS**

**Outpatient Diagnostic X-ray and Laboratory** - Pays a benefit for diagnostic lab tests. Maximum of 1 test a day; up to 3 tests each year per person. Not paid if benefit paid under Wellness and Preventive Test benefit.

**Wellness and Preventive Test** - Pays a benefit for a routine exam or preventive test outside a hospital. Maximum of 1 exam or test each year per person.

Eligible tests and exams include: Bone Marrow Testing; CA15-3, CA125, PSA (blood tests for breast, ovarian and prostate cancer); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test.

See your certificate for a complete listing. Not paid if benefit paid under Outpatient Diagnostic X-ray and Laboratory benefit.

**ADDITIONAL DISCOUNT PROGRAM**

**ScriptSave® Prescription Drug** - The ScriptSave® program provides: savings on brand name and generic medications for you and your family; continued savings when insurance limits are reached. For more information, contact ScriptSave® at: 1-800-700-3957.

(ScriptSave® Prescription Drug is a discount program only provided by a third party service provider. It does not provide insurance coverage.)

**Don’t wait for a sign...**

**Emergency situations come up at any time**

A sickness or injury that leads to hospitalization or intensive-care confinement, surgery or emergency treatment can be costly, especially if you are not financially prepared. Your current medical coverage may help pay for the associated expense, but might not cover all of the out-of-pocket expenses you could face. Don’t wait until you are rushed by ambulance to the emergency room to realize you need more protection.

**Budget friendly**

Sometimes, receiving hospital or outpatient treatment can be difficult if money is tight. We can help by providing you with supplemental coverage that can fit your needs and work within your budget.

Let our supplemental insurance help you and your family cover expenses for sickness or injury treatments, if and when one occurs. It’s the financially smart thing to do!

It’s never too early to prepare for the future.
The dollar amount paid by you.

| Schedule: Copayment | The dollar amount paid by you. | Generic Formulary Drugs: Retail | - $10 copay* for each 30-day supply | * (maximum of $1,500/individual annually), and Oral Contraceptives (birth control pills) | - $15 copay* | Brand Name Formulary Drugs: Discounted price at time of purchase. Unlimited discount savings (up to 40%) are based on your prescription, your pharmacy and where you live. Accepted at more than 60,000 pharmacies nationwide; mail order not available. No waiting periods for pre-existing conditions. |

Below is an alphabetical list of generic medications available to members for a fixed copayment amount up to the annual maximum benefit specific to the plan. Generic and brand products not listed are not eligible for the generic copayment benefit, but remain eligible for a pharmacy discount. If you are currently taking a brand-name medication, ask your doctor if an appropriate generic alternative is available.

The formulary process is ongoing and changes can occur at any time. Contact Catamaran Rx for current drug coverage and/or benefits.
**CARDIOVASCULAR MEDICATIONS**

**ACE INHIBITORS**
- Benazepril (Lotensin®)
- Captopril (Capoten®)
- Enalapril (Vasotec®)
- Fosinopril (Monopril®)
- Lisinopril (Zestril®)
- Moexipril (Univasc®)
- Perindopril (Aceon®)
- Quinapril (Accupril®)
- Ramipril (Altace®)

**BETA-ADRENERGIC ANTAGONISTS**
- Atenolol (Tenormin®)
- Bisoprolol (Zebeta®)
- Carvedilol (Coreg®)
- Labetolol (Normodyne®)
- Metoprolol (Lopressor®)
- Metoprolol Succinate (Toprol XL®)
- Nadolol (Corgard®)
- Pindolol (Visken®)
- Propranolol (Inderal®)

**CALCIUM CHANNEL BLOCKERS**
- Amlodipine (Norvasc®)
- Diltiazem (Cardizem SR/Dilacor XR)
- Felodipine (Plendil®)
- Nifedipine (Procardia XL®)
- Verapamil (Calan SR/Isotrin SR®)

**CARDIAC GLYCOSIDES**
- Digoxin (Lanoxic®)

**DIURETICS**
- Aminophylline/HCTZ (Moduretic®)
- Bumetanide (Bumex®)
- Chlorthalidone (Hygroton®)
- Furosemide (Lasix®)
- Hydrochlorothiazide®
- Indapamide (Lozol®)
- Metolazone (Zaroxlyn®)
- Spironolactone (Aldactone®)
- Torsemide (Demadex®)

**DIURETIC COMBINATIONS**
- Atenolol/Chlorthalidone (Tenoretic®)
- Hydrochlorothiazide - Benazepril (Lotensin HCT®)
- Bisoprolol (Ziac®)
- Captopril (Capoxide®)
- Enalapril (Vasoretic®)
- Fosinopril (Monopril HCT®)
- Lisinopril (Zestoretic®)
- Metolazone (Zaroxlyn®)
- Hydrochlorothiazide - Spironolactone (Aldactazide®)
- Triamterene (Dyazide®)

**OTHER ANTIHYPERTENSIVES**
- Amiloride/Benazepril/HCTZ (Clindione (Catapres®)
- Guanfacine (Tenex®)
- Hydrochlorothiazide (Apresoline®)
- Methyldopa (Aldomet®)
- Milodine (ProAmatine®)
- Minoxidil (Loniten®)

**ANGIOTENSIN RECEPTOR BLOCKERS**
- Losartan (Cozaar®)
- Losartan/HCTZ (Hyzaar®)

**OTHER CARDIOVASCULAR DRUGS**
- Indapamide (Lozol®)
- Spironolactone (Aldactone®)
- Torsemide (Demadex®)

**DERMATOLOGICALS**
- Antibiotics
- Antifungals
- Antivirals

**GASTROINTESTINAL MEDICATIONS**
- Antacids
- Antidiarrheals
- Antihistamines
- Antispasmodics

**OTHER GASTROINTESTINAL DRUGS**
- Carisoprodol and codeine
- Diphenoxylate/Almotrine

**GASTROINTESTINAL MEDICATIONS**
- Antacids
- Antidiarrheals
- Antispasmodics

**THYROID AND ANTI-THYROID DRUGS**
- Methimazole
- Propylthiouracil (PTU)

**GASTROINTESTINAL MEDICATIONS**
- Antacids
- Antidiarrheals
- Antispasmodics

**ENDOCRINE MEDICATIONS**
- Adrenocorticosteroids
- Anti-diabetic agents
- Antidietics

**ANTIDEPRESSANTS**
- Amitriptyline
- Amoxapine
- Bupropion
- Clomipramine
- Desipramine
- Doxepin
- Fluoxetine
- Fluvoxamine
- Imipramine
- Mirtazapine
- Nortriptyline
- Paroxetine
- Sertraline
- Tranquilizers

**BENZODIAZEPINES**
- Alprazolam (Xanax®)
- Buspirone (Buspar®)
- Chlordiazepoxide HCL (Librium®)
- Clonazepam (Klonopin®)
- Diazepam (Valium®)
- Estazolam (Proson®)
- Flurazepam (Dalmane®)
- Lorazepam (Ativan®)
- Oxazepam (Serax®)
- Temazepam (brand Restoril®)
- Triazolam (Halcion®)
- Zolpidem (Ambien®)

**PSYCHOTHERAPEUTIC AGENTS**
- Antidepressants
- Antipsychotics
- Anticonvulsants
- Sedatives

**DRUGS TO PREVENT AND TREAT GOUT**
- Allupurinol (Zyloprim®)
- Carprofen (Norgesic®)
- Carisoprodol (Soma®)
- Colchicine®
- Probenecid®

**MUSCLE RELAXANTS/ANTISPASMODICS**
- Baclofen (Liorexal®)
- Carisoprodol (Soma®)
- Carisoprodol and Aspirin (Soma Compound®)
- Chlorzoxazone (Parafon Forte DSC®)
- Cyclobenzaprine HCL (Flexeril®)
- Metaxalone (Skelaxin®)
- Methocarbamol (Robaxin®)
- Orphenadrine (Norflex, Banflex®)
- Orphenadrine/Aspirin/Caffeine (Norgesic®)
- Tizanidine (Zanaflex®)

**ANTIDEPRESSANTS**
- Amitriptyline (Elavil®)
- Amoxapine (Asendin®)
- Bupropion (Wellbutrin & Wellbutrin SR, Wellbutrin XL®)
- Citalopram (Celexa®)
- Clomipramine (Anafril®)
- Desipramine (Norpramin®)
- Doxepin (Sinequan®)
- Fluoxetine (Prozac®)
- Fluvoxamine (Luvox®)
- Imipramine (Tofranil®)
- Mirtazapine (Remeron®)
- Nortriptyline (Pamelor®)
- Paroxetine (Paxil®)
- Sertraline (Zoloft®)
- Tranquilizers (Parnate®)
- Trazodone (Desyrel®)

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- Triazolam (Halcion®)
- Zolpidem (Ambien®)
NUTRITION, BLOOD MODIFIERS, ELECTROLYTES

DRUGS AND VITAMINS AFFECTING COAGULATION
Diprydamole (Persantine*)
Ticlodipine (Triclid*)
Warfarin (Coumadin*)

FLUORIDE PRODUCTS
Sodium Fluoride (Karimidur/Luride/SF*)

POTASSIUM SUPPLEMENTS
Potassium Chloride (K-DUR/Micro-K*)

VITAMINS/MINERALS
Calcitriol (Calcitrol*)
Ergocalciferol (Calciferol*)
Folic Acid (Folate*)

OPHTHALMIC AGENTS

GLUCODERMAL AGENTS
Acetazolamide (Diamox*)
Brimonidine Tartrate (Alphagan*)
Dipivefrin (Propine*)
Dorzolamide/Timolol (Cosopt*)
Dexamethasone (Decadron*)

OPHTHALMIC CORTICOSTEROID DRUGS
Tobramycin/Dexamethasone (Tobradex*)
Sulfacetamide/Prednisone (Vasocidin*)
Brimonidine Tartrate (Alphagan*)
Polymixin B (Neomycin*)
Erythromycin (Ciloxan Ointment*)
Gentamicin (Garamycin*)
Ciprofloxacin Ointment (Ciloxan*)
Bacitracin/Polymixin B (Dexacidin/Maxitrol*)

ANTI-VIRAL DRUGS
OPHTHALMIC TOPICAL
Timolol (Timoptic/XE*)
Levobunolol (Betagan*)
Dorzolamide/Timolol (Cosopt*)

GLAUCOMA AGENTS
Acetazolamide (Diamox*)

GLAUCOMA AGENTS
Acetazolamide (Diamox*)
Gentamicin (Garamycin*)
Erythromycin (Ciloxan Ointment*)
Bacitracin/Polymixin B (Dexacidin/Maxitrol*)

OPHTHALMIC ANTI-INFECTIVES/ CORTICOSTEROID DRUGS
Neomycin/Dexamethasone/Polymyxin (Dexacin/Maxitrol*)
Sulfacetamide/Prednisolone (Blephamide*)
Sulfacetamide/Prednisone (Vasocidin*)
Timolol (Timoptic/XE*)

OPHTHALMIC CORTICOSTEROID DRUGS
Dexamethasone (Decador*)
Fluromethalone (FML Liquifilm*)
Prednisolone (Econopred Plus/Pred Forte*)
Prednisolone (Inflamase Forte*)

ANTIBACTERIAL DRUGS

BETA AGONIST INHALERS
Terbutaline (Brethine*)

BETA AGONIST ORAL
Albuterol (Proventil*)
Albuterol Extended Release (Vospire ER*)

CONTRACEPTIVES

VITAMINS/MINERALS
Folic Acid (Folate*)

BENIGN PROSTATIC HYPERPLASIA DRUGS
Tamsulosin (Flomax*)

MICROSCOPIC MEDICATIONS

OSTEOPETRAL AND GYNECOLOGICAL MEDICATIONS
ANDROGENS
Danazol (Danocrine*)

ESTROGEN PATCHES
Estradiol (Climara*)

PREGNANCY VITAMINS
All vitamins are preferred on formulary

CONTRACEPTIVES

ANTIHISTAMINES/ ANTI-ALLERGENICS

UROLOGICAL MEDICATIONS

MISCELLANEOUS UROLOGICALS
Oxybutynin ( Ditropan*)
Phenazopyridine (Pyridium*)
## Group Indemnity Medical

### Hospitalization Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Day Hospitalization Confinement (once per confinement per year)</td>
<td>$1,000</td>
</tr>
<tr>
<td>Initial Hospitalization Confinement (1 yearly, excludes pregnancy and birth)</td>
<td>$1,000</td>
</tr>
<tr>
<td>Daily Hospital Confinement (up to 180 days)</td>
<td>$400</td>
</tr>
<tr>
<td>Hospital Intensive Care (up to 60 days)</td>
<td>$400</td>
</tr>
</tbody>
</table>

### Surgery and Related Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery (varies by surgery)</td>
<td>$80-$2,000</td>
</tr>
<tr>
<td>Anesthesia (50% of surgical benefit)</td>
<td>25%</td>
</tr>
<tr>
<td>Inpatient Physician’s Treatment (daily)</td>
<td>$100</td>
</tr>
</tbody>
</table>

### Outpatient, Nursing and Transportation Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Emergency Accident (2 yearly)</td>
<td>$1,000</td>
</tr>
<tr>
<td>Outpatient Physician’s Treatment</td>
<td>$100</td>
</tr>
<tr>
<td>At Home Nursing (daily, total of 30 days)</td>
<td>$200</td>
</tr>
<tr>
<td>Ambulance Services (3 trips yearly)</td>
<td>$600</td>
</tr>
<tr>
<td>Non-Local Transportation (3 trips yearly)</td>
<td>$600</td>
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### Wellness and Diagnostic Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Diagnostic X-ray and Laboratory (1 daily and 3 yearly)</td>
<td>$75</td>
</tr>
<tr>
<td>Wellness and Preventive Test (1 yearly)</td>
<td>$150</td>
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</tbody>
</table>

### Additional Discount Program

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ScripSave® Prescription Drug</td>
<td>Included</td>
</tr>
</tbody>
</table>

### Catamaran Rx Generic Prescription Drug Plan

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Annual Maximum per Individual</td>
<td>$1,500</td>
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<tr>
<td>Generic Formulary Drugs (30 day supply)</td>
<td>$10 copay</td>
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<tr>
<td>Oral Contraceptives (birth control pills)</td>
<td>$15 copay</td>
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<tr>
<td>Brand Name</td>
<td>Discount Only</td>
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</table>

### Premiums

<table>
<thead>
<tr>
<th>Mode</th>
<th>EE</th>
<th>EE + SP</th>
<th>EE + CH</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bi-Weekly</td>
<td>$52.44</td>
<td>$102.78</td>
<td>$87.86</td>
<td>$136.66</td>
</tr>
</tbody>
</table>

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Children; F = Family.

Issue Ages: 18 and over if Actively at Work
CERTIFICATE SPECIFICATIONS

GROUP INDEMNITY MEDICAL‡

Conditions and Limits - We pay benefits as stated for service and treatment received by the covered person while coverage is in force, for sickness or injury. Hospital room and board charges must be incurred for benefits to be payable. **Treatment must be received in the United States or its territories.**

Your Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination - (a) Coverage may include you, your spouse or domestic partner, and your children, and domestic partner's children. (b) Coverage for children ends upon your death or when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce or your death. (d) Domestic partner coverage ends upon termination of domestic partnership or your death.

When Coverage Ends - Coverage under the policy ends on the earliest of: (a) the date the policy is canceled; (b) the last day of the period for which you made any required contributions; (c) the last day of the month you are in active employment, except as provided under the "Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence" provision; (d) the date you are no longer in an eligible class; (e) the date your class is no longer eligible; (f) upon discovery of fraud or material misrepresentation when filing for a claim.

Portability Privilege - Coverage may be continued under the Portability Provision when coverage under the policy ends.

Exclusions - Benefits are not paid for: (a) any act of war, participation in a riot, insurrection or rebellion; (b) suicide or attempt at suicide; (c) engaging in an illegal occupation or committing or attempting an assault or felony; (d) cosmetic dentistry or plastic surgery, except to treat an injury or correct a disorder of normal bodily function; (e) intentionally self-inflicted injuries; (f) confinement that begins before the effective date; (g) the reversal of a tubal ligation or vasectomy; (h) artificial insemination, in vitro or test tube fertilization, related testing, medications, physician services, unless required by law; (p) routine eye exams or fittings; hearing aids or fittings; (q) dental exams and care unless from a result of an accident; or (r) driving in organized or scheduled race or speed test or testing any vehicle on any racetrack or speedway.

Initial Hospitalization Confinement Exclusion - Benefit is not paid for normal pregnancy or complications of pregnancy, or for a newborn child's initial hospitalization after birth. A newborn child's initial hospitalization includes any transfers to another hospital before the child is discharged home.

Hospital Intensive Care Exclusion - Benefits are not paid under the Hospital Intensive Care benefit for confinement in any care unit that does not qualify as a hospital intensive-care unit. Progressive care, sub-acute intensive care, intermediate care or step-down units, private rooms with monitoring or any other lesser care treatment units do not qualify.

ELIGIBILITY AND TERMINATION OF COVERAGE

(a) Coverage may include you, your spouse and children. (b) Coverage under the policy ends the date the policy is canceled; the last day you made required contributions; the last day of active employment, except as provided under the "Temporary Layoff, Leave of Absence or Family Medical Leave of Absence" provision; the date you are no longer in an eligible class; or the date your class is no longer eligible. Spouse coverage terminates upon divorce; or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

GROUP INDEMNITY MEDICAL+ §

Limitations and Exclusions - Benefits not paid for: (a) injury or sickness incurred prior to the effective date; (b) acts of war, participation in riot, insurrection or rebellion; (c) suicide; (d) injury while under the influence of alcohol or any narcotic unless taken on the advice of a physician; (e) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; (f) engaging in an illegal occupation; (g) committing or attempting an assault or felony; (h) dental or plastic surgery for cosmetic purposes, unless to treat an injury or correct a disorder of normal bodily function; (i) alcoholism or dependence upon a controlled substance; (j) mental or nervous disorders; (k) intentionally self-inflicted injuries; (l) a newborn child's routine nursing or well-baby care during initial hospital confinement; (m) childbirth within the first 10 months of the covered person's effective date; (n) hospitalization starting before the effective date; (o) reversal of tubal ligation or vasectomy; artificial insemination, in vitro or test tube fertilization, related testing, medications, physician services, unless required by law; (p) routine eye exams or fittings; hearing aids or fittings; (q) dental exams and care unless from a result of an accident; or (r) driving in organized or scheduled race or speed test or testing any vehicle on any racetrack or speedway.

Initial Hospitalization Confinement Exclusion - Benefit is not paid for normal pregnancy or complications of pregnancy, or for a newborn child's initial hospitalization after birth. A newborn child's initial hospitalization includes any transfers to another hospital before the child is discharged home.

Hospital Intensive Care Exclusion - Benefits are not paid under the Hospital Intensive Care benefit for confinement in any care unit that does not qualify as a hospital intensive-care unit. Progressive care, sub-acute intensive care, intermediate care or step-down units, private rooms with monitoring or any other lesser care treatment units do not qualify.

§Group Indemnity Medical is the GIM2 plan. Group Indemnity Medical+ is the GIM plan.
Catamaran Rx Outpatient Prescription Drug Benefits

Exclusions - Benefits are not payable for the following list of drugs. However, they can be purchased at a discounted price. 1) 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, hemophilia 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 - unless for treatment of PKU, 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 which the FDA has determined to be contraindicated for the specific treatment; 12) drugs needed due to conditions caused by taking part in a riot or other civil disorder, or taking part in the commission of a felony; 13) drugs due to conditions caused by declared or undeclared war or an act of war, or drugs dispensed to an insured person while on active duty in any armed force; 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 which are not medically necessary; 19) brand name prescription drugs; 20) diaphragms, erectile dysfunction legend drugs, infertility legend drugs; 21) EpiPen, EpiPen Jr., Ana Kit, Ana-Guard, Glucagon auto injection, Imitrex auto injection; or 22) smoking deterrents, legend or over-the-counter.

STATE VARIATIONS

GROUP INDEMNITY MEDICAL‡

Michigan (changes affect pages 3, and 9) - In the Exclusions paragraph, item (c) is replaced with: suicide or attempt at suicide, while sane.

GROUP INDEMNITY MEDICAL+‡

Michigan (changes affect pages 3, and 9) - In the Exclusions paragraph, item (c) is replaced with: suicide or attempt at suicide, while sane.

‡Group Indemnity Medical is the GIM2 plan. Group Indemnity Medical+ is the GIM plan.
Don’t wait for a sign...

Emergency situations come up at any time
A sickness or injury that leads to hospitalization, surgery or emergency treatment can be costly, especially if you are not financially prepared. Your current medical coverage will help pay for the associated expense, but won’t cover all of the out-of-pocket expenses you may face. Don’t wait until you are rushed by ambulance to the emergency room to realize you need more protection.

Budget friendly
Sometimes, receiving in- or out-of-the-hospital treatment can be difficult if money is tight. We can help by providing you with supplemental coverage that can fit your needs and work within your budget.

Let our supplemental insurance help you and your family cover expenses for sickness or injury treatments, if and when one occurs. It’s the financially smart thing to do!

It’s never too early to prepare for the future.
This material is valid as long as information remains current, but in no event later than October 30, 2017.

Group Indemnity Medical benefits provided by policy form GVSP2, or state variations thereof. Group Indemnity Medical+ benefits provided by policy form GVSP1, or state variations thereof.

Coverage is provided by Limited Benefit Supplemental Health Insurance.

This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer’s Guide available from American Heritage Life Insurance Company.

Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). This is a brief overview of the benefits available under the Group Policy issued by American Heritage Life Insurance Company. However, the insurance will be governed solely by the terms and conditions of the Group Policy, which alone will make up the agreement by which the insurance will be provided.

Fidelity Security Life Insurance Company

Catamaran Rx Generic Outpatient Prescription Drug Insurance Plan

The Catamaran Rx Generic Outpatient Prescription Drug Insurance Plan is underwritten by Fidelity Security Life Insurance Company, Kansas City, MO, Policy #PD-292/PD-293, Form #M-9031, M-9022. Some provisions, benefits, exclusions or limitations listed may vary by state. Not available in all states. Discounts are not insured benefits and are only applicable at a Participating Pharmacy.

www.catamaranrx.com

This coverage does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

This brochure is for use in the Manna Development Group, LLC enrollment sitused in: MI