

MedOne Plus[®]

HEALTH INSURANCE FOR INDIVIDUALS AND FAMILIES

LOUISIANA



United Wisconsin Life Insurance Company

It goes without saying that your health is important, and it's also important to choose a health insurance company you can rely on. For many years, individuals and their families have relied on the health insurance products designed, administered, and marketed by American Medical Security, Inc. (AMS) and underwritten by United Wisconsin Life Insurance Company.

We realize that one health insurance plan doesn't suit everybody's needs, so American Medical Security, Inc. along with United Wisconsin Life Insurance Company have designed a portfolio of insurance plans to choose from. We're confident you'll find the insurance plan and options that fit your needs and budget.

But that's not all. We offer unparalleled service with our insurance plans. For example, a helpful customer service representative will answer the phone when you call our home office—24 hours a day, 365 days a year. You won't find any electronic phone menus to work your way through.



We also provide you with a toll-free number you can call to speak to a registered nurse. These nurses will give you medical information 24 hours a day, 365 days a year.

When you add our service to the products we market, you have a company you can rely on for your health insurance needs—a company that incorporates the small-town values of its home town of Green Bay, Wis.

As you examine the benefits, features, and services described in this brochure with your professional agent, we're confident you'll be reassured that your health insurance needs will be in competent hands. We invite you to join the AMS family of satisfied customers.



ELIGIBILITY

If you'd like to apply for a MedOne Plus insurance plan design, eligible applicants must be age 18 or over and under age 65. All applicants must meet the insurer's underwriting requirements and be U.S. citizens or be in the U.S. by a valid permanent visa or green card. A copy of the visa or green card is required.

Eligible dependents who wish to have coverage must be a lawful spouse and/or unmarried child under age 21 (to age 25 if a full-time student at an accredited school, college, or university), or an unmarried child who is not yet age 25 and unable to attend school as a full-time student due to the development of a mental or nervous condition, problem, or disorder.

Eligible dependents also include unmarried grandchildren in the legal custody of a grandparent(s) from birth to the limiting age or unmarried grandchildren in the legal custody of and residing with the grandparent if:

- Under age 21; or
- Under age 25, if a full-time student; or
- Incapable of self-sustaining employment who became incapable before age 21.

EARLYCARE COVERAGE

If you need to purchase coverage for a child only, choose from the MedOne Plus insurance plan design. EarlyCare coverage is also ideal for providing child protection as an alternative to employer-sponsored coverage, or for grandparents who want to ensure grandchildren have coverage.

Parents or legal guardians can apply for coverage for eligible children. Eligible applicants include unmarried children age 14 days to 21 years or to age 25 if the child is a full-time student at an accredited school, college, or university.

MEDONE PLUS FEATURES

**PPO BENEFIT PLAN
100% OPTION**

**PPO BENEFIT PLAN
80% OPTION**

**Lifetime Maximum
Per insured**

\$5 Million

\$5 Million

Office Visit Copay Options

A fixed fee that you pay toward office visit charges.

\$30

\$30

\$40

\$40

None

None

Network

Non-network

Network

Non-network

Deductible Options

The amount of covered expenses you pay each calendar year before benefits are paid under the Policy.

\$ 1,000

\$ 2,000

\$ 500

\$ 1,000

\$ 1,500

\$ 3,000

\$ 750

\$ 1,500

\$ 2,500

\$ 5,000

\$1,000

\$ 2,000

\$ 5,000

\$10,000

\$1,500

\$ 3,000

\$ 7,500[†]

\$15,000

\$2,500

\$ 5,000

\$10,000[†]

\$20,000

\$5,000

\$10,000

[†]Not available with \$30 copay

Coinsurance Options

The level of coverage provided by the insurance plan after the calendar year deductible is satisfied.

100%

70%

80%

50%

Coinsurance Limit

A shared percentage paid by you and the Policy.

\$0

\$13,333

\$10,000

\$8,000

Individual Out-of-Pocket Maximum

The maximum amount you pay per calendar year for covered expenses, plus deductible.

\$0

\$4,000

\$2,000

\$4,000

THE FOLLOWING APPLIES TO 100% AND 80% OPTIONS

Physician Office Visit

If no copay is selected, charges for the office visit are payable after deductible then coinsurance.

Network Office Visit:

Copay then 100%

Non-network:

Deductible then coinsurance

Wellness Benefit

If no copay is selected, charges for the office visit are payable after deductible then coinsurance.

Network Office Visit:

Copay then 100%

Non-network:

Not Covered

Network X-ray/lab:

Deductible then coinsurance (PSA, pap smear, and mammogram)

Non-network:

Not Covered

**Radiology (X-ray) Test/
Pathology (lab) Test**

Deductible then coinsurance

See page 5 for XL buy-up option

Surgery and Anesthesiology Fee

Deductible then coinsurance

Routine Vision Exam*

Vision Network Provider:

\$10 copay, then 100%

Vision Non-network Provider:

Payable to a maximum of \$38

**Inpatient and Outpatient
Facility Charges**

Deductible then coinsurance

Physician Inpatient Hospital Visit

Deductible then coinsurance

Emergency Room Charges

Copay is waived if immediately confined.

\$100 copay then deductible and coinsurance

Ambulance

Air or ground.

Deductible then coinsurance

Prescription Drug

Drug Discount Program is not an insurance benefit.

Drug discount program

Prescription Drug Buy-Up Options

If you choose brand when generic is available, you pay the difference between the two.

Choose from the following deductibles; \$0, \$500 or \$1,000, then the following benefits apply:

Retail:

Generic drug: \$15 copay; 34-day supply,

Brand name: 50% coinsurance; 34-day supply

Your prescription costs do not apply toward your individual or family out-of-pocket maximum.

* Administered by VSP.

Insurance plans provide only limited benefits for services provided by non-network providers. Benefits received from non-network providers are subject to a separate non-network deductible and coinsurance limit. The Classic Benefit plan (Non-PPO) is available, please see your agent for details.

OPTIONAL BENEFITS

Optional Benefits are available at an additional cost.

Prescription Drug Buy-Up Options

The prescription drug coverage options provide benefits for covered expenses including the generic version of a prescription drug or the brand-name drug if no generic exists.

Buy-up options include \$0, \$500 and \$1,000 deductibles then applicable copayment or coinsurance for covered generic and brand-name drugs. (See page 4 for outline of benefits.)

XL (X-ray and Lab) Option

The XL Option pays 100% up to \$150 per covered person, per calendar year for routine and non-routine X-rays and laboratory tests. Eligible X-ray and lab charges in excess of the XL benefit are subject to normal plan benefits. This benefit does not apply to services rendered in a hospital setting.

The XL Option is available with the \$30 and \$40 copay plan designs.

MedOne Dental Insurance Plan Benefits

Combining MedOne Dental insurance with your MedOne Plus health insurance plan gives you a more comprehensive coverage package. When elected, MedOne Dental replaces the CAREINGTON International Discount Dental Program. (See page 6.)

MedOne Dental delivers some of the same coverages as employer-based programs.

Product Details

Coverage Information:

- MedOne Dental coverage is available only at the time a MedOne Plus health insurance plan is applied for or up to 45 days after the application is signed.

Waiting Period Information:

- Waiting periods apply from the original effective date of MedOne Dental coverage. (See below.) Credit for coverage with a prior carrier is not applicable to the waiting periods. A waiting period is the period of time before the insured is eligible for benefits under the Policy.

Supplemental Accident Benefit

The Supplemental Accident Benefit (SAB) provides first-dollar coverage for each accidental injury. SAB benefits are payable the same whether a network or a non-network provider is seen. A maximum of \$300 per occurrence of covered expenses is payable at 100%, with remaining charges subject to copayments, deductibles, and coinsurance. The initial treatment must be received within 72 hours of the accident or injury, and the claim for expenses must be received within 90 days of the accident or injury.

Voluntary Term Life and AD&D Insurance

Protect your family against financial misfortune caused by death or accidental dismemberment by purchasing one of our optional Term Life and AD&D Insurance benefit levels—up to \$300,000 of coverage is available (subject to underwriting approval).

Voluntary Dependent Term Life Insurance

This Dependent Term Life Insurance option provides additional security in case of the death of a family member (spouse, child age 14 days to 21 years, or a child who's a full-time student until age 25). Dependent Term Life coverages are available only to dependent family members covered on the medical plan. (See chart.)

Voluntary Dependent Term Life Amounts

Spouse Age/Amount Chart:

Age	Amount
0-40	\$7,500
41-50	\$6,000
51-55	\$4,500
56-60	\$3,000
61-64	\$1,500
65+	None

Dependent Child:

\$5,000 for each covered dependent child age 14 days to 21 years, or if a full-time student, until age 25.

MEDONE DENTAL SERVICES	BENEFITS	WAITING PERIOD
Calendar Year Deductible	\$50 per person (3 per family maximum)	N/A
Calendar Year Maximum	\$750 per person	N/A
Preventive <i>Oral evaluations and cleanings (twice per calendar year); Topical fluoride treatments (for dependent children up to age 16)</i>	80% of eligible expenses (after deductible)	No waiting period
Basic Services <i>X-rays; sealants for dependent children (up to age 16); nonsurgical extractions; simple restorative services; stainless steel crowns on primary teeth; repair of crowns, inlays, bridgework, or dentures</i>	60% of eligible expenses (after deductible)	6-month waiting period
Major Services <i>Endodontics; periodontics; crowns, inlays, onlays, and veneers; oral surgery; dentures, bridges, and partials</i>	50% of eligible expenses (after deductible)	18-month waiting period

INSURANCE PLAN FEATURES

TravelCare®

The TravelCare benefit allows insureds who are traveling outside their networks' primary service areas to receive care from providers affiliated with Private Healthcare Systems, Inc. (PHCS), a nationwide PPO network. Receive care from a PHCS provider and get network-level coverage—that may mean less out-of-pocket expense for you. To receive this insurance benefit, select an insurance plan design using a PPO.

On-the-Job Protection

On-the-Job Protection offers 24-hour coverage for eligible medical expenses due to work-related injury or sickness. Some occupations are ineligible. Ask your agent about On-the-Job Protection.

Non-Tobacco Use Discount

If you don't use tobacco, you may receive premium savings!

Get the most from your plan!

When you precertify treatment, our health-care management professionals can advise you and your physician of the coverage available for your treatment. By offering sensible, cost-effective solutions, we encourage you to manage your health care and get the most from your insurance plan.

PPO Networks

A network of credentialed doctors, clinics, hospitals, and other health-care providers are contracted to provide medical services at negotiated fees. Your benefits may be greater when you select a PPO network and use network providers. Network providers are compensated for services covered under the Policy at predetermined rates which are usually less than the provider's customary rates. Network provider charges for covered services are considered reasonable and customary. AMS may replace the network at any time. You'll receive advance notice of any change.

Receive up to \$1,000 Cash

If you find an overcharge on a hospital or medical bill, we may pay you up to 50% of the savings, up to \$1,000 cash per calendar year.

VALUE-ADDED SERVICES AND DISCOUNTS

Note: The features listed below are not insurance benefits.

Customer Service

We never sleep. Whenever you call our home office, a customer service representative will answer the phone—24 hours a day, 365 days a year. You can expect prompt, friendly service and accurate information about claims, benefits, and general coverage around the clock.

Nurse Healthline, Inc.*

Registered nurses provide free medical and provider information toll free 24 hours a day, 365 days a year. Approximately one-third of Nurse Healthline, Inc. calls provide information for home self-care. Consider the savings of time and money.

* Services are provided through a contractual agreement with our affiliate, Nurse Healthline, Inc.

PPO Plan Options

With all of our insurance plans, you have the freedom to visit the doctor you feel most comfortable with—the doctor you trust. You can save money by selecting a PPO insurance plan and visiting network providers when you need treatment.

Prescription Discount

Although this is not an insurance benefit, you may realize savings when you purchase your prescription drugs at a member pharmacy. You pay the entire cost of your prescription drug but at the discounted cost. (See page 4 for buy-up options.)

Dental Discounts

AMS and CAREINGTON International have an agreement to provide MedOne Plus insureds with a dental discount card program. Thousands of participating dentists nationwide present discounts on a variety of common dental services—from cleanings and exams to crowns and prosthetics. A dental insurance plan with broad coverage is available to replace the CAREINGTON discount program. See page 5 for more information.

VSP Discounts

Laser Vision Discounts: VSP has made arrangements with laser surgery facilities and doctors to offer its members discounts that average 20% to 25%. Eyewear Discounts: VSP doctors offer valuable savings, including a 20% discount on pairs of prescription glasses (lenses and frame) not covered by an eyewear benefit. You can also save 15% on the cost of your contact lens exam when you receive contact lens services from VSP.

COVERED EXPENSES

Benefits are subject to applicable copayment, deductible, coinsurance, and maximum allowable charges. All services are subject to Policy provisions.

Physician Visit Charges

Covered services include physician office visits.

Other Medical Professional Charges

Covered services include physician hospital visits; non-routine injections and injectable drugs; and physical, respiratory, and occupational therapy.

Wellness Benefit

When received from a network provider, the following routine services are available to each covered person:

- Routine physical exam
- Routine lab
- Prostate screening (PSA)
- Pap smear
- Mammogram

Services are not covered when using a Classic Benefit Plan, non-network provider, or if services are being done for employment, school, travel, buying insurance, marriage, or family planning.

Other Covered Expenses

Covered services include radiology and pathology tests and prescription drug benefits (if a Prescription Drug Buy-Up option is purchased).

Surgery and Anesthesiology Charges

Covered services include surgery, anesthesiology, post-operative care, and oral surgery performed in a physician's office or in a hospital as an inpatient or outpatient.

Vision Exam

Coverage includes one comprehensive eye exam every 12 months including refraction. Benefits are payable at 100% after a \$10 copay when services are received from a vision benefit network provider.

Benefits are payable to a maximum of \$38 when services are rendered by a vision benefit non-network provider.

Note: The vision benefit network is separate from the medical network if a PPO insurance plan is chosen.

Hospital and Other Facility Charges

Covered services include semi-private room and board, intensive care, and other facility charges, such as inpatient and outpatient care and emergency room fees.

Complications of Pregnancy

Complications of pregnancy are covered the same as any sickness for any insured female. Complications do not include expense for normal pregnancy and childbirth.

Newborns

Coverage is included for a newborn or sick baby for 31 days from birth. It includes surgery and treatment of injury, sickness, birth defects, and medically necessary treatment for cleft lip and cleft palate. To continue coverage, an application form must be received by AMS within 31 days from the date of birth. An additional premium may be required.

Home Health Care

Covered services include part-time physical, respiratory, occupational, and speech therapy and part-time or intermittent skilled home care and health aide services. Covered to 20 visits per calendar year.

Skilled Nursing Care

Includes coverage for room, board, routine services, and skilled nursing care for 30 days per calendar year.

Hospice Care

Part-time nursing care and home health aide services are included up to eight hours a day. Physical therapy, services, supplies, prescription drugs, and case management are also included.

Transplants

When using the Transplant Provider Network, eligible services are covered at 100% after a \$5,000 copay per transplant to a \$1 million lifetime maximum. Outside the Transplant Provider Network, eligible services are covered at 70% after a \$10,000 copay per transplant to a lifetime maximum of \$250,000. Transplant benefits are combined to a total maximum of \$1,000,000 per lifetime, per insured. (Copays do not track to the insurance plan's total out-of-pocket maximum).

When the covered transplant patient travels more than 100 miles from home to use the Transplant Provider Network, the insurance plan provides a \$5,000 lifetime maximum per insured travel benefit. This lifetime maximum covers travel, food, and lodging for the patient and one companion.

Services include the transplant of kidney, liver, pancreas, heart, lung, kidney/pancreas, heart/lung, allogenic bone marrow, autologous bone marrow, stem cell, and donor expenses as defined in the Policy. Subject to prior approval. Artificial organs are not covered.

Note: The transplant provider network is separate from the medical network if a PPO insurance plan is chosen.

OTHER COVERED EXPENSES

Routine Gynecological Exam

Benefits are payable for gynecological exam, including annual pap test for detection of cervical cancer. Coverage for annual pap test is not subject to deductible.

Immunizations

The basic immunization series from birth to age six is covered subject to applicable deductibles, copayments, and coinsurance.

Attention Deficit/Hyperactivity

Covered same as any sickness; benefits for an initial diagnosis shall not exceed \$600; outpatient services are payable to \$50 per visit. Benefits are subject to a \$2,500 calendar year maximum and a \$10,000 lifetime maximum.

Mammography

Benefits are provided for physician and facility services and are not subject to deductible. The insurance plan allows one exam age 35-39, one exam every two years age 40-49, one exam per year age 50+.

Manipulative Therapy/Therapeutic Restoration

Covered the same as any other sickness.

Outpatient Diabetes Self-Management Training & Education

Coverage includes medically necessary diabetes outpatient self-management training, diabetes equipment, supplies, FDA approved drugs, and medical nutrition therapy when prescribed by a licensed physician. The health care professional must certify the successful completion of the self-management training by the insured. When there is a change in the insured's symptoms or conditions, additional diabetes self-management training is covered.

Cleft Lip & Cleft Palate

Coverage includes treatment and correction of cleft lip and cleft palate. This coverage also includes benefits for secondary conditions and treatment attributable to that primary medical condition.

Prostate Screening

Coverage includes detection of prostate cancer, including digital rectal exams and prostate-specific antigen testing for men over age 50 and as medically necessary for men over age 40. Not subject to the deductible.

Reconstructive Surgery

Coverage includes breast reconstruction of the other breast to produce a symmetrical appearance. Coverage is required only if the reconstructive surgery is performed under the same policy as the mastectomy.

Hearing Impaired Transliterater

Benefits are provided for services performed by a qualified interpreter/transliterater, other than a family member, when services are used in connection with medical treatment or diagnostic consultations.

Osteoporosis

Benefits are available to qualified individuals for bone mass measurement relative to the diagnosis and treatment of osteoporosis.

Anesthesia & Hospital Charges for Dental Care

Coverage available when a mental or physical condition requires dental treatment to be rendered in a hospital setting.

OPTIONAL COVERAGES

Optional Benefits are available at an additional cost.

Speech, Physical and Occupation Therapy Services

Benefits are provided for the following treatment or services same as any other sickness:

1. speech and language pathology therapy when services are rendered by a licensed speech pathologist or licensed audiologist;
2. physical therapy when services are rendered by a licensed physical therapist;
3. rehabilitative services when the rehabilitative treatment or services are rendered by a doctor; and
4. occupational therapy when services are rendered by a licensed occupational therapist.

BILLING OPTIONS

When you choose a MedOne Plus insurance plan design, you have the option to have annual, semiannual, or quarterly direct billing. Monthly and other mode of payments can be made by automatic bank draft withdrawals or list billing. Credit Cards (VISA®, Discover®, or MasterCard®) will also be accepted for the first month premium only.

MAXIMUM ALLOWABLE CHARGE

We use a number of national standards to determine maximum amounts payable for medical services. If charges from a non-network provider are above these maximum amounts, the insured person may be subject to additional charges (above copays and coinsurance).

OUT-OF-POCKET MAXIMUM

The out-of-pocket maximum is a specific limit on the amount of covered expenses you pay per calendar year. When an individual out-of-pocket maximum level has been reached, you no longer pay deductible or coinsurance for that individual for the remainder of that calendar year. The family out-of-pocket maximum is twice the individual amount. To reach a family deductible maximum, two members of your family must each meet an individual deductible. Once the family out-of-pocket maximum is met, no additional deductible or coinsurance will be taken for any family member for the remainder of that calendar year.

Non-network deductibles and coinsurance amounts credit toward both the network and non-network out-of-pocket maximums. The network deductible and coinsurance apply only to the network out-of-pocket maximum. Copays do not apply toward out-of-pocket maximums and are collected before and after the out-of-pocket maximums have been met.

INSURANCE PLAN PROVISIONS

Pre-existing Condition Limitation

All medical insurance plans include a pre-existing condition limitation.

A pre-existing condition means (1) a condition for which a person received medical care, treatment, services, medication, diagnosis, or consultation 12 months before the insured person's effective date of coverage or (2) a condition that produced symptoms that are distinct and significant enough to establish the onset of a condition or that the condition manifested itself, where a person learned in medicine would be able to diagnose the condition because of those symptoms, or where the symptoms would cause an ordinarily prudent person to seek diagnosis or treatment. Pre-existing conditions are covered after a period of 12 months, during which time the person has been continuously covered under the Policy.

We will waive the pre-existing limitation for conditions that are fully and completely disclosed on the application; however, we may place an exclusion or impairment rider on a certain condition(s).

Rating and Renewability

Premium rates are calculated based on a variety of factors. As allowed by state law, these factors may include geographic location, provider network, distribution channels, selected benefits, age, gender, tobacco use, classes, health status of you and your insured dependents, the length of time you are insured under the insurance plan, health status of the entire pool of insureds in which you are included, administrative costs, and other factors. Your initial premium rates are guaranteed for the first 12 months of coverage providing you maintain residence in the same geographic location. Thereafter, we reserve the right to periodically adjust the premium rates charged for your coverage under the Policy. We will provide you with advance written notice a minimum of 45 days prior to the effective date of a premium change, unless state law requires additional notice.

Premiums may also change on the next premium due after the date when:

- You or your insured dependent attain a higher age;
- A dependent is added to or terminated from the insurance plan; or
- Any benefit is changed, including but not limited to, increases or decreases in a benefit, or the addition or removal of a benefit from the insurance plan.

If a premium change is for one of the reasons stated above, we will notify you as soon as possible about the change.

If we find that premiums are incorrect, we will:

- Make a refund to you for any amount of overpaid premiums; or
- Request payment from you for any amount of underpaid premiums.

We reserve the right to adjust administrative and/or service fees. We will notify you prior to any change.

Coverage is guaranteed renewable except when:

- Premium was due and not paid.
- We determine fraud or material misrepresentation under the terms of the contract.
- We do not renew all insurance plans with the same type and level of benefits in the state.
- We no longer sell similar health coverage in a given state.
- You or your dependents no longer reside in the network service area, if covered by a network insurance plan.
- You move to a state where, by law, we are not licensed to do business.

You may terminate insurance at any time by providing us written notice prior to the requested termination date. The termination date will be the first of the month. Insurance will terminate at 12:01 a.m. Central Standard Time on the termination date.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) requires various changes to individual health insurance plans. In some states, the insurer must guarantee issue such insurance plans to eligible persons who lose coverage under a prior group health plan. Such persons are not required to satisfy another pre-existing condition limitation. The new insurer may require copies of a Certificate of Creditable Coverage to determine how to apply the pre-existing condition limitation. Eligible individuals are guaranteed issue to a state-sponsored (risk pool) plan.

An eligible person means a person who meets all of the following requirements:

- Has a total of 18 or more months of continuous creditable coverage.
- Most recent prior creditable coverage was under a group health plan.
- Is not eligible for coverage under Medicare or Medicaid.
- Was not terminated for nonpayment of premiums, fraud, or intentional misrepresentation of material fact.
- Has elected continuation coverage under COBRA or a similar state program, and has exhausted or will soon exhaust this coverage.
- Is not covered by another plan.
- Has had less than a 63-day break in coverage from the most recent group plan.

Creditable coverage includes health insurance coverage and other health coverage, such as coverage under other group health plans, short-term medical coverage, Medicaid, Medicare, CHAMPUS, other military-sponsored health care, and similar plans. Creditable coverage does not include accident-only coverage, long-term care coverage, liability or workers' compensation insurance, automobile medical payment insurance, or other similar insurance.

Reinstatement of Coverage

If your coverage has lapsed for nonpayment of premium, you may be able to apply for reinstatement of coverage (not available in all states). If your coverage lapses and reinstatement is available in your state, you'll receive information about how the process works. Reinstatement is not guaranteed.

SUBROGATION/RIGHT OF REIMBURSEMENT

We subrogate to the extent of our payment when a party causes or is liable to pay for our insured party's injury or sickness. Insureds are required to repay us from any settlement, judgment, or any other payment received from any other source.

PRECERTIFICATION PENALTY

Certain procedures that you or your doctor do not precertify with us are subject to a penalty of 10% of covered eligible charges to a maximum of \$1,000 per confinement, procedure, or occurrence.

LIMITATIONS AND EXCLUSIONS

Please read carefully.

Medical

No medical insurance coverage is provided for any of the following unless specified elsewhere as a covered benefit for:

Alternative or complementary medicine • Birth control • Bony protuberances or misalignment of forefoot and toes including bunions, spurs, and hammertoe • Care furnished by a government plan or facility • Charges for growth treatments and medications including, but not limited to, growth hormones • Charges in excess of the maximum allowable charge • Charges resulting from entering into a settlement or executing a release which compensation has been accepted • Charges to complete claim forms or finance charges • Charges for treatment, diagnosis or care provided over the internet • Complications from discontinuing treatment against a doctor's written orders • Complications resulting from an expense not covered • Cosmetic surgery • Court-ordered treatment • Cryopreservation of body fluids or tissues • Custodial care to assist in daily living needs or services • Cutting, removal, or treatment of corns, calluses, or toenails • Dental treatment including, but not limited to, chewing injuries or dental implants • Educational materials or presentations • Emergency room care if there is no emergency • Exercise equipment or programs • Expense for which no benefit is defined or described • Experimental or investigative procedures, devices, services, supplies, or drugs • Genetic testing, treatment, therapy, or counseling • Hearing exams or hearing aids and their fitting • Hospital admission on a Friday, Saturday, or Sunday • Injury or sickness caused by use of illegal drugs or substances • Injury or sickness caused by war, military service, commission of a civil or criminal battery or felony, taking part in a riot, or engaging in an illegal occupation • Intentional self-inflicted injury or attempted suicide • Items used primarily for comfort or generally used in the household, such as a humidifier • Manipulative therapy • Marriage or family counseling or sex therapy • Medical services free of charge without this coverage • Medical services to participate in sports-related activities • Missed or broken appointments • Newborn child care • Normal pregnancy • Nutritional supplements • On-the-job injury or sickness • Orthognathic surgery • Outpatient prescriptions unless included in the plan • Pre-existing conditions • Private-duty nursing services • Replacement batteries • Routine eye or vision exams • Routine injection of drugs and immunizations • Routine physical exams and related medical services • Sclerotherapy of varicose veins • Services and supplies for hair loss or hair growth, such as hair transplants and wigs • Services and supplies not

ordered by a doctor or not rendered within the scope of a doctor's license • Services and supplies that are not medically necessary • Services not documented in medical records • Services provided by a family member • Services received outside the U.S. • Services rendered when coverage is not in effect • Services that do not satisfy the definition of covered expense • Services that have not been provided • Sex change operations or complications, artificial insemination or fertilization, testing and treatment for impotency or infertility, elective abortion, sterilization reversal • Standby doctors • Storage of blood products unless approved by us or blood products that are replaced by donation • Surgery to correct eyesight, such as radial keratotomy • Tax or similar assessment • Transitional or residential living • Treatment for strained or flat feet, instability or imbalance of feet or ankles including orthopedic shoes • Treatment for tobacco or nicotine addiction • Treatment for learning disabilities, testing or training for school or vocation, speech therapy, and testing • Treatment of alcoholism, substance abuse, mental health conditions, and chemical dependency • Treatment, procedure, program, membership dues, or clinics for weight loss • Treatment that by law must be provided at an educational institute.

Accidental Death & Dismemberment

No accidental death and dismemberment benefit is payable for loss resulting from:

Air travel except on a fare-paying passenger airline • Committing or attempting to commit civil or criminal battery or felony • Driving while legally intoxicated from alcohol or while taking nonprescription drugs • Military service • On-the-job injury or sickness • Participating in a riot, rebellion, or insurrection • Sickness unless a direct result of covered injury or from accidental ingestion of a contaminated substance • Suicide or intentional self-inflicted injury or sickness • Voluntary taking of any drug, or inhaling gas unless prescribed • War.

Dental

The following dental expenses are not covered:

Any dental supplies including, but not limited to take-home fluoride, prescription drugs and nonprescription drugs • Any dental procedures for which benefits are payable under the medical insurance provision of the certificate • Athletic mouth guards • Broken appointments • Changing vertical dimension, restoring occlusion, bite registration, or bite analysis • Charges for dental services that are not documented in the dentist's records • Correcting congenital malformation • Cosmetic procedures • Cost to complete claim forms • Dental implants and related services • Dental treatment, appliance, or device related to periodontal splinting, correction of abrasion, erosion, attrition, abfraction, bruxism, or desensitizing or teeth that can be restored by other means • Diagnostic casts • Due to your participation in a riot or committing a felony • Duplicate dentures • Engaging in an illegal occupation • Expenses incurred during a waiting period • For services

incurred prior to you and your covered dependent's effective date under the Policy • Gold foil restorations • Harmful habit appliances • Hospital and related anesthesia charges • Initial placement of full or partial dentures, or bridges, to replace natural teeth lost before the effective date of insurance • Lab procedures • Local anesthesia • Myofunctional therapy • Occurring during or arising from your course of occupation or employment • Occlusal guards • Oral hygiene instruction • Orthodontia • Orthognathic surgery • Participating in a professional or semi-professional contest for compensation, wage or salary • Photographs • Physical therapy • Plaque control • Precision or semi-precision attachments • Procedures not included in the classes of eligible dental expenses, not dentally necessary, not rendered or not rendered within the scope of the dentist's license • Procedures that cost in excess of the maximum allowable charge • Provided by a government plan or educational institution as allowed by law • Removal of sound functional restorations; temporary crowns and temporary prosthetics • Replacement of bridges, crowns, inlays, onlays, or veneers within seven years of the last replacement, except for loss of natural tooth • Replacement of bridges, crowns, dentures, inlays, onlays, or veneers if they can be repaired or restored • Replacement of full or partial dentures within five years of the last replacement, except for loss of natural tooth • Replacement of lost or stolen appliances or retainers • Services not incurred by the insurance termination date • Services payable by workers' compensation, whether you are eligible or are covered • Services received outside the U.S. except for emergency treatment for pain • Services rendered by a family member or someone who lives with you or provided free without insurance • Sterilization fees • Teeth that are not periodontally sound or have a questionable prognosis as determined by us • Treatment of fractures, cysts, or related conditions • Treatment of halitosis and any related procedures • War or military service.

Vision

The following vision expenses are not covered:

Any eye examination, or any corrective eyewear, required by an employer as a condition of employment • Corrective surgical procedures such as, but not limited to, Radial Keratotomy, Photo-refractive Keratectomy and corneal modulation • Corrective vision treatment of an experimental or investigative nature • Medical or surgical treatment of the eyes • Orthoptics or vision therapy training and any associated supplemental testing.

This is an outline only and not intended to serve as legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the Policy PO-A003-32-1-IV.

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