

You're Right!

Full-time
Employees

Health Insurance Should Be Affordable



Benefit Highlights:

- Doctors Office Visits
- Outpatient Care
- Emergency Room Visits
- Wellness Care
- Surgical & Hospitalization
- Prescription Drug Program
- And Much More!

Medical Rates starting
at only **\$9.84** weekly!



Optional:

- Dental and Vision Plans

*Mini-Med Health Plans*SM - Group Limited Medical Benefit Plans

Hurry! Open Enrollment Ends
August 30th for an
Effective Date of October 1, 2013!

Call Today to Enroll or Ask
Questions 1-866-301-9375, Opt. 1
Monday through Friday, 9am - 5pm EDT
Do not contact your employer.



Medical Benefits

Mini-Med Health Plans sm offer you the ability to select from 2 affordable plan designs to fit you and your family's individual needs and budget. Please review the benefit descriptions below and call the VBA Enrollment Center at **1-866-301-9375, Option 1** to ask questions and enroll right over the phone. Available Monday through Friday from 9:00am – 5:00pm EDT. **DO NOT CONTACT YOUR EMPLOYER WITH QUESTIONS.**

Benefits	Standard Plan	Premier Plan
Doctor's Office Visit > Percent of charges covered by the plan > Maximum benefit paid per visit > Calendar year maximum (per covered family member)	100% of charges covered up to \$50 per visit \$300 calendar year max	100% of charges covered up to \$75 per visit \$450 calendar year max
Outpatient Diagnostic Work, X-ray & Lab Testing > Percent of charges covered by the plan > Maximum benefit paid per visit > Calendar year maximum (per covered family member)	100% of charges covered up to \$50 per visit \$150 calendar year max	100% of charges covered up to \$100 per visit \$300 calendar year max
Advanced Studies (MRI, CT Scan, EEG) > Percent of charges covered by the plan > Maximum benefit paid per visit > Calendar year maximum (per covered family member)	100% of charges covered up to \$100 per visit \$300 calendar year max	100% of charges covered up to \$250 per visit \$750 calendar year max
Preventive Care (Routine Wellness Exams) > Percent of charges covered by the plan > Maximum benefit paid per visit > Calendar year maximum (per covered family member)	100% of charges covered up to \$50 per visit \$150 calendar year max	100% of charges covered up to \$100 per visit \$300 calendar year max
Emergency Room Indemnity Benefit (Illness) > Percent of charges covered by the plan > Maximum benefit paid per visit > Calendar year maximum (per covered family member)	100% of charges covered up to \$75 per visit \$300 calendar year max	100% of charges covered up to \$100 per visit \$400 calendar year max
Accident Emergency Treatment > Percent of charges covered by the plan > Maximum benefit paid per visit	100% of charges covered Up to \$500 per occurrence	100% of charges covered Up to \$1,000 per occurrence
Surgical Benefit > Inpatient Benefit > Outpatient Benefit > Outpatient Minor Benefit > Outpatient Venipuncture Benefit	\$850 Calendar Year Max 100% of charges up to \$500 100% of charges up to \$250 100% of charges up to \$75 100% of charges up to \$25	\$3,100 Calendar Year Max 100% of charges up to \$2,000 100% of charges up to \$1,000 100% of charges up to \$75 100% of charges up to \$25
Anesthesiology	<i>not included</i>	100% of charges up to \$500
In-Patient Hospital Benefit > Daily Hospital Benefit > Intensive Care Unit > Substance Abuse > Mental Illness Disorder > Skilled Nursing Facility	\$150,000 max payable at \$300 per day \$600 per day \$150 per day \$150 per day \$150 per day	\$250,000 max payable at \$500 per day \$1,000 per day \$250 per day \$250 per day \$250 per day
Hospital Admission Benefit > Payable for 1 st day of confinement	<i>not included</i>	\$500 Benefit payable per confinement
Ambulance Benefit	<i>not included</i>	\$150 benefit
Accidental Death & Dismemberment - Employee Only	\$10,000	\$10,000
*First Health Network - see next page	Included	Included
*Health & Wellness Plans - see next page	Included	Included
Neighborhood Pharmacy Plan (Prescription Drug Plan) See next page for details	Included	Included
Weekly Rates:	Standard Plan	Premier Plan
Employee Only	\$9.84	\$30.88
Employee plus Child(ren)	\$19.67	\$52.38
Employee plus Spouse	\$36.03	\$90.04
Family	\$38.63	\$95.52

Prescription Drug Card & Network Access

The Neighborhood Pharmacy Program

The Neighborhood Pharmacy Program assures members the lowest price on prescription drugs, savings 10% to 85% on most prescriptions. It's simple to use. The member simply presents the membership card to the pharmacist with the prescription. The pharmacist calculates the discount and the member pays the discounted price. No other forms required.

Pharmacy locations may be obtained by contacting customer service at 800-800-7616. If a pharmacy is not already participating in our network, please have them call us at 800-800-7616. We will send them information about how they can participate in the network so that you can take advantage of the savings at your pharmacy of choice.

Mail Order Pharmacy

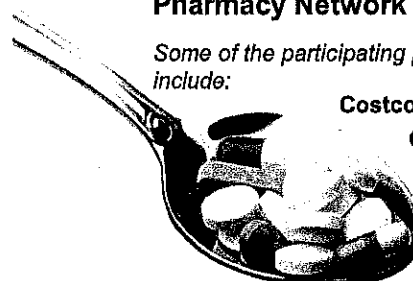
To ensure members always save money on drugs priced at \$10 or more, our unique mail order program complements the neighborhood pharmacy benefit. Since most maintenance medications are purchased in 90-day supply, members maximize savings while enjoying the convenience of home delivery through the mail. Accuracy is assured by requiring every order to pass seven checkpoints before shipping.

Disclaimer: The Prescription Program is NOT insurance and is not intended as a Substitute for Insurance. The discount is only available at participating pharmacies.

This drug benefit is not considered "Creditable Coverage" under the Medicare Part D regulations. Medicare eligible individuals may have to pay higher costs if they delay enrolling in the Medicare Pharmacy plan.

Pharmacy Network

Some of the participating pharmacies include:



Costco

CVS Pharmacy

Target

Wal-Mart

And more...

The program administrator may obtain fees from pharmacies based on your prescription drug purchases. These fees may be retained by the program administrator or shared with you and/or your pharmacy.



NATIONAL 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 you can reduce your out of pocket expenses and stretch your 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
- Discounts average **38.1%** nationally

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.

Call Today to Enroll: 1-800-690-7731

Discount Health Savings Programs

(Not available to WA and VT residents)

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. Also, members have unlimited access to care with no limits on the number of visits. Each chiropractor's license and insurance are carefully verified before being accepted in the network. Items such as vitamins and durable goods are priced at the doctor's discretion.

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. All technologies and models are available including state of the art digital hearing aids, along with Completely-In-the-Canal, In-the-Ear and Behind-the-Ear models. BelCare® standardized twelve-point customer service program ensures consistent delivery of professional and comfortable service, regardless of location. Members also receive a 35% discount off hearing aid prices at more than 2,000 full-service Newport Audiology Center locations.

Vision Care

Coast to Coast (CTC) Vision™ is contacted with over 12,000 participating eyecare locations nationwide. Members save on eye glasses, contacts, eye exams, and surgical procedures.

VIP Health & Wellness, Vitamins & Nutritional Supplements

The mail order service provides an extensive catalog with savings on nutritional and health needs. Members request catalogs and place orders through a convenient toll-free number for a savings of 10% on over 12,000 products, sale prices included.

TelaDoc

TelaDoc provides 24/7/365 access to a national network of U.S. board-certified doctors who can resolve many of your medical issues via telephone. TelaDoc doctors can diagnose, treat, and prescribe medication when necessary, for medical issues including cold and flu symptoms, allergies, bronchitis, sinus problems, urinary tract infections, respiratory infection, pink eye, ear infections, and more.

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Health Advocate Services

Medical Bill Saver™

The Health Advocate Medical Bill Saver™ benefit can lower out-of-pocket costs on medical bills not covered by insurance. Advocates will work with healthcare providers and attempt to lower the balance on any uncovered medical or dental bill over \$400.

Medical Health Advisor

The services are organized around Personal Health Advocates, specially registered nurses, supported by a team of medical directors and administrative experts, who assist individuals in getting the most value from their healthcare benefits. One call to the Medical Health Advisor and we'll help members resolve insurance claims and billing issues.

Health Advocate does not replace health insurance, provide medical care, or recommended treatment.

Discount Health Savings Programs are NOT insurance, nor are they intended to replace insurance. This discount card program contains a 30-day cancellation period. This plan provides discounts at certain healthcare providers for medical services. This plan does not make payments directly to the providers of medical services. 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 plan organization. For a full list of disclosures, visit www.dmpodisclosures.com.

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

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Optional Dental & Vision

Optional Dental & Vision Benefits are available on a stand alone basis meaning you can elect these benefits even if you do not elect to enroll in medical benefits.

Dental Coverage:

- Choose any dentist
- Up to \$1500 per person, benefit year maximum

Orthodontia for Children and More!

Dental Benefits	
Preventative Care <i>Cleanings, X-Rays, Periodic Exams, Fluoride Treatments (under age 19)</i>	100% Coverage No Deductible No Waiting Period
Basic Restorative Procedures <i>Simple Extractions, Fillings, Oral Surgery</i>	80% Coverage \$50 Deductible No waiting period
Major Restorative Procedures <i>Removal of Impacted Teeth, Bridges, Crowns or Implants, Dentures, Partial, Root Canals, Periodontics</i>	50% Coverage \$50 Deductible 12 month waiting period
Maximum Benefit Per Year <i>Per Family Member</i>	\$750 (1st year) \$1000 (2nd year) \$1500 (There-after)
Orthodontia Benefits <i>\$1,000 Lifetime Benefit per covered family member (age 6-18)</i>	50% Coverage Deductible 24 month waiting period
Weekly Rates: Employee Employee + 1 Dependent Employee + Family	\$6.58 \$12.78 \$18.81

Vision Coverage:

- VSP Network of 22,000 Providers Nationally (*a provider in the network must be used*)
- No waiting periods

Vision Benefits	
Eye Exams Annually / Per Family Member	\$15 Co-Pay
Materials <i>Frames, Lenses, Contacts</i>	\$25 Co-Pay , Spectacles every 12 months, Frames every 24 months, Contacts every 12 months with no co-pay
Laser Vision Surgery	15% Discount off laser center's usual and customary charges
Weekly Rates: Employee Employee + 1 Dependent Employee + Family	\$2.75 \$4.08 \$6.90

Frequently Asked Questions

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

This is a limited medical benefits plan designed to provide coverage for you and your dependents everyday healthcare needs. While these benefits are not catastrophic or unlimited in nature, they will provide useful and affordable coverage.

When can I enroll/cancel coverage?

Current employees must enroll during the open enrollment period which occurs once a year. Coverage begins October 1, 2013. New hires have 60 days from their date of hire to enroll. Coverage will begin the 1st of the following month. If you do not enroll within your 60 day waiting period, you will need to wait until the next open enrollment. Your premiums will be deducted from your paycheck on a pre-tax basis. You are not eligible to cancel your coverage until the next annual open enrollment period unless you have an eligible change in family status because premiums are deducted pre-tax. If an eligible change in family status occurs you have 30 days to make the corresponding changes.

Will I receive an ID card?

Yes, you will receive a fulfillment package from Standard Security Life including information for your medical and prescription plan. The package includes your ID cards, a Summary of Benefits/Certificate Booklet and Benefit Guide. If you enrolled in dental and/or vision, you will also receive a separate packet from Security Life.

Who is eligible to enroll?

All full-time hourly employees and their eligible dependents are eligible to enroll. An eligible dependent is an employee's spouse and unwed children up to age 19. An unwed child who is dependent upon the parent's support may be covered up to age 26 for medical (up to age 23 for dental and vision).

How do I know if my prescription drugs are covered?

You can go to www.myvba.biz and click on the [Member Services](#) link to look up participating pharmacies and view a Formulary Drug Listing. You can also shop prices of Non-Formulary drugs.

Who is the insurance company paying claims on this plan?

Standard Security Life Insurance Company of New York is the medical carrier and pays all insured medical claims. Security Life is the dental carrier and pays all insured dental claims. Vision Services Plan (VSP) is the vision carrier and pays all insured vision claims.

Whom can I contact if I have questions about my plan?

Contact Member Services at 1-866-301-9375, Option 1 (**DO NOT CONTACT YOUR EMPLOYER.**) and a customer service representative will assist you. You can also log onto www.myvba.biz and click on the [Member Services](#) link, then click on Standard Security, for additional plan and provider information.

Are there any Pre-Existing Condition Limitations?

There are no Pre-Existing Condition Limitations under the medical policy. There is a pre-existing limitation under the critical illness plan. Anything you have been treated or diagnosed with in the past 12 months will not be covered for the first 12 months of your policy. There are also various waiting periods under the dental policy.

How do I submit a claim?

At the time of service, present your Standard Security, or Security Life ID card to the provider (VSP Providers will need only your social security number) and ask the provider to file the claim directly with Standard Security, Security Life or VSP. If the provider is unwilling to file the claim on your behalf, you can submit the claim yourself. A claim form will be provided in your fulfillment package.

Can I use any doctor or hospital?

Yes, you can go to any doctor. There are no network restrictions. Benefits are payable to any hospital that is accredited by JCAHO (*Joint Commission on Accreditation of Healthcare Organizations*) and meets the definition of a hospital. Most hospitals have received their accreditation. However, if you do choose to use a network provider you **WILL SAVE MONEY!** You can locate a network provider by going to www.myvba.biz and clicking on the [Member Services](#) link.

Are Medicare/Medicaid recipients eligible for this plan?

If you have Medicare/Medicaid it is NOT recommended that you enroll in coverage as Medicare/Medicaid regards this plan as Primary Coverage and may reduce or discontinue your benefits.

Can this plan be used, if I have a separate health insurance?

Yes, the specified benefits pay in addition to any other private group or individual coverage. There is no coordination of benefits. You will file a paper claim instead of using your ID card and be reimbursed directly.

Important Notices: This program is not intended or recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This plan is not designed to replace or provide major medical or catastrophic coverage. This brochure is for summary purposes only. The insurance benefits for the medical indemnity plan are offered by Standard Security Life Insurance Company of New York. A detailed Certificate of Coverage will be provided upon enrollment in the Program.

DO NOT CONTACT YOUR EMPLOYER WITH QUESTIONS.

To Ask Questions or Enroll Call: 1-866-301-9375, Option 1