

CUSTOMINSURED CUSTOMIZED BASIC TRUE PPO PLAN

<u>PLAN DEDUCTIBLE</u>	2,000	APPLIES TO DISEASE, ILLNESS OR ACCIDENT
<u>OUT OF POCKET MAXIMUM</u>	2,000*	FOR COVERED BENEFITS AND SERVICES, AFTER THE OUT OF POCKET MAXIMUM HAS BEEN SATISFIED, COVERED MEDICAL EXPENSES WILL BE PAID AT 100% FOR THE REMAINDER OF THE POLICY YEAR OR BENEFIT PERIOD, SUBJECT TO ANY APPLICABLE BENEFIT MAXIMUMS.
<u>CO-INSURANCE</u>	100%	THIS IS THE PERCENT THAT YOU HAVE TO COVER UNTIL DEDUCTIBLE IS FULFILLED.
<u>PRESCRIPTION DRUGS</u>	\$25 REIMBURSEMENT \$500/ANNUAL MAX	PRESCRIPTIONS ARE REPRICED THROUGH BENEFIT PROGRAMS AND REIMBURSED AT A FLAT AMOUNT (BENEFITS LISTED). COVERAGE CAN BE ADJUSTED AS NEEDED.
<u>PREVENTATIVE CARE</u>	\$25-50 CO-PAY*	INCLUDES: PAP SMEAR, MAMMOGRAM, PROSTATE EXAM, COLONOSCOPY, DIABETES BLOOD TEST. EACH TEST IS LIMITED TO ONCE PER YEAR. COLONOSCOPY IS EVERY FIVE YEARS, AGE 50+
<u>ANY PHYSICIAN VISIT</u>	\$35-50/VISIT*	DEPENDING ON BILLING AND NATURE OF VISIT. LIMITED TO 4 VISITS PER COVERAGE YEAR.
<u>OUTPATIENT X-RAY, ADVANCED IMAGING & LABS</u>	\$0 CO-PAY*	SUBJECT TO \$2,000 ANNUAL MAX FOR LAB BENEFITS.
<u>AMBULANCE BENEFIT</u>	\$1,500/AIR \$500/GROUND	TWO FLIGHTS PER YEAR. FOUR RIDES PER YEAR.
<u>FACILITY FEE</u>	\$500 E.R./YEAR	AMOUNTS LISTED ARE PAID BY THE INSURANCE COMPANY IN ADDITION TO ALL OTHER BENEFITS THAT MAY BE COVERED INCLUDING SURGERY, SICKNESS, LABS, ETC.
<u>INPATIENT & OUTPATIENT SURGERY AND HOSPITALIZATION</u>	\$0 DEDUCTIBLE	BENEFIT COVERAGE KICKS IN FROM THE FIRST DOLLAR OF USAGE FOR SURGERY, ANESTHESIA AND/OR DAY OF SURGERY FACILITY FEE.
<u>VACCINATIONS</u>	NO BENEFIT AVAILABLE	CONTACT YOUR AGENT ABOUT VACCINATION OPTIONS THAT WILL PROVIDE YOU ACCESS TO THE LOWEST COST AVAILABLE.
<u>DENTAL</u>	\$25 CO-PAY* (OPTIONAL COVERAGE)	TWO VISITS PER YEAR PAID AT 80% COINSURANCE. DENTAL WORK (NON-PREVENTATIVE AND NON COSMETIC) IS PAID AT 60% CO-INSURANCE AND INCLUDES \$100 DEDUCTIBLE. \$1,500 TOTAL MAXIMUM ANNUAL BENEFIT.
<u>VISION</u>	\$20 CO-PAY* (OPTIONAL COVERAGE)	ONE EXAM PER YEAR PAID AT 80% COINSURANCE. 60% CO-INSURANCE PAID FOR GLASSES/CONTACTS AFTER \$100 DEDUCTIBLE. \$300 MAX BENEFIT; AVAILABLE EVERY 2 YEARS.
<u>NOTES</u>		*NON-PREFERRED MEDICAL PROVIDERS AND FACILITIES RESERVE THE RIGHT TO BALANCE BILL FOR AMOUNTS UP AND ABOVE USUAL AND CUSTOMARY EXPENSES.

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I. PREFERRED PROVIDERS AND FACILITIES WILL BILL THROUGH EITHER THE FIRST HEALTH NETWORK PPO OR MULTIPLAN PPO. PROVIDER SEARCH FUNCTION IS AVAILABLE AT WWW.CUSTOMINSURED.COM/NETWORK-SEARCH.

II. ABOVE COVERAGE BENEFITS ARE BASED ON CUSTOMINSURED'S STANDARD BASIC TRUE PPO COVERAGE PACKAGE. THIS CUSTOM-TAILORED COVERAGE IS DESIGNED AROUND A PACKAGE OF FIVE BASE POLICIES COMBINED TOGETHER TO PROVIDE COMPREHENSIVE PROTECTION.

III. INSURER WILL REVIEW MEDICAL AND PRESCRIPTION HISTORY IN ORDER TO DETERMINE ELIGIBILITY FOR COVERAGE. PRE-EXISTING ISSUES MAY AFFECT COST OR COVERAGE OPTIONS AND/OR MAY BE EXCLUDED FROM ANY BENEFIT COVERAGE AT UNDERWRITER'S DISCRETION.

IV. COVERAGE RENEWAL CAN ONLY BE DENIED UNDER TWO CIRCUMSTANCES: (a) IF A MATERIAL MISSTATEMENT WAS MADE ON YOUR INITIAL HEALTH INSURANCE APPLICATION OR (b) IF ALL POLICIES OF THE SAME TYPE ARE CANCELLED STATEWIDE. COVERAGE CAN NOT BE NON-RENEWED SIMPLY BECAUSE YOU USE IT.

V. PREGNANCY COVERAGE IS LIMITED TO COMPLICATIONS THAT RESULT FROM A TRADITIONAL PREGNANCY AND OB/GYN VISITS (UP TO POLICY MAX FOR PHYSICIAN VISITS). IF PREGNANCY COVERAGE IS DESIRED, ADDITIONAL COVERAGE OPTIONS ARE AVAILABLE. PLEASE CONTACT YOUR AGENT IN ADVANCE OF THE PREGNANCY.

THIS PLAN USES TWO PROVIDER NETWORKS- FIRST HEALTH AND MULTIPLAN. YOU WILL PAY LESS IF YOU USE AN IN-NETWORK (PREFERRED) PROVIDER. IF YOU USE AN OUT OF NETWORK PROVIDER, YOU MIGHT RECEIVE A BILL FROM A PROVIDER FOR THE DIFFERENCE BETWEEN THE PROVIDER'S CHARGE AND WHAT YOUR PLAN PAYS ("BALANCE BILLING"). BE AWARE YOUR NETWORK PROVIDER MIGHT USE AN OUT OF NETWORK PROVIDER FOR SOME SERVICES.

Please Note oh: All of the provided representations are a summation of benefits offered and provided by CustomInsured LLC. Furthermore, CustomInsured LLC provides/recommends multiple products from many insurance carriers. The information is provided for educational content and should not be misinterpreted as your final coverage. Instead, this material is provided as a guide to the general benefits provided. The coverage cannot be adequately determined until the the policy has been issued.

CustomInsured LLC can provide/recommend products that do not meet the federally mandated healthcare requirements of the Affordable Healthcare Act. *Currently, there is no financial penalty for individuals that do not participate with the ACA Mandate requirements.*

KEMPER CARE BENEFITS

OPTIONAL ADDITIONAL BENEFITS DESIGNED TO SUPPLEMENT YOUR COVERAGE, INCLUDING:

DIALCARE TELEMEDICINE

- Doctors Available 24 hours a day, 365 days a year-
- Unlimited Visits-

DialCare Physician Access is a modern, easy-to-use telemedicine solution for non-emergency illnesses and general care. Members and their families have direct access to state-licensed and fully credentialed doctors, via phone or video consultations, to receive treatment and advice for common ailments, including colds, the flu, rashes and more.



HEALTHCARE BLUEBOOK

- Access exclusive pricing and ratings for any facility-
- Check doctor ratings-
- Check facility and procedure fair pricing-
- Helps avoid surprise medical bills ("Balanced Billing")-

Healthcare Bluebook is an added benefit where members can shop for care, compare facilities and save money on medical services. Bluebook's web and mobile application make it easy to save money on hundreds of common medical services and procedures by showing you the cost ranges in a specific area. HBB also provides detailed information on the quality of common inpatient procedures to help you identify and select a facility that has a high-quality rating.

HEALTH ADVOCATE MEDICAL MEDIATION

- Complimentary assistance in fighting unfair medical bills ("Balanced Billing")-
- Negotiations can lead to a reduction in the member's out of pocket costs-

The Health Advocate Medical Bill Saver service gives members access to skilled negotiators who can help lower their out-of-pocket costs not covered by insurance.

EPIC HEARING CARE



Members have access to hearing aid discounts from 30-60% at over 5,000 network providers nationwide. The latest in hearing aid technology by name brand manufacturers is available.

EYE MED VISION CARE

- Discounted Eye exams-
- Network pricing for eyeglasses and conventional contact lenses-
- 90,000+ nationwide providers-

Members save 20-40% off the retail price of eyewear with the EyeMed Vision Care Access Plan D discount program through the Access network.



CAREINGTON DENTAL PLAN

- Save 20-50% on most dental procedures including routine oral exams and cleanings-
- 20% savings on orthodontics including braces and retainers for children and adults-

Members may take advantage of savings offered by an industry leader in dental care boasting one of the largest dental networks nationally with a focus on neighborhood dentists.