



OptiMed Mini Medical Indemnity Plans

- *Guaranteed Issue for Eligible Groups*
- *No Health Questions Asked*
- *No Employer Contribution Required*
- *No Pre-existing Condition Clause for Groups of 10 or More*
- *Patient Advocacy Service*
- *Benefits Paid Directly to Provider*
- *Participation Requirements apply**

** For Groups 10 or more, no pre-existing condition limitation applies.*

** For Groups 5-9 enrolled employees a pre-existing condition limitation of 12/6/12 applies.*

OPTIMED'S PATIENT ADVOCACY PROGRAM

AND CUSTOMER SERVICE UNIT: *

- Provided in English or Spanish for the member's convenience.
- Single, toll-free call-center number for all customer issues and benefits.
- Assisting members in locating and contacting new providers.
- Explanation of benefits, coverage, claims payment and claim history.
- Verification of coverage to providers.
- Addressing the provider's expectations.
- Facilitating negotiations with hospitals and providers to obtain potential savings.
- Large claims negotiation assistance.

OPTIMED PPO PROVIDER RELATIONS DEPARTMENT*

OptiMed will help answer the following questions:

- Is the provider accepting new patients?
- Is the office closed on specific days?
- What are the office hours?
- Does the provider offer bilingual staff assistance?
- Does the provider offer senior services?

OPTIMED HIGH DOLLAR CLAIMS NEGOTIATION*

Should a member find they cannot afford a large medical bill, they may contact OptiMed customer service and request assistance. The member will be put in touch with an OptiMed claims negotiator who will gather the appropriate information from the member, including provider contact information. Once the OptiMed claims negotiator is familiar with the case they will call the provider and attempt to negotiate additional savings on behalf of the member or work to connect the member with any charity/assistance programs the provider may offer to members in financial distress.



HOW CAN I LOCATE A NETWORK PROVIDER?

Step 1:	<i>Contact OptiMed Customer Service (800-482-8770).</i>
Step 2:	<i>Member identifies their name, group and the type of doctor or facility they desire. OptiMed customer service will verify the member's status, coverage and specific PPO network.</i>
Step 3:	<i>OptiMed customer service will search for providers. If requested, OptiMed will contact providers specific to the member's zip code and verify that the physician/facility understands they are part of the PPO network and that they will accept the member's coverage.</i>
Step 4:	<i>Member will make appointment and visit one of the providers within the PPO network.</i>
Step 5:	<i>Provider will submit a bill directly to OptiMed. OptiMed will assign the appropriate PPO reduction, helping the member save out of pocket expense, and then OptiMed will pay the provider directly. The provider bills the member, if there is an additional portion owed by the member.</i>

Please Note: The member may log online and search for providers 24/7.

CUSTOMER SERVICE

OptiMed customer service is standing by to assist members with an explanation of benefits and coverage. The member is walked through their benefit program, how it works and how to best maximize their benefit dollars. In addition, OptiMed customer service is also available to explain claim payment and claim history.

OPTIMED FEELS COMMUNICATION IS KEY

Effective communication is key in the successful rollout and implementation of any limited benefit plan. The purpose of offering a benefit program is to provide your employees a valuable benefit which will in return help boost retention rates. OptiMed feels we can bring our unique energy, superior service, attention to detail and experience at performing large scale enrollments to the table to best suit your needs.

(Note: The OptiMed Patient Advocacy Program is not an insurance benefit)

OPTIMED OFFERS A FULL SUITE OF OPTIONS FOR CLIENTS TO CONSIDER

ENROLLMENT SUPPORT OPTIONS

- Customizable bilingual communication template pieces: letters, payroll stuffers, posters, enrollment kits.
- Telephonic both inbound and outbound options by trained enrollment specialists.
- Full online functionality in both HR and member online tools:
 - HR Tools:** full suite of online HR tools permitting terms and adds, report generation, eligibility and bill review.
 - Member Tools:** Member online suite permits enrollment, plan design review, ID card request and printing of temporary ID cards, EOB and claims history review.
- Train-the-Trainers Support: Includes outbound telephonic management training sessions.

TELEPHONIC COMMUNICATION SUPPORT

- Toll-free number, bilingual benefits call center, customer services staffed by trained claim examiners.
- Benefit explanations available before and after enrollment.
- Benefit verification In-Bound and out-bound provider relations including: Access & benefit verification.
- Patient advocacy.



SIMPLE AND EASY PLAN ADMINISTRATION

OptiMed’s integrated seamless and simple approach to the administration process frees employers from major headaches associated with health plan administration.

- One dedicated account executive available by phone and email.
- One dedicated billing contact available by phone and email.
- “Train-the-Trainer” support for the employer’s managers & HR.
- Single source administration allows rapid support and issue resolution.
- Online HR administration tools and options allow immediate administration including adds/terms, report generation and a host of additional tools.
- Online member tools allow plan design information review, provider searches, EOB & claim history review, ability to print temporary ID cards, online enrollment options and email support.
- Free dedicated website for each client, upon request.
- Automated data/file exchange options.
- Point-to-Point online billing and email billing options.
- Simple list billing or direct member billing options
- High level direct access to Claims Manager, Manager of Administration and Chief Financial Officer via telephone and email should the client have the need.
- COBRA administration.



(Note: This is not an insurance benefit)



Outpatient Laboratory Savings*

OUTPATIENT LABORATORY SAVINGS
FOR You AND Your FAMILY!

SAVE UP TO 83%

SAMPLE SAVINGS CHART

Description	Typical Lab Fees	OptiMed Lab Card Fees	Savings with OptiMed Card
<i>BASIC METABOLIC PANEL</i>	\$34.52	\$5.72	\$28.80
<i>DRUG SCREEN</i>	\$49.00	\$14.12	\$34.88
<i>URINALYSIS, AUTO, W/SCOPE</i>	\$17.00	\$5.29	\$11.71
<i>CHOLESTEROL</i>	\$19.44	\$5.89	\$13.55
<i>PROSTATE SPECIFIC ANTIGEN</i>	\$71.10	\$23.54	\$47.56
<i>TISSUE EXAM BY PATHOLOGIST</i>	\$148.10	\$84.75	\$63.35

OUTPATIENT LABORATORY SAVINGS

This is a voluntary, member-driven program that provides you with reduced-cost outpatient laboratory testing services. To participate, it's up to you to request that your doctor collects your specimens and sends them to a participating lab.

How The Program Works

ACCESS YOUR DISCOUNTS IN THREE EASY STEPS

Step 1:

At your doctor's office, show your OptiMed Lab Card or healthcare card to the office manager and the person collecting your specimens. Request that your specimens be sent to the lab.

Step 2:

Your physician customarily collects your specimens and calls OptiMed for pickup or you can go to an approved lab facility.

Step 3:

The lab performs the tests and sends the results to your doctor (usually the next day).

*(Note: This is not an insurance benefit)



PLANS

BENEFITS	OptiMed Med-Choice Plan	OptiMed Med-Choice Plus Plan	OptiMed Value Care Plan	OptiMed Value Care Plus Plan	OptiMed Preferred Care Plus Plan
Overall Per Person Calendar Year Maximum	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Physician Office Visits General Office Visits	\$40 Per Visit \$280 Max Per Person Per Calendar Year	\$40 Per Visit \$280 Max Per Person Per Calendar Year	\$50 Per Visit \$400 Max Per Person Per Calendar Year	\$60 Per Visit \$480 Max Per Person Per Calendar Year	\$70 Per Visit \$700 Max Per Person Per Calendar Year
Emergency Room - Sickness - Included in Office Visit Maximum	\$40 Per Visit	\$40 Per Visit	\$50 Per Visit	\$60 Per Visit	\$70 Per Visit
Wellness Benefit \$150 Calendar Year Maximum Per Person	\$50 Per Visit	\$50 Per Visit	\$50 Per Visit	\$50 Per Visit	\$50 Per Visit
Hearing Exam Benefit- Benefit is payable one time per 24 consecutive month period per insured and dependent spouse and one time per 12 consecutive month period per dependent child	\$70 Exam	\$70 Exam	\$70 Exam	\$70 Exam	\$70 Exam
Outpatient X-Ray and Lab - \$ Calendar Year Maximum	N/A	N/A	\$20 Per Day \$300 Max Per Person Per Calendar Year	\$30 Per Day \$300 Max Per Person Per Calendar Year	\$40 Per Day \$300 Max Per Person Per Calendar Year
Outpatient Advanced Diagnostic Testing <i>Ultrasound, Mammogram, Stress test, Electroencephalogram (EEG) test, Electrocardiogram (EKG) test, Echocardiogram CT (CAT) Scan, Magnetic Resonance Imaging (MRI) Scan, Magnetic Resonance Angiogram (MRA) Scan, Positron Emission Tomography (PET) Scan</i> 2 test per person per calendar year (any combination)	N/A	N/A	\$50 per test \$250 per test	\$100 per test \$500 per test	\$100 per test \$500 per test
Ambulance Trip — 3 trips per calendar year/5 trips lifetime maximum	\$150 Per Trip	\$150 Per Trip	\$150 Per Trip	\$150 Per Trip	\$150 Per Trip
Emergency Room - Accident For treatment in an emergency room if performed within 72 hours of the accident	\$300 Per Visit	\$300 Per Visit	\$500 Per Visit	\$500 Per Visit	\$1,000 Per Visit
Surgery and Anesthesia - Scheduled Benefit Indemnity Inpatient - Calendar Year Maximum Per Person Outpatient - Calendar Year Maximum Per Person Anesthesiology	N/A	N/A	N/A	N/A	\$1,000 Calendar Year Max 50% of Inpatient 20% of Surgical Benefit
Hospital Confinement Indemnity for Bodily Sickness & Injuries Requires 24 hours stay - Payable from first day of confinement	\$100 Per Day	\$100 Per Day	\$200 Per Day	\$500 Per Day	\$500 Per Day
Intensive Care Confinement Indemnity Paid in addition to Daily Hospital Confinement Benefit 30 Day Calendar Year Maximum Per Person	\$100 Per Day	\$100 Per Day	\$200 Per Day	\$500 Per Day	\$500 Per Day
Confinement Benefit for Skilled Nursing	\$50 Per Day	\$50 Per Day	\$100 Per Day	\$250 Per Day	\$250 Per Day
Life/AD&D (Employee Only)	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Outpatient Prescription Drug Benefit Member pays 100% of discounted price for drugs not covered under the formulary. Annual Maximums : \$2,500 Employee \$4,000 Employee + 1 \$5,000 Employee + Family	Discount Card	\$10 Generic Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)
Additional OptiMed Programs - Not insurance benefits					
Patient Advocacy Service	Included	Included	Included	Included	Included
National PPO Network*	Included	Included	Included	Included	Included
Consult-A-Doctor	Included	Included	Included	Included	Included
Cobra Administration	Included	Included	Included	Included	Included
Section 125 - Premium Only Plans (POP)	Included	Included	Included	Included	Included



PLANS

BENEFITS	OptiMed Select Care Plan	OptiMed Premier Care Plan	OptiMed Executive Plan	OptiMed Executive Plus Plan
Overall Per Person Calendar Year Maximum	\$100,000	\$100,000	\$100,000	\$100,000
Physician Office Visits General Office Visits	\$75 Per Visit \$900 Max Per Person Per Calendar Year	\$75 Per Visit \$900 Max Per Person Per Calendar Year	\$90 Per Visit \$1,080 Max Per Person Per Calendar Year	\$100 Per Visit \$1,200 Max Per Person Per Calendar Year
Emergency Room - Sickness - Included in Office Visit Maximum	\$75 Per Visit	\$75 Per Visit	\$90 Per Visit	\$100 Per Visit
Wellness Benefit \$150 Calendar Year Maximum Per Person	\$75 Per Visit	\$150 Per Visit	\$150 Per Visit	\$150 Per Visit
Hearing Exam Benefit- Benefit is payable one time per 24 consecutive month period per insured and dependent spouse and one time per 12 consecutive month period per dependent child	\$70 Exam	\$70 Exam	\$70 Exam	\$70 Exam
Outpatient X-Ray and Lab - \$ Calendar Year Maximum	\$40 Per Day \$300 Max Per Person Per Calendar Year	\$60 Per Day \$300 Max Per Person Per Calendar Year	\$80 Per Day \$500 Max Per Person Per Calendar Year	\$100 Per Day \$500 Max Per Person Per Calendar Year
Outpatient Advanced Diagnostic Testing <i>Ultrasound, Mammogram, Stress test, Electroencephalogram (EEG) test, Electrocardiogram (EKG) test, Echocardiogram</i>	\$150 per test	\$150 per test	\$200 per test	\$200 per test
<i>CT (CAT) Scan, Magnetic Resonance Imaging (MRI) Scan, Magnetic Resonance Angiogram (MRA) Scan, Positron Emission Tomography (PET) Scan</i> 2 test per person per calendar year (any combination)	\$750 per test	\$750 per test	\$1,000 per test	\$1,000 per test
Ambulance Trip – 3 trips per calendar year/5 trips lifetime maximum	\$150 Per Trip	\$150 Per Trip	\$150 Per Trip	\$150 Per Trip
Emergency Room - Accident For treatment in an emergency room if performed within 72 hours of the accident	\$1,000 Per Visit	\$1,000 Per Visit	\$1,000 Per Visit	\$1,000 Per Visit
Surgery and Anesthesia - Scheduled Benefit Indemnity Inpatient - Calendar Year Maximum Per Person Outpatient - Calendar Year Maximum Per Person Anesthesiology	\$2,000 Calendar Year Max 50% of Inpatient 20% of Surgical Benefit	\$3,000 Calendar Year Max 50% of Inpatient 20% of Surgical Benefit	\$4,000 Calendar Year Max 50% of Inpatient 20% of Surgical Benefit	\$5,000 Calendar Year Max 50% of Inpatient 20% of Surgical Benefit
Hospital Confinement Indemnity for Bodily Sickness & Injuries Requires 24 hours stay - Payable from first day of confinement	\$800 Per Day	\$1,000 Per Day	\$1,000 Per Day	\$1,000 Per Day
Intensive Care Confinement Indemnity Paid in addition to Daily Hospital Confinement Benefit 30 Day Calendar Year Maximum Per Person	\$800 Per Day	\$1,000 Per Day	\$1,000 Per Day	\$1,000 Per Day
Confinement Benefit for Skilled Nursing	\$400 Per Day	\$500 Per Day	\$500 Per Day	\$500 Per Day
Life/AD&D (Employee Only)	\$5,000	\$5,000	\$10,000	\$20,000
Outpatient Prescription Drug Benefit Member pays 100% of discounted price for drugs not covered under the formulary. Annual Maximums : \$2,500 Employee \$4,000 Employee + 1 \$5,000 Employee + Family	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)	\$10 Generic \$50 Brand Formulary Co-pay (\$15 Co-pay for Oral Formulary Contraceptives)
Additional OptiMed Programs - Not insurance benefits				
Patient Advocacy Service	Included	Included	Included	Included
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Cobra Administration	Included	Included	Included	Included
Section 125 - Premium Only Plans (POP)	Included	Included	Included	Included