

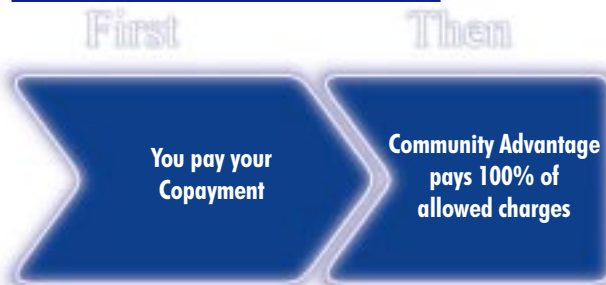


Community Advantage

Health Insurance for Individuals & Families

Being financially prepared in the event of a serious illness is the reason you purchase major medical insurance. Here is how Community Advantage pays benefits in any Calendar Year.

For Network doctor office visits:



For other covered services:



\$5,000,000 Maximum Lifetime Benefit

Allowed charges for in-network are network negotiated rates. For out-of-network, they are the Usual, Customary and Reasonable charges for your area.

Illinois, Indiana

Prescription Drug Program

This benefit allows you to purchase generic or name brand drugs at any pharmacy.

With participating pharmacies, there are no claim forms to be filed and no waiting for reimbursement.

- **Brand Name Drugs:** You pay the greater of \$35 or 35% of the prescription or refill (up to \$250) for a 30 day supply.
- **Generic Drugs:** You pay the greater of \$25 or 25% of the prescription or refill (up to \$250) for a 30 day supply.

For non-participating pharmacies, you simply pay 50% of the Plan Cost per prescription (min. \$50), plus the difference between the pharmacy's regular charge and the Plan Cost. The Plan Cost is the maximum reimbursement amount paid to Participating Pharmacies.

When medication is needed over an extended period, up to a 90 day supply can be obtained conveniently using the mail-order materials delivered with your Prescription Drug Card. The medication should be received within two weeks of the order.

Mail order prescriptions are subject to a charge equal to the greater of \$50 or 25% of the prescription or refill (up to \$250). Authorized refills should be included with the original prescription for the 90 day supply.

Oral contraceptives are available through the mail order program only.

Prescription Drug Copayments will not be applied toward the Calendar Year Deductible or Benefit Percentage per Family Member.

Other Provisions

Coverage of Pre-existing Condition

A Pre-existing Condition which was fully disclosed on the application and was not excluded from coverage by a rider is not considered a Pre-existing Condition and will be covered (see state Benefits Chart for definition of Pre-existing Condition).

Organ Transplants

With prior approval from American Community, the maximum lifetime benefit is \$1,000,000 in a designated transplant facility (\$150,000 for non-designated transplant facilities) including anti-rejection drugs. An additional benefit of up to \$10,000 is included for travel and lodging expenses for one companion. A designated transplant facility is a medical facility with a proven, exceptional success rate for organ transplants that has agreed to provide approved transplant services to our policyholders through the United Resource Network. Animal to human transplants and artificial or mechanical organs are excluded.

Rates

The premium is guaranteed for the first 12 months of coverage. After 12 months, American Community may modify, at any time, the applicable premiums for all Community Advantage policies issued in your state.

Survivorship Benefit

If you die while the policy is in force, coverage for your Family Members will continue without premium payment.

Coverage will remain in force for one year or until your covered spouse remarries, if earlier.

Utilization Review

When you anticipate the need for hospital treatment, any surgical procedure or non-emergency foot surgery, simply contact a personal health representative at the toll-free utilization review number on your ID card. A representative will review the proposed treatment and notify you and your physician of the outcome of the review. This process is an important procedure. If not followed, you could be responsible for an additional 20% of the charges up to a maximum penalty of \$1,000.

The Utilization Review Administrator must be contacted at least 7 days, or as soon as possible, before the surgery to request approval of the Treatment Plan.

Emergency hospital admissions must be reported within 48 hours or on the next business day (excluding Saturday, Sunday and holidays) following the admission.

Certification of Medical Necessity by the Utilization Review Administrator does not guarantee payment of benefits. (May vary by state; see state Benefits Chart.)

Optional Benefits

Accident Benefit

This option provides up to \$500 of first-dollar benefits for treatment of an injury within 30 days of an accident.

Deductible and Benefit Percentage will not apply until after the Maximum Benefit has been reached or 30 days after an injury.

Dental Benefit

The Dental Deductible and Benefit Percentage are separate from the Medical Deductible and Benefit Percentage.

Orthodontics are not covered. The maximum benefit per person per Calendar Year is \$1,000 (Type 1 & 2 combined).

Type 1: No deductible required; charges for covered services are covered at 80% after a six month waiting period. Benefits include office visits and examinations, cleaning, x-rays, diagnostics, space maintainers and pathology.

Type 2: Charges for covered services are subject to a \$100 Calendar Year Deductible, then 50% after a 12 month waiting period. Benefits include fillings, oral surgery, extractions, root canals, endodontics, periodontics, crowns, inlays, bridges, and dentures.

If this benefit is selected, it applies to all Family Members and can only be added at time of application.

Preventive Care

Provides benefits for routine physical exams, immunizations and related lab tests or x-rays. A Copayment of \$25 applies and there is a \$150 maximum benefit per Family Member per Calendar Year. Benefits are available 90 days after the effective date. (May vary by state; see state Benefits Chart.)

Three Month Carry Forward of Deductible

If Covered Charges incurred during the Calendar Year do not exceed the Deductible, Covered Charges incurred during the last three months of that Calendar Year shall be applied to the next Calendar Year's Deductible.

Customize Your Plan

Community Advantage allows you to choose a plan design that is right for your health care needs and budget. It also offers you increased benefits when the Family Member uses a Network Provider.

Deductibles and Copayment

Choose from four deductible amounts. The deductible is the amount of covered charges a Family Member must incur in a Calendar Year before the plan begins to pay benefits for that person.

- Network Deductible- Both Network and Out-of-Network eligible charges apply toward the Network Deductible. Once the Network Deductible is satisfied, Network benefits are payable as long as you stay in Network.
- Out-of-Network Deductible- Network and Out-of-Network eligible charges applied to the Network Deductible are also applied to the Out-of-Network Deductible. The balance of the Out-of-Network Deductible must be satisfied with Out-of-Network eligible expenses before Out-of-Network benefits are payable.
- Family Maximum- Once two Family Members meet their Deductibles in a Calendar Year, the Deductible for all remaining Family Members is waived for the remainder of the year.
- Common Accident- If two or more Family Members are injured in the same accident, only one deductible must be satisfied.

In-Network	Out-of-Network
\$500	\$1,000
\$1,000	\$2,000
\$2,500	\$5,000
\$5,000	\$10,000

Benefit Percentage

After the Deductible has been met, you and American Community begin sharing expenses. The Benefit Percentage will determine the percentage of the expenses American Community pays and the amount you are required to pay of the next \$5,000 of allowed charges, up to the out-of-pocket maximum (allowed charges for in-network are network negotiated rates; for out-of-network, they are the Usual, Customary and Reasonable charges for your area).

In-Network	Out-of-Network
80% (\$1,000)*	50% (\$2,500)*

*Calendar Year maximum out-of-pocket expenses per person, excluding deductible.

After That

American Community pays 100% of allowable charges for the rest of the Calendar Year up to the lifetime per person maximum of \$5,000,000.

Copayment

Any time you visit your physician in an office or urgent care center due to sickness or injury, you only pay your Copayment; the Deductible and Benefit Percentage does not apply. For out-of-network physician visits the \$35 Copayment per visit applies, then subject to Calendar Year Deductible and Benefit Percentage. The Copayment is a nominal fixed fee.

Copayments will not be applied toward the Calendar Year Deductible or Benefit Percentage per Family Member.

Doctor Office Copayment	
In-Network	Out-of-Network
\$25	\$35*

*Then Calendar Year Deductible and Benefit Percentage per Family Member applies.

Preferred Provider Option

The Preferred Provider Option (PPO) gives you the freedom to choose your own physician or hospital. You can minimize your share of the health care costs by seeking medical services from a doctor who has contracted with the network. If your physician or hospital is not a member of the network, you share in more of the cost of your medical expenses. What makes our PPO plan so desirable is that it allows you to choose your own network physician and allows you access to a specialist when *you* feel it is necessary. A referral is not required. Your primary PPO network is shown on the front of your ID card.

In addition, you can receive the same network level of benefits when traveling outside your policy issue state, provided through a coordinated program with National Preferred Provider Network (NPPN). There is no additional fee for this value-added benefit and a toll-free number is provided on the back of the PPO ID card to locate providers.

Inpatient and Outpatient Coverage

Highlights of the Community Advantage covered charges include:

Covered Hospital Charges

- Semi-Private room
- Intensive care
- Surgery
- Anesthesia
- Emergency room
- Physician visits
- Miscellaneous tests, services and medical supplies

Covered Outpatient Charges

- Emergency room
- Pre-admission testing
- Ambulance
- Surgery and anesthesia
- Second surgical opinions
- Physician services
- Mammogram
- Speech, physical and occupational therapy
- Prescription drugs
- X-rays and lab tests
- Chemotherapy
- Kidney renal dialysis
- Radiation treatment
- Oxygen, blood and plasma
- Durable medical equipment
- Skilled nursing facilities
- Home health care
- Hospice care
- Soft tissue foot care

Benefits may be limited. Please review your policy for details.

Some of the Services that Community Advantage does NOT cover:

(May vary by state. Your policy will provide a complete list of benefits, limitations, and exclusions.)

- Pre-existing conditions.
- Charges in excess of the Usual, Customary, and Reasonable Charges for services and supplies.
- Services or supplies not listed in the Covered Charges provision of the contract.
- Experimental, Investigational, or Unproven Procedures or Treatments.
- Suicide or attempted suicide, whether or not sane, or intentionally self-inflicted injury.
- Charges covered by Worker's Compensation or similar laws.
- Services or supplies for personal comfort or convenience.
- Cosmetic Treatment, except as provided within the contract.
- Surgery to correct nearsightedness or farsightedness.
- Hearing aids and their fittings.
- Vitamins and food supplements.
- Pregnancy, except Complications of Pregnancy.
- Sterilization or Reversal of Sterilization.
- Contraceptive medication, except as provided within the contract.
- Preventive medical care, except as provided by the optional Preventive Care Benefit, if chosen.
- Fertility drugs and procedures.
- Gender reassignment, or charges due to complications of gender reassignment.
- Treatment for hair restoration.
- Treatment for acne.
- Treatment for eating disorders; smoking cessation; exercise programs or equipment; weight loss programs, drugs, or surgery.
- Treatment for Mental or Nervous Disorders.
- Treatment for Substance Abuse, except when insurance coverage is required by law.
- Diagnosis or non-surgical treatment of malocclusion or misalignment of the jaw.
- Out of Hospital, non-surgical services as a result of or related to distortion, misalignment or subluxation of the vertebral column. *(Not applicable in IN)*
- Care covered under a government plan or program. Services covered by Medicare or eligible for coverage by Medicare.
- Charges arising from war, commission of a felony, or participation in a riot or insurrection.
- Transplants, except as provided under Covered Charges.

This brochure is a brief description of the highlights of the Community Advantage health plan. It is not intended to be a full description of coverage. Your policy provides a complete list of benefits, limitations, and exclusions.