

You're Right!

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 **\$37.80** bi-weekly!



Optional:

- Dental and Vision Plans

Features Include:

- Guaranteed Issue with NO Health Questions
- All Pre-Existing Conditions ARE covered – including maternity
- Use Any Provider!

Mini-Med Health Plans sm – Group Limited Medical Benefit Plans

To enroll or ask questions please do
not contact your branch office,
call 1-800-690-7731



Medical Benefits

Mini-Med Health Plans sm offer you the ability to select from 2 affordable health benefits to fit you and your family's individual needs and budget. Please review the benefit descriptions below and call the Enrollment Center at **1-800-690-7731** to ask questions and enroll right over the phone. Available Monday through Friday from 8:00am – 8:00pm EDT, 7:00am – 7:00pm CDT.

Benefits	Plan 1	Plan 2
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 \$300 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>	Covers 100% of charges up to \$500 per calendar year
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	\$1,000,000 max payable at \$2,000 per day \$4,000 per day \$1,000 per day \$1,000 per day \$1,000 per day
Hospital Admission Benefits ➤ Payable for 1 st day of confinement in addition to daily in-patient benefit	<i>Not Included</i>	Additional \$2,000 Benefit payable per hospital confinement
Ambulance Benefit	<i>Not Included</i>	Covers 100% of charges up to \$150 per trip 1 per calendar year
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
*Prescription Drug Program - see next page	Members Pay \$10, \$20, \$40 or less for Preferred Brand and Generic Drugs - Discounts on Non-Preferred Drugs	Members Pay \$10, \$20, \$40 or less for Preferred Brand and Generic Drugs - Discounts on Non-Preferred Drugs
Bi-Weekly Rates:	Plan 1	Plan 2
Employee Only	\$37.80	\$137.65
Employee plus Child(ren)	\$56.70	\$205.68
Employee plus Spouse	\$88.12	\$348.12
Family	\$93.11	\$359.86

Prescription Drug Card & Network Access

\$10/\$20/\$40 Tiered-Pricing Pharmacy Benefit

(Included in both plans)

The Tiered Pricing Pharmacy Plan saves money and takes the guess work out of paying for prescription medications. This program segments brand name and generic drugs into three price classifications making it easier for members to consult with their physician to find the most effective medication at the lowest cost. Discounts also apply to drugs not listed in one of the following tiers as well as maintenance medications purchased through the mail order program.

The three tiered pricing structure includes:

Tier I Preferred brand and generic drugs available for **\$10 or less** for the scheduled quantity and dose

Tier II Preferred brand and generic drugs available for **\$20 or less** for the scheduled quantity and dose

Tier III Preferred brand and generic drugs available for **\$40 or less** for the scheduled quantity and dose

*Discounts available for non-preferred drugs.

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 7 checkpoints before shipping.



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.

To Ask Questions or Enroll Call: 1-800-690-7731

Wellness Programs

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 1,300 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 12 point customer service program that ensures consistent delivery of professional and comfortable service, regardless of location.

Nurse Hotline - Nurse Hotline offers toll-free access to experienced registered nurses, 24 hours a day, 365 days a year. Our hotline nurses are an immediate, reliable and caring source of health information, education and support. Members also have access to information on over 2,200 health-related topics via phone and internet.

Counseling Services - Our telephone counselors assist with problem resolution and suggest options to help members with personal issues of any size. Members receive free, unlimited telephone counseling services 24 hours a day, 7 days a week. When appropriate, members are referred to local licensed counselors.

Vision Care - The Coast to Coast (CTC) Vision Plan is contracted with over 12,000 participating eyecare locations nationwide. Members save on eyeglasses, contacts, eye exams and surgical procedures.

The CTC provider network is the most comprehensive in the U.S. and includes ophthalmologists, optometrists, independent optical centers and national chain locations such as Pearle Vision, JCPenney Optical, Sears Optical, LensCrafters, and EyeMasters stores. Members save 20% to 60% on eyeglasses, including frames and lenses.

National Chains Include: Pearle Vision, Sears Optical, JCPenney Optical, Target Optical, LensCrafters, Sterling Optical, TLC Laser Vision Centers

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 6,000 products, sale prices included.

Diabetic Care - Liberty Medical Supply - is the nation's leading direct-to-consumer Medicare provider of diabetes testing supplies and medications and other diabetes management products. Through this program members save 15% off the average retail price on over 200 name brand glucose testing products.

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

Optional Insured Dental & Vision

Optional Dental Care Benefit

- No Network – Use Any Provider!
- \$500 benefit maximum per calendar year after a \$50 deductible per covered person (Types II, III and IV).
- Covers most common dental expenses.
- No network restrictions.

Types of dental expenses covered by the Plan	Percent of dental expenses paid by the Plan	Waiting period before expenses will be paid by the Plan	Deductible Applies
Oral Exams	80% (Type I)	None	No
Prophylaxis (cleanings)	80% (Type I)	None	No
Fluoride Treatment (children 16 years or younger)	80% (Type I)	None	No
X-rays (Full mouth and Bitewings)	80% (Type I)	None	No
Laboratory Tests and diagnostic exams	80% (Type I)	None	No
Routine Extractions	80% (Type II)	6 Months	Yes
Oral Surgery and Anesthesia	80% (Type II)	6 Months	Yes
Fillings	80% (Type II)	6 Months	Yes
Endodontics and Periodontics	50% (Type III)	6 Months	Yes
Inlays, Onlays and Crowns	50% (Type III)	6 Months	Yes
Prosthetics (Bridges and Dentures)	50% (Type III)	6 Months	Yes
Orthodontic Treatment and Appliances (separate lifetime maximum equal to calendar year maximum shown above)	50% (Type IV)	12 Months	Yes

Bi-Weekly Dental Rates			
Employee	\$7.68	Employee + Spouse	\$20.20
Employee + Child(ren)	\$13.06	Family	\$22.44

Optional Vision Care Benefit

No Network – Use Any Provider!

- Covered vision care expenses are paid at 80%
- \$300 maximum benefit per person, per calendar year
- 1 exam every 12 months
- 1 pair of glasses / contacts every 24 months

Bi-Weekly Vision Rates	
Employee	\$2.78
Employee + Child(ren)	\$4.46
Employee + Spouse	\$7.34
Family	\$7.66

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?

New hires must enroll within the first 30 days after hire. Coverage will begin the 1st of the month following 60 days. If you do not enroll within your 30 day waiting period, you will need to wait until the next open enrollment which occurs once a year. 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. If an eligible change in family status occurs you have 30 days to make the corresponding changes.

When will my payroll deductions start?

Your premiums will be deducted one month prior to the start of your insurance coverage.

When will my insurance coverage begin?

Your coverage will begin the 1st of the month following the 60 day waiting period. Claims will not be paid for charges incurred prior to the effective date.

Will I receive an ID card?

Yes, you will receive a fulfillment package including information for your medical and prescription plan. The package includes your ID cards, a Summary of Benefits/Certificate Booklet and Benefit Guide. These will be mailed to your home address after enrolling. If you enrolled in dental or vision, you will receive ID cards as well.

Who is eligible to enroll?

All part-time and temporary 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 25, if they are a full time student.

Are there any Pre-Existing Condition Limitations?

There are no Pre-Existing Condition Limitations under the medical policy.

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 carrier and pays all insured claims.

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

Contact Member Services at 1-800-822-3906 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 the SSL logo, for additional plan and provider information. **(For questions or assistance please do not contact your branch office, call 1-800-822-3906.)**

How do I submit a claim?

At the time of service, present your Standard Security ID card to the provider and ask the provider to file the claim directly with Standard Security. 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.



Mini-Med Health Plans SM
Voluntary Benefits Agency, LLC
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www.myvba.biz

IMPORTANT: This brochure contains an overview of the benefits provided in your policy. Please read your entire policy for complete benefits, details, limitations and exclusions.

Standard Security Life Insurance Company of New York—EXCLUSIONS AND LIMITATIONS FROM COVERAGE

The Policy does not provide any Benefits for the following confinements, visits, charges, treatment, services or supplies for or related to:

1. Preventive Services which are not Medically Necessary for the treatment of Illness or Injury, except as specified in the Preventive Care Indemnity Benefit, if shown in the Schedule of Benefits; or
2. Any treatment, service or supply which is not due to an Illness or Injury; or
3. Any treatment, service or supply which is not recommended by a Doctor; or
4. Any treatment, service or supply which is not Medically Necessary; or
5. Treatment, services or supplies for which no charge is made or for which the Covered Person is not required to pay; or
6. Any treatment, service or supply provided by a government owned or operated facility or by government employed health care providers, unless the Covered Person is legally required to pay the charges incurred; or
7. Hospital and Doctor charges for weekend Hospital admissions occurring between noon on any Friday and noon the following Sunday for non-emergency procedures, unless Medically Necessary or unless surgery is scheduled for the next day; or
8. An Illness or Injury which arises out of or in the course of any employment for wage or profit or an Illness or Injury for which the Covered Person has or had a right to recovery under any Workers' Compensation or Occupational Disease Law; or
9. Physical or psychological examinations required by any third party, such as by a court or for employment, licensing, insurance, school, sports or recreational purposes; or
10. An Illness or Injury incurred while on active duty with the military of any country or international organization; or
11. An Illness or Injury resulting from war or any act of war (declared or undeclared) or the participation in a riot or insurrection; or
12. An Illness or Injury incurred (a) during the commission or attempted commission of a crime or felony or while engaged in an illegal act; or (b) while imprisoned; or
13. Treatment, services or supplies for any loss sustained, incurred due to, or contracted as a consequence of a Covered Person (a) being intoxicated; or (b) being under the influence of any illegal narcotic, barbiturate, hallucinatory or other drug, unless administered by a Doctor and taken in accordance with the prescribed dosage. A Covered Person is conclusively determined to be intoxicated by drug or alcohol if a chemical test administered in the jurisdiction where the loss or cause of loss occurred is at or above the legal limit set by that jurisdiction; or
14. Treatment, services or supplies to improve the appearance or self-perception of a Covered Person, which does not restore a bodily function including, without limitation, cosmetic or plastic surgery, hair loss or skin wrinkling, or the complications of any such treatment; or
15. Treatment, services or supplies for (a) breast augmentation; (b) the removal of breast implants unless Medically Necessary and related to surgery performed as reconstructive surgery due to a Sickness; and (c) breast reduction surgery unless Medically Necessary due to a Sickness; or
16. Surgery to correct refractive errors, such as radial keratotomy or radial keratectomy; or
17. Routine eye exams, glasses, visual therapy, or contact lenses; except as specified in the Vision Benefit Rider, if shown in the Schedule of Benefits; or
18. Routine hearing exams to assess the need for, or change to, hearing aids; and the purchase, fittings or adjustments of hearing aids; or
19. Penile implants and fertility and sterility studies; or
20. Treatment, services or supplies: (a) to restore or enhance fertility; or (b) to reverse sterilization; or
21. Impregnation techniques such as: (a) artificial insemination; or (b) in vitro fertilization; including but not limited to: artificial insemination, in vitro zygote and intra-fallopian transfers, gamete intra-fallopian transfer, genetic counseling, and all charges related to such in vitro fertilization; or
22. Voluntary abortion; except if the life of the mother would be in danger if the fetus were carried to term, or except for complications of a voluntary abortion; or
23. Mental Illness Disorders and Substance Abuse except as specified in the Hospital Inpatient and Skilled Nursing Facility Daily Indemnity Benefit; or
24. Treatment, services or supplies to eliminate or reduce a dependency on or an addiction to tobacco, including but not limited to: nicotine withdrawal programs; nicotine products, such as transdermal patches and gums; hypnotism; and goal oriented behavioral modification; or
25. Marriage or family counseling, recreational therapy, equine therapy, educational therapy, social therapy, or sex therapy; or
26. Sexual reassignments or sexual dysfunctions or inadequacies; or
27. Meridian therapy (acupuncture); or
28. Treatment, services or supplies related to paring or removal of corns, calluses, bunions or toenails (other than partial or complete removal of nail roots); or
29. Treatment, services or supplies related to the feet by means of posting or strapping, or range of motion studies; or
30. Orthotics; or
31. Treatment, services or supplies for obesity or weight reduction, including wiring of the teeth and all forms of intestinal bypass surgery and complications resulting from such surgery; or
32. Treatment, services or supplies received from a Doctor or other provider if such person is: (a) a person who ordinarily resides in Your household, (b) a member of Your immediate family or (c) the Policyholder; or
33. Custodial Care, regardless of who prescribes or renders such care; or
34. Treatment, services or supplies received or purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, for a period not to exceed 90 days, and the charges are incurred for an Emergency, provided the treatment, services or supplies used in connection with the Emergency are approved for use in the United States; or
35. Telephone consultations, missed appointment fees and fees for completing claim forms; or
36. Treatment, services or supplies for complications of conditions that are not covered under the Policy except for complications of a voluntary abortion; or
37. Prescription Medications, except as specified in the Outpatient Prescription Medication Indemnity Benefit, if shown in the Schedule of Benefits; or
38. Treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause; except as specified in the Dental Benefit Rider, if shown in the Schedule of Benefits; or
39. Treatment, services or supplies as the result of prognathism, retrognathism, micrognathism, or any treatment, services or supplies to reposition the maxilla (upper jaw) mandible (lower jaw), or both maxilla and mandible, unless due to an Injury, which occurs while covered under the Policy, to Sound Natural Teeth, provided that such treatment is received within 12 months following the date of Injury; or
40. Treatment, services or supplies provided for temporomandibular joint (TMJ) dysfunction; or
41. Physical, speech and occupational therapy; or
42. Hospice Care; or
43. Home Health Care.



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Important Notice: These medical plans are not intended to replace any comprehensive insurance programs of insurance in which you currently participate, or intend to participate. The Prescription Program is not considered "Creditable Coverage" under the new Medicare part D regulations. Medicare-eligible individuals may have to pay higher costs if they delay enrolling in the new Medical Pharmacy Plan.