



ENROLLMENT KIT

Altamarea Group LLC





NATIONAL HIGH - ULTIMATE Benefit Summary

WEEKLY RATES	NATIONAL HIGH - ULTIMATE
Employee Only	\$45.05
Employee + Spouse	\$86.40
Employee + Child(ren)	\$84.99
Family	\$122.07

MEC BENEFITS	ULTIMATE MEC
Annual Deductible	\$0
Wellness and Preventative	Covered at 100%
Telehealth Program (\$0 copay)	Unlimited
Virtual Behavioral Health	\$50 copay 3x/year
Primary Care Visits	\$15 copay
Specialist Visits	\$15 copay
Urgent Care Visits	\$50 copay
Laboratory Services	\$50 copay
X-Rays	\$50 copay
Generic Prescription Drugs	Tier 1: \$10 copay Tier 2: \$25 copay
Brand Prescription Drugs	Tier 1: \$50 copay Tier 2: \$75 copay
MEC COMPANION DISCOUNT CARD	Dental Vision DME Diabetic Hearing Fitness

HOSPITAL INDEMNITY	NATIONAL HIGH
Admission Benefit	\$2,500 ● 1x/year
Confinement Benefits	\$200/day ● 30x/year
Inpatient Rehabilitation	\$100 per day ● 15x/year
Inpatient Surgery Benefit	\$1,000 ● 1x/year
Outpatient Surgery Benefit	\$750/\$1,500 ● 1x/year
Ambulance Benefit	\$500 air trans. ● 2x/yr \$200 ground trans. ● 2x/yr
Diagnostic Procedure	\$250 ● 1x/year
Emergency Room	\$100 per day ● 2x/year
Health Screenings	\$50 ● 1x/year
Dependent Age Limit	Childbirth to 26 years
Portability	Included
Life Insurance	\$10,000
Cobra	Included

Hospital Indemnity benefits can help pay for out-of-pocket costs associated with being hospitalized in addition to your medical coverage, and can give you more of a financial safety net for unplanned expenses brought on by a hospital stay. **Payments are made directly to you, even if you did not actually incur any out-of-pocket expenses.**

CRITICAL ILLNESS	\$5,000
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See Schedule

Benefits are paid directly to the insured when they need it most. Expenditure for claim proceeds are not limited to cover medical expenses, funds can be used under the discretion of the insured for things such as childcare, transportation and to fill in gaps in their medical plan, like co-pays and deductibles.

ACCIDENT	SILVER
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See Schedule



PROVIDER LOOKUP



Find a Provider

To locate providers participating in the PHCS and/or Multiplan networks:

Visit www.multiplan.com

Online Instructions:

Click "Find a Provider" located in the top right hand corner of the page. Click on Select a Network.

A Pop Up appears to select Network. Select PHCS.

Next Pop Up appears, select the plan type indicated by the logo on your ID card. ("Specific Services" or "Preventive Only")

Now you're ready to enter provider type,
i.e Primary Care, Ob-Gyn, Lab, etc.

then enter zip code, then click on search and your directory will be provided.





CRITICAL ILLNESS BENEFIT SUMMARY

BENEFIT AMOUNT: \$5,000

COVERED CONDITIONS (lump sum payments)	FIRST OCCURANCE		SECOND OCCURANCE	
	CANCER			
	Invasive Cancer	100%		50%
	Carcinoma In Situ	30%		0%
	Benign Brain Tumor	75%		0%
	Skin Cancer	\$250 per lifetime		-
	VASCULAR			
	Heart Attack	100%		50%
	Stroke	100%		50%
	Heart Failure	100%		50%
	Coronary Arteriosclerosis	30%		0%
	OTHER			
	Organ Failure	100%		50%
	Kidney Failure	100%		50%
Group 2 Covered Conditions	First Occurrence of these additional illnesses: Addison's Disease 30%, ALS (Lou Gehrig's Disease) 100%, Alzheimer's Disease 50%, Coma 100%, Huntington's Disease 30%, Multiple Sclerosis 30%, Loss of Speech, Sight or Hearing 100%, Parkinson's Disease 100%, Permanent Paralysis 50% for 1 limb, 100% for 2 limbs, Severe Burns 100%. (Severe Burns Not Applicable in MI)			
Group 3 Childhood Covered Conditions	100% of Child Benefit for the First Occurrence of Cerebral Palsy, Cleft lip/palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida, Type 1 Diabetes			
Cancer Vaccine	\$50 per lifetime for receiving a Cancer Vaccine			
Dependent Age Limits	Child birth to 26 years			
Pre-Existing Condition Limitation	3 month look back period, 12 month exclusion period 6 month look back period, 6 month exclusion period (MA, ME, UT) 3 month look back period, 6 months treatment free, 12 month exclusion period (TX, VA)			
Benefit Reduction (or original amount)	Age	Reduction		
	70	50%		

PLAN HIGHLIGHTS

- Guardian's Critical Illness Product provides ability for an insured to receive a lump sum benefit payment upon first and second diagnosis of any qualified Critical Illnesses listed under covered conditions.
- Benefits are paid directly to the insured when they need it most. Expenditure for claim proceeds are not limited to cover medical expenses, funds can be used under the discretion of the insured for things such as childcare, transportation and to fill in gaps in their medical plan, like co-pays and deductibles.
- An insured must port Critical Illness coverage prior to age 70.
- Portability allows the employee to take the coverage with them even if employment has ended. Evidence of insurability is not required.

IMPORTANT NOTES

Rates and premiums are based on the employee data submitted. Final rates and premiums are based on the plan and employee/dependent data provided on the enrollment forms. States specific requirements apply.

Rates Notes

- Estimated Monthly and Annual Dependent premiums are not based on census information specific to your plan.
- Spouse rate is based on employee's age bracket. Child rate is included with employee election. Dependent Critical Illness insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.
- If any discrepancies between the premiums on the proposal and your bill exist, your bill prevails.



ACCIDENT (on & off job) SILVER: BENEFIT SUMMARY

BENEFITS	
SILVER PLAN	
Accident Coverage	On and Off Job
Accidental Death & Dismemberment	
Death Benefit	Employee: \$10,000 Spouse: \$5,000 Child: \$5,000
Catastrophic Loss	Quadriplegia: 100% of AD&D Loss of speech and hearing (both ears): 100% of AD&D Loss of cognitive function: 100% of AD&D Hemiplegia: 50% of AD&D Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D
Common Disaster	200% of Spouse AD&D benefit
Dismemberment	
Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D
Seatbelts and Airbags	Seatbelts: \$10,000 Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
Rainy Day Fund	Benefit Amount: \$300 Rollover Maximum: \$150 Fund Maximum: \$600 (Not applicable to IA)
Air Ambulance	\$750
Ambulance	\$150
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit
Child Organized Sport	25% increase to child benefits
Chiropractic Visits	25 per visit up to 6 visits
Coma	\$7,500
Concussion Baseline Study	\$25
Concussions	\$100
Diagnostic Exam (Major)	\$100
Dislocations	Schedule up to \$3,000
Doctor Follow Up Visits	\$25 up to 6 treatments
Emergency Dental Work	\$200/Crown \$50/Extraction
Emergency Room Treatment	\$150
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$200
Family Care	\$20/day up to 30 days
Fractures	Schedule up to \$4,000
Gun Shot Wound	\$500
Hospital Admission	\$750
Hospital Confinement	\$150/day, up to 1 year
Hospital ICU Admission	\$1,500
Hospital ICU Confinement	\$300/day- up to 15 days
Initial Doctor's Office/Urgent Care Facility Treatment	\$75
Joint Replacement (hip/knee/shoulder)	\$1,500/\$750/\$750



ACCIDENT (on & off job) Continued

BENEFITS

Knee Cartilage	\$250
Laceration	Schedule up to \$300
Lodging	\$100/day, up to 30 days for companion hotel stay
Medical Appliance	Schedule up to \$400
Outpatient Therapies	\$25/day up to 10 days
Post-Traumatic Stress Disorder	\$300
Prosthetic Device/Artificial Limb	1: \$250 2 or more: \$500
Rehabilitation Unit Confinement	\$50/day up to 15 days
Ruptured Disc with Surgical Repair	\$250
Surgery (Cranial, Open Abdominal, Thoracic)	\$1,000 Hernia: \$200
Surgery - Exploratory or Arthroscopic	\$300
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500
Transportation	\$0.50 per mile, limited to \$400/round trip, up to 3 times per accident
Traumatic Brain Injury	\$3,000
X-Ray	\$30

IMPORTANT NOTES

The benefits listed are payable if the service, treatment or procedure is due to injuries incurred in a covered accident.

Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate. This benefit is only payable if child coverage is included on the plan.

Chiropractic Services are known as Spinal Manipulation Services in KS.

Family Care - Benefit is payable for each child attending a Child Care center while the insured is confined to the hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.

Lodging - Benefit is paid for a companion's hotel stay while the insured is confined to the hospital as the result of a covered accident. The hospital must be more than 50 miles from the insured's residence.

Medical Appliance - Benefit is paid if a wheelchair, motorized scooter, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck is prescribed by a physician as necessary due to an injury sustained as the result of a covered accident.

Rainy Day Fund - can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits: Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic Visits, Diagnostic Exam (Major), Doctor Follow-Up Visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation, X-ray if they are included on your plan. (Not applicable to IA)

Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.

Traumatic Brain Injury - is a nondegenerative, noncongenital Injury to the brain from an external nonbiological force, required Hospital Confinement for 48 hours or more resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.



What are the Covered Services in Minimum Essential Coverage?

17 Covered Preventive Services for Adults (ages 18 & older)

1. Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol Misuse screening & counseling
3. Aspirin use to prevent cardiovascular disease for men & women of certain ages
4. Blood Pressure screening for all adults
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal Cancer screening for adults over 50
7. Depression screening for adults
8. Diabetes (Type 2) screening for adults with high blood pressure
9. Diet counseling for adults at higher risk for chronic disease
10. Hepatitis C screening for adults at increased risk, & one time for everyone born 1945 – 1965
11. HIV screening for everyone ages 15 to 65, & other ages at increased risk
12. Immunization vaccines for adults — doses, recommended ages, & recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
13. Lung cancer screening for adults 55- 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
14. Obesity screening & counseling for all adults
15. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
16. Syphilis screening for all adults at higher risk
17. Tobacco Use screening for all adults & cessation interventions for tobacco users

22 Covered Preventative Services for Women, Including Pregnant Women

1. Anemia screening on a routine basis for pregnant women
2. Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer
3. Breast Cancer Mammography screenings every 1 to 2 years for women over 40
4. Breast Cancer Chemoprevention counseling for higher risk women
5. Breastfeeding comprehensive support & counseling from trained providers, & access to breastfeeding supplies, for pregnant & nursing women
6. Cervical Cancer screening for sexually active women
7. Chlamydia Infection screening for younger women & other women at higher risk
8. Contraception: Food & Drug Administration-approved contraceptive methods, sterilization procedures, & patient education & counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
9. Domestic & interpersonal violence screening/counseling for women
10. Folic Acid supplements for women who may become pregnant
11. Gestational diabetes screening for women 24 to 28 weeks pregnant & those at high risk of developing gestational diabetes
12. Gonorrhea screening for all women at higher risk
13. Hepatitis B screening for pregnant women at first prenatal visit
14. HIV screening & counseling for sexually active women
15. Human Papillomavirus (HPV) DNA Test every 3 years for women

with normal cytology results who are 30 or older

16. Osteoporosis screening for women over age 60 depending on risk factors
17. Rh Incompatibility screening for all pregnant women & followup testing for women at higher risk
18. Sexually Transmitted Infections counseling for sexually active women
19. Syphilis screening for all pregnant women or others at increased risk
20. Tobacco Use screening & interventions for all women, & exp&ed counseling for pregnant tobacco users
21. Urinary tract or other infection screening for pregnant women
22. Well-woman visits to get recommended services for women under 65

26 Covered Services for Children

1. Alcohol & Drug Use assessments for adolescents
2. Autism screening for children at 18 & 24 months
3. Behavioral assessments for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
4. Blood Pressure screening for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
5. Cervical Dysplasia screening for sexually active females
6. Depression screening for adolescents
7. Developmental screening for children under age 3
8. Dyslipidemia screening for children at higher risk of lipid disorders at the following ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
9. Fluoride Chemoprevention supplements for children without fluoride in their water source
10. Gonorrhea preventive medication for the eyes of all newborns
11. Hearing screening for all newborns
12. Height, Weight & Body Mass Index measurements for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
13. Hematocrit or Hemoglobin screening for children
14. Hemoglobinopathies or sickle cell screening for newborns
15. HIV screening for adolescents at higher risk
16. Hypothyroidism screening for newborns
17. Immunization vaccines for children from birth to age 18 — doses, recommended ages, & recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Meningococcal, Pneumococcal, Rotavirus, Varicella
18. Iron supplements for children ages 6 to 12 months at risk for anemia
19. Lead screening for children at risk of exposure
20. Medical History for all children throughout development at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
21. Obesity screening & counseling
22. Oral Health risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
23. Phenylketonuria (PKU) screening for this genetic disorder in newborns
24. Sexually Transmitted Infection (STI) prevention counseling & screening for adolescents at higher risk
25. Tuberculin testing for children at higher risk of tuberculosis at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
26. Vision screening for all children.

This plan provides no coverage for sickness/hospitalization/surgical benefits. Benefits are not limited to the schedule above. For more information on covered services visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/>



OPTIONS PLUS PLAN MEC COMPANION

BENEFITS

Dental	✓
Vision	✓
Hearing	✓
Durable Medical Equipment	✓
Diabetic Supplies	✓
Fitness	✓

Dental – save up to 50%

The dental discount plan offers significantly reduced fees saving members an average of 20% to 50% off of almost all General Dentists' and Specialists' standard fees. Members get access to over 80,000 credentialed Dentemax dentists nationwide for:

- Preventive & Diagnostic (Oral Exams, Cleanings, X-Rays)
- Restorative (Fillings, Inlays and Crowns)
- Endodontics, Periodontics, and Prosthodontics
- Oral Surgery
- Orthodontics

Vision – save up to 50%

MEC Companion Card members are eligible to enroll in VSP® Vision Savings Pass™, a national discount vision program offering immediate savings on eye care and eyewear, at no cost to you.

Hearing – save up to 70%

MEC Companion Card members receive a free hearing test and up to 70% discount on hearing aids at 2,200 providers nationwide.

Durable Medical Equipment – save up to 10%

The MEC Companion Card is accepted at over 80,000 provider locations nationwide, and covers all dental services and specialties, including orthodontia. Savings can be as high as 50%, and there is no limitation on services or use.

Diabetic Supplies – save up to 70%

A full line of diabetes testing supplies are delivered directly to the member's home.

Fitness – save up to 50%

Going to a gym helps you stay focused and get inspired. It's a dedicated space where people of all shapes and sizes try to break a sweat! MEC Companion Card participants are guaranteed lowest rates to thousands of gyms. You can choose from major chains and community favorites.



TELEMEDICINE

HEALTH CARE MADE EASY

Our telemedicine benefit provides you and your family access to board certified physicians around the clock (24/7/365) via telephone or secure video. Telemedicine physicians can give advice, diagnose or treat illness, and even prescribe medication right over the phone. With healthcare costs rising, an office visit with a PCP or Urgent Care Center can range from \$155 to upwards of \$300, and an ER visit can average almost \$1,000*. With this benefit, there is no cost to you or your family for a consultation.

COMMON CONDITIONS TREATED

- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu
- Conjunctivitis
- Diarrhea
- Ear Infections
- Gastroenteritis
- Headaches
- Insect Bites
- Sprains/Strains
- Respiratory Infections
- Sinus Infections
- Upset Stomach
- Urinary Tract Infections

And many other non-emergency conditions...

1

ACTIVATE YOUR ACCOUNT

Activate online or by calling member services. Once activated, you will need to setup your member profile and complete your electronic health record.

2

REQUEST A CONSULT

Login to your account online or call member services to request a consult anytime 24/7.

3

RECEIVE CARE

Receive diagnosis and treatment, giving you quality care and peace of mind wherever you are.

TALK TO A DOCTOR ANYTIME DAY OR NIGHT... FOR FREE.





BEHAVIORAL HEALTH

GETTING HELP JUST GOT EASIER.

Our Behavioral Health Benefit makes it easy to receive therapy and counseling from the comfort and privacy of your own home or office.

It can be difficult to wait days or weeks until your next appointment. Speak with one of our licensed psychiatrists or therapists online or by app.

WHAT WE TREAT:

We provide care for many of the most common behavioral health concerns with the added benefits of privacy and convenience.

- Abuse
- Codependency
- Domestic Violence
- OCD
- Addiction
- Conduct Disorder
- Eating Disorders
- Parenting Issues
- ADHD/ADD
- Cognitive Behavioral
- Grief & Loss
- Relationships
- Anger Management Therapy
- LGBT Issues
- Sexuality
- Anxiety & Stress
- Depression & Mood
- Med. Management
- Trauma & PTSD
- Bipolar Disorder
- Divorce
- Men's & Women's Issues
- And more

HOW IT WORKS:

1 LOG IN

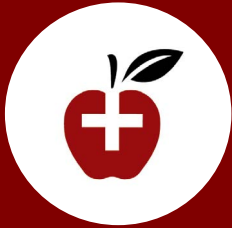
LOG IN TO YOUR ACCOUNT

2 SCHEDULE AN APPOINTMENT

SCHEDULE AN APPOINTMENT WITH THE BEHAVIORAL HEALTH PROVIDER OF YOUR CHOICE

3 CHAT

VIDEO CHAT WITH YOUR PROVIDER AND RECEIVE A PERSONALIZED TREATMENT PLAN.



Options Plus MEC APPLICATION

EMPLOYEE INFORMATION

Company: _____
First Name: _____ MI: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Date of Birth: _____
SSN#: _____ Date Hired: _____
Email: _____ Gender: _____

EMPLOYEE DEPENDENT INFORMATION

First and Last Name:	Gender:	SSN#:	Date of Birth:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Coverage Selections

Select Plan:

National High-Ultimate

Coverage Type:

Employee Only Employee + Spouse

Employee +Child(ren) Family

I understand that if I decline medical coverage, I will be unable to enroll in benefits until the next open enrollment period or due to a qualifying event.

Decline Coverage Reason: _____

Employee Signature: _____

Today's Date: _____