

First Dollar Plan

Because of the increasing cost of healthcare, the cost of major medical insurance continues to increase. In an effort to help control these increases, Insurance companies as well as many employer sponsored group medical plans are issuing policies with higher deductibles, copays and co-insurance requirements resulting in substantially increased “out-of-pocket” costs to many individuals and families. These increased costs can easily total several thousand dollars and possibly create potential financial burdens.

The First Dollar Plan is a Supplemental Medical Expense Insurance Plan designed to reimburse the costs of eligible “out-of-pocket” major medical policy deductibles and co-insurance expenses.

In fact, the First Dollar Plan may even help to reduce your cost of maintaining major medical insurance by allowing you to purchase a major medical policy with a higher deductible and co-insurance requirements - and correspondingly lower premiums.

KEY BENEFITS

- **The First Dollar Plan is an affordable option underwritten by Companion Life Insurance Company; you may select from several First Dollar Plan policy designs**
- **The Plan provides both Inpatient and Outpatient benefits**
- **Payments made by the First Dollar Plan can be paid to you or your providers if benefits are assigned**
- **Payments made by the First Dollar Plan will be credited toward the deductibles and co-insurance requirements of your major medical insurance policy**— you must have a major medical plan (*does not include Medicare, Medicaid, CHAMPUS or TRICARE*) in force in order to receive benefits from the First Dollar Plan.
- **You may purchase the First Dollar Plan for yourself, you and your spouse, you and your children or your family**
- **As a Benefit Alliance member, the First Dollar Plan will work with any major medical plan - either an employer group major medical plan or an individually purchased plan - in which you are enrolled and is in force at the time of a claim**
- **The First Dollar Plan uses the itemized bills and your major medical policy’s EOB (explanation of benefits) as the basis for determining what is covered and how benefits will be paid**

First Dollar Plan InPatient Hospital Confinement Benefits:

In order for First Dollar Plan Hospital Confinement Benefits to be paid, the expense must be an eligible charge covered by your major medical policy. First Dollar Plan Inpatient Hospital Benefits may include but are not limited to:

- Coverage for eligible “out-of-pocket” expenses resulting from an in-hospital confinement, including emergency room treatment for an injury or sickness if the insured is admitted to the hospital within 24 hours of treatment. If in-hospital confinement is not required in the case of emergency room treatment, the emergency room benefit will be paid under the First Dollar Out-patient benefit.
- Coverage for eligible “out-of-pocket” expenses incurred by inpatient hospital stays, inpatient surgeries, and physician’s in-hospital charges resulting from the treatment of an injury or sickness.
- Coverage for eligible “out-of-pocket” expenses related to pregnancy are covered the same as any other illness for you or your insured spouse if pregnancy is covered under a qualified major medical plan. Pregnancy (except for complications of pregnancy) is not covered for dependent children, unless required by state law. Routine nursery care for dependent children is not a covered expense under the InPatient hospital confinement benefit.
- First Dollar Plan benefit limits are based on your major medical policy’s per-calendar-year “out-of-pocket” maximum. Per-covered-person maximums should coincide with the deductibles and coinsurance amounts established within your major medical coverage. Maximum inpatient benefit levels should not exceed the total of the individual in-network deductible and coinsurance maximums under your major medical policy.

First Dollar Plan OutPatient Benefits:

The intent of the First Dollar Outpatient Benefit is to cover those “out-of-pocket” expenses related to treatment, supplies and other non-physician related outpatient charges that may be your financial responsibility due to the deductible and co-insurance provisions of a major medical policy. The Outpatient Benefits do not cover physician’s office visit charges or copays. First Dollar Plan OutPatient Hospital Benefits may include but are not limited to:

SEE MORE INFORMATION ON REVERSE SIDE

The Benefit Alliance Plan

 Leslie & Associates, Inc.

- Coverage for eligible “out-of-pocket” expenses resulting from emergency room treatment for injury or sickness
- Coverage for eligible “out-of-pocket” expenses incurred due to outpatient surgery in an out-patient facility, emergency facility or physician’s office
- Coverage for eligible “out-of-pocket” expenses incurred due to diagnostic testing, but not limited to, x-rays, diagnostic lab tests, MRI's and CAT scans
- Coverage for eligible “out-of-pocket” expenses incurred due to outpatient radiation therapy or chemotherapy
- Coverage for eligible “out-of-pocket” expenses incurred due to physical therapy or chiropractic care
- Coverage for eligible “out-of-pocket” expenses related to durable medical equipment if dispensed to an insured person in a hospital or provider’s office

The First Dollar Plan does not cover charges for visits to a physician’s office. The intent of the Outpatient Benefit is to cover eligible “out-of-pocket” expenses for treatment, supplies and other non-physician related charges.

The total calendar year “per person” maximum benefit payable, whether paid as Inpatient or Outpatient benefits, shall not exceed the total Inpatient benefit for the plan selected. First Dollar Plan OutPatient Benefits are paid on a “per person per calendar year” basis with a family maximum limit equal to two (2) times the “per person” limit. This maximum applies to the entire family unit, regardless of the number of covered persons within the family unit. The benefit payable for any single family member cannot exceed the “per person” outpatient benefit limit.

FIRST DOLLAR PLAN RATES & BENEFIT OPTIONS

Inpatient Benefits* / Outpatient Benefits**

Monthly Rates	Plan “A”	Plan “B”	Plan “C”	Plan “D”
Under Age 40	\$3,000 / \$1,500	\$4,000 / \$2,000	\$5,000 / \$2,500	\$6,000 / \$3,000
Employee Only	\$ 31.44	\$ 38.29	\$ 44.52	\$ 55.91
Employee & Spouse	\$ 57.78	\$ 70.38	\$ 81.83	\$102.73
Employee & Child(ren)	\$ 71.14	\$ 86.76	\$101.01	\$126.67
Employee & Family	\$ 96.80	\$118.02	\$137.33	\$172.28
Age 40-49				
Employee Only	\$ 43.91	\$ 53.62	\$ 62.53	\$ 78.97
Employee & Spouse	\$ 80.67	\$ 98.52	\$114.91	\$145.07
Employee & Child(ren)	\$ 82.62	\$101.05	\$117.96	\$148.84
Employee & Family	\$118.46	\$144.79	\$168.99	\$213.24
Age 50+				
Employee Only	\$ 73.62	\$ 88.93	\$102.79	\$133.80
Employee & Spouse	\$135.28	\$163.37	\$188.80	\$245.80
Employee & Child(ren)	\$121.98	\$147.45	\$170.49	\$221.66
Employee & Family	\$182.02	\$219.98	\$254.34	\$330.84

*Per individual family member per calendar year

**Maximum two per family per calendar year

This policy does not pay 100% of out-of-pocket expenses. Exclusions, limitations and other provisions apply.

For an expense to be eligible under the First Dollar Plan, **it must be covered by your major medical plan.** If an expense is denied by your major medical plan, it will not be covered by the First Dollar Plan. In addition, benefits will not be paid for losses caused by or resulting from any one or more of the following:

1. Prescription Drugs.
2. Wellness or preventative care; well newborn care, whether inpatient or outpatient.
3. Mental or nervous disorders.
4. Alcoholism, drug addiction, or complications thereof.
5. Durable medical equipment, unless dispensed in a Hospital, an outpatient surgical or emergency facility, a diagnostic testing facility, or a similar facility that is licensed to provide outpatient treatment.
6. Confinement or other covered treatment for Injury or Sickness which is not Medically Necessary.
7. Confinement or other covered treatment for Dental or Vision care not related to an accidental Injury.
8. Suicide or intentionally self-inflicted Injury or any attempt thereof, while sane or insane (while sane in Colorado or Missouri).
9. Declared or undeclared war or any act thereof; losses for injury or sickness while an insured person is in the service of the armed forces.
10. Confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the insured person is legally required to pay for the services.
11. Any hospital confinement or other covered treatment for Injury or Sickness for which compensation is payable under any Worker’s Compensation Law, any Occupational Disease Law, or similar legislation.
12. Any hospital confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Co-Insurance payments by the insured person.
13. An insured person engaging in any act or occupation which is a violation of the law or the jurisdiction where the loss or cause occurred. A violation of the law includes both misdemeanor and felony violations.
14. Any hospital confinement or other treatment for Injury or Sickness if, on the insured person’s effective date of coverage, the insured person was not covered by a major medical plan.
15. Medicare, Medicaid, CHAMPUS, TRICARE or any limited benefit medical program is excluded as a major medical plan under this policy’s health benefit plan definition.

This is only a summary of the First Dollar Plan; all benefits are subject to the terms, conditions, exclusions and limitations of the group Master policy. You may request a copy of the full text benefit information including definitions, limitations and exclusions from Leslie & Associates.