

# Group Limited Accident & Sickness Plan - Standard Tier 1

Includes Wellness Benefits for Adults and Children

As healthcare choices become more and more complex, you may need options. Leslie & Associates has arranged to offer the ACE American Insurance Company Group Limited Accident & Sickness Plan. This plan is a limited benefit insurance program designed to provide indemnity benefits for common medical services such as doctor's office visits, minor emergency room treatment for sickness, treatment for minor accidents as well as limited hospital confinement and surgical benefits. Coverage is available for eligible Employees and Spouses (ages 18-69) & dependant children under age 19 (or under 25 if full-time student).

## STANDARD TIER 1 PLAN FEATURES

- No Deductibles - See any doctor!
- Supplements and pays regardless of any other insurance program
- Pregnancy is covered same as sickness
- Provides benefits for non-occupational injury or sickness and an annual wellness visit

Includes access to National Provider Network - If utilized it can reduce your out of pocket costs

## BENEFITS

**\$110 FOR DAYS 1-3,  
AND THEN  
\$75 FOR DAYS 4-6**  
(MAXIMUM 6 DAYS PER YEAR)

**\$125 PER DAY**  
(MAXIMUM 1 DAY PER YEAR)

## SCREENING TEST BENEFITS

**\$100 PER DAY**  
(MAXIMUM 3 DAYS PER YEAR)

**\$500 PER DAY**  
(MAXIMUM 2 DAYS PER YEAR)

**\$400 PER DAY  
FOR ACCIDENTS  
OR  
\$200 PER DAY  
FOR SICKNESS**

**\$600 PER DAY**

### Doctor's Office Visits

This benefit is payable for **one visit per day** for treatment, care or advice received in a Doctor's office due to a covered sickness or accident up **to a maximum of 6 days per calendar year**.

**Wellness Benefit** This benefit is payable for an annual routine examination by a physician. Maximum one visit per day, one day per Calendar Year. Covered services include a history, physical examination, X-rays and laboratory tests.

**Mammogram** – Pays \$120 per day limited to one service per day according to the following age schedule: Age 35-39 - 1 day per 5 year period; Age 40-49 - 1 day every 2 years; Age 50 and above - 1 day per calendar year.

**Pap Smear or Prostate Specific Antigens (PSA) Test**– \$30 per day limited to one service per day up to a maximum of one day per calendar year.

### Well Child Benefit (Available with Children or Family Coverage)

Pays for one visit per day up to a maximum of 3 days per Calendar Year **per insured dependent child** age 4 or younger.

### Hospital Admission Benefit

This benefit is payable for the first 2 days of confinement per calendar year when you are admitted to a hospital as a direct result, from no other causes, of injuries sustained in a covered accident or a covered sickness.

### Daily Hospital Confinement Benefit

This benefit will be paid when you are admitted to a hospital as a direct result, from no other causes, of injuries sustained in a covered accident or a covered sickness. Benefits begin the first day of confinement and continue up to **a maximum of 30 days per calendar year**. Confinement must begin within 7 days of a covered accident or sickness and last at least 24 consecutive hours.

### Intensive Care Benefit

This additional daily benefit will be paid if you are confined in a hospital intensive care unit due to an injury in a covered accident or a covered sickness. This benefit begins the first day of confinement and continues up to **a maximum of 30 days per calendar year**. This benefit is paid in addition to the Daily Hospital Confinement Benefit.

SEE MORE INFORMATION  
ON REVERSE SIDE

This is only a brief summary of the ACE American Insurance Company Limited Accident & Sickness Plan. All benefits are subject to the terms, conditions, state mandated benefits, exclusions & limitations of the master group policies. You may request a copy of the full text benefit information including definitions, limitations and exclusions from Leslie & Associates, Inc.

The Benefit Alliance Plan

 Leslie & Associates, Inc.

**\$250 PER DAY**  
(MAXIMUM 1 DAY PER YEAR)

**\$500 PER ACCIDENT**  
(MAXIMUM 2 PER YEAR)

**\$2,000 PER DAY**  
SURGERY IS PERFORMED  
(INPATIENT)

**\$1,000 PER DAY**  
SURGERY IS PERFORMED  
(OUTPATIENT)

### Emergency Room Benefit (Sickness Only)

This benefit is payable if a covered person receives Hospital Emergency Room treatment caused by a covered sickness.

### Emergency Accident Only

This benefit is payable for medically necessary expenses incurred within 90 days after the date of a covered accident if the initial emergency medical treatment is rendered within 72 hours of the covered accident.

### Surgical Benefits

**Inpatient** – This benefit is payable if a covered person undergoes surgery in a hospital as a result of a covered accident of sickness. Maximum of one benefit per 24 hour period up to a maximum of one day per Calendar Year.

**Outpatient** – This benefit is payable if a covered person undergoes surgery in an ambulatory surgical center as a result of a covered accident of sickness. Maximum of one benefit per 24 hour period up to a maximum of one day per Calendar Year.

### Limitations and Exclusions

**No Benefits will be paid for any loss or injury that is caused by, or results from:**

1. Pre-existing Conditions occurring within the first 6 months of coverage.
2. Intentionally self-inflicted injury; suicide or attempted suicide.
3. War or any act of war, whether declared or not.
4. Experimental or Investigational drugs, services, supplies or procedures.
5. Mental and Nervous Disorders (except as provided in the policy).
6. Elective Abortion.
7. Medical mishap or negligence, including malpractice.
8. Service in the military, naval or air service of any country or international organization.
9. Illegal Acts - Commission of, or attempt to commit, a felony. Commission of or active participation in a riot, or insurrection. Assault & battery committed by any covered person.
10. Intoxication – Alcoholism or being legally intoxicated; drug addiction or being under the influence of any narcotic, unless such is taken under the direction of a Doctor.
11. Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, and Jamaica.
12. Hazardous Activities - Parachuting, skydiving, parasailing, hang-gliding, bungee-cord jumping, travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
13. Travel in an Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates.
14. Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or chartered airline.
15. Flight in, boarding or alighting from an Aircraft except as a fare-paying passenger on a regularly scheduled commercial airline.
16. An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in Driver's Education Program.
17. Treatment covered under any mandatory no fault automobile insurance contract or mandatory basic reparations benefit of no fault.
18. Treatment for which the Covered Person is entitled to benefits under any Worker's Compensation Act.
19. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
20. Sexual reassignment surgery, Sexual transformation surgery, Sexual transgendering surgery.
21. Services related to sterilization, reversal of a vasectomy or tubal ligation. In vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered injury or sickness..
22. Cosmetic surgery, except for reconstructive surgery needed as the result of an injury or sickness.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit the insurance company from providing insurance, including, but not limited to, the payment of claims.

### Pre-existing Condition Limitation

No benefits will be paid for Pre-existing Conditions for the first 6 months following a Covered Person's effective date of coverage under this Policy. A Pre-existing Condition is any illness, disease or other condition, that in the 6 month period before the Covered Person's coverage became effective under this policy (1) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or (2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (3) was treated by a Doctor or treatment had been recommended by a Doctor.

This limitation does not apply to pregnancy and coverage provided to newborn and adopted children. Genetic information shall not be treated as a Pre-Existing Condition in the absence of a diagnosis of the condition related to the genetic information.

### Credit for Prior Coverage

A Covered Person whose coverage under prior Creditable Coverage ended not more than 63 days before his or her Effective Date of coverage under this policy will have any applicable Pre-existing Condition Limitation reduced by the total number of days the Covered Person was covered by such coverage. If there was a break in Creditable Coverage of more than 63 days, the insurance company will only credit the days of such coverage after the break. The Covered Person must provide proof of prior Creditable Coverage.

***This policy provides limited benefits on a fixed indemnity basis. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to [www.HealthCare.gov](http://www.HealthCare.gov).***

### MONTHLY COSTS\* - TIER 1

Employee Only	\$ 82.00
Employee & Spouse	\$ 169.00
Employee & Children	\$ 143.00
Family	\$ 232.00

\*INCLUDES \$4.15 NETWORK ACCESS FEE PER EMPLOYEE