

Group Limited Accident & Sickness Plan - ENHANCED TIER 3

The Enhanced Tier 3 Group Limited Accident & Sickness Plan, arranged by Leslie & Associates and underwritten by ACE American Insurance Company, is designed to provide affordable, fixed indemnity benefits for everyday medical services that can really add up during the year – doctor’s office visits for illnesses or physical exams, diagnostic lab and X-Rays, emergency room treatment for minor accidents. It also provides limited benefits for hospital & surgical expenses.

ENHANCED TIER 3 PLAN FEATURES

- No Deductibles - See any doctor!
- Pays regardless of any other insurance program
- Co-Pay Plan for Outpatient Prescription Drugs
- Limited Hospital, Surgical Benefits

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

Who Can Be Covered In the ENHANCED TIER 3 Plan?

Employees & Spouses (ages 18-69) and dependent children under age 19 (or under age 25 if a full-time student).

DEDUCTIBLES

There are NO deductibles in the ENHANCED TIER 3 Plan.

OFFICE VISITS

In or Out-of-Network – The benefit is payable for one visit per day for treatment, care, or advice received in a Doctor’s or Specialists office due to a covered sickness or accident.

Pays \$125 per day for visits 1-3, and then \$90 per day for visits 4-6 (limited to one visit per day to a maximum of 6 days per year)

Outpatient Eligible Services & Screening Benefits

Annual Wellness Visit - Adult	\$150 per day - 1 day per Calendar Year
Wellness Visits - Covered Children age 4 and under	\$100 per day - 3 day per Calendar Year
Screenings	
Mammogram	\$120 per day - frequency according to age schedule
Pap Smear or Prostate Specific Antigens (PSA) Test	\$30 - per Calendar Year
Outpatient Diagnostic X-Ray for Sickness or Injury	\$80 - per day - 6 days per Calendar Year*
Outpatient Diagnostic Labs for Sickness or Injury	\$50 - per day - 6 days per Calendar Year*
Outpatient Surgery Benefit (one benefit per 24 hour period)	\$1,000 per day surgery is performed - 1 day per Calendar Year
<i>*X-Rays and Lab Tests are limited to any combination of a maximum of 6 daily visits per year</i>	

Emergency Room Visits or Accident Only Expenses

Emergency Room Visit for Sickness Only (1 visit per day)	\$350 per day - 2 days per Calendar Year
Accident Only Medical Expenses	\$1,000 per accident - 2 accidents per Calendar Year

Inpatient Eligible Hospital Expense Benefits

Hospital Admission Benefit	\$750 per day for first 2 days confined per Calendar Year
Daily Hospital Confinement Benefit (Sickness or Accident)	\$750 per day, up to 30 days per Calendar Year
Intensive Care Benefit	Additional \$800 per day, up to 30 days per Calendar Year
Inpatient Surgery Benefit (1 benefit per 24 hour period)	\$2,000 per day surgery is performed - 1 day per Calendar Year

Outpatient Prescription Drugs

The Plan includes a separate Co-pay plan for outpatient prescription drugs purchased at participating pharmacies. The plan, administered by Express Scripts, utilizes a generic formulary with a preferred drug list. The formulary is a list of all products available at one co-pay level or another. You can visit www.express-scripts.com to search for participating pharmacies. The current formulary list is available from the Leslie & Associates customer service department or website link. Please refer to the Certificate of Insurance for a complete list of exclusions and limitations.

	Co-Pays
Generic Formulary Drugs	\$15.00
Generic Oral Contraceptive	\$20.00
Brand Name Formulary Drug	\$50.00*

* or 50% of the discounted cost of the prescription - whichever is greater

The retail dispensing limit is a 30 day supply
Annual Maximum Rx Benefit - \$1,000 per insured

SEE MORE INFORMATION ON REVERSE SIDE

MONTHLY COSTS* - TIER 3

Employee Only	\$ 165.00
Employee & Spouse	\$ 343.00
Employee & Child(ren)	\$ 276.00
Employee & Family	\$ 460.00

*INCLUDES \$4.15 NETWORK ACCESS FEE PER EMPLOYEE

The Benefit Alliance Plan

 Leslie & Associates, Inc.

Is there a Pre-existing Condition Limitation?

YES. 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.

EXCLUSIONS AND LIMITATIONS - No benefits will be paid for any loss, injury or sickness 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. Service in the military, naval or air service of any country or international organization.
5. Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
6. Commission of, or attempt to commit, a felony, an assault or other illegal activity.
7. Commission of or active participation in a riot or insurrection.
8. Bungee cord jumping, parachuting, skydiving, parasailing, hang-gliding.
9. Flight in, boarding or alighting from any aircraft except as a fare-paying passenger on a regularly scheduled commercial airline.
10. Travel in or on any on-road and off-road motorized vehicle not requiring licensing as a motor vehicle.
11. An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operators license, except while participating in Driver's Education Program.
12. Medical mishap or negligence, including malpractice.
13. Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica.
14. Travel in an Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used by the Policyholder wishes for more than 10 straight days or more than 15 days in any year.
15. While the covered person is legally intoxicated as determined according to the laws of the jurisdiction in which the injury occurs.
16. Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor unless specifically provided herein.
17. Medical treatment for which the covered person is entitled to benefits under Worker's Compensation Act.
18. Medical treatment covered under any mandatory no fault automobile insurance contract or mandatory basic reparations benefit of no fault.
19. Assault and battery committed by any covered person.
20. Elective Abortion. Elective Abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
21. Mental and Nervous Disorders (except as provided in the Policy).
22. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
23. Sexual reassignment surgery, Sexual transformation surgery, Sexual transgendering surgery.
24. Services related to sterilization, reversal of a vasectomy or tubal ligation. In vitro fertilization and any expenses incurred for 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.
25. Cosmetic surgery, except for reconstructive surgery needed as the result of an injury or sickness.
26. Experimental or Investigational drugs, services, supplies or any procedures held to be experimental or investigatory by the insurance company at the time the procedure is done.

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.

This is only a brief summary of the ACE American Limited Accident and Sickness Insurance Plan & Prescription Drug 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.

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.