

GROUP PRODUCTS

PENNSYLVANIA



AMERICAN MEDICAL SECURITY

American Medical Security Group Inc. along with insurer United Wisconsin Life Insurance Company and third party administrator American Medical Security offer a comprehensive line of health insurance plans for the small employer. With IT'S YOUR CHOICE®, you may select:

- Flexible plan designs that fit your budget.
- Cost-effective options that allow you to customize your plan.
- Plans that give your employees flexibility to meet their health-care needs.

With these different plans, employees can select the one plan that best fits their budget. No more one size fits all. The employer receives only one monthly billing statement, regardless of the number of plans selected.

Ask your agent about the advantages of IT'S YOUR CHOICE® and see how employees will favorably react to the prospect of having a choice in their health-benefit program.

Why AMS

Nurse Healthline, Inc.** Registered nurses provide medical and provider information, toll-free 24 hours a day, 365 days a year. Nurse Healthline, Inc. can reduce your health care costs by providing information about alternative forms of treatment. Consider the savings of time and money.

Customer Service. You and your employees can get straightforward answers to insurance questions 24 hours a day, 365 days a year. Our friendly customer support representatives are here to walk you through any questions that you may have.

Receive Up to \$1,000 Cash. We make it worthwhile for employees to help cut the costs of health care. If your employee finds an over-charge on a hospital or medical bill, we'll pay up to 50% of the savings to that watchful individual, up to \$1,000 cash in a calendar year.

** Services are provided through a contractual agreement with our affiliate, Nurse Healthline, Inc.



QUICK REFERENCE: BENEFITS AND SERVICES

Benefits are subject to medical necessity and applicable copayment, deductible, coinsurance, and maximum allowable charges.

	INCLUDED	EMPLOYER OPTIONS
COVERED EXPENSES		
Preventive/Routine Services (not included with Traditional Series)	■	
Childcare Immunization	■	
Physician Services	■	
Hospital & Other Facility Charges	■	
Routine Vision Exam ¹	■	
Psychiatric Care/Substance Abuse	■	
Home Health Care	■	
OB/GYN Annual Exam	■	
Life-Threatening Emergency Services	■	
Sick Baby	■	
Skilled Nursing Care	■	
Ambulance Services	■	
Prescription Drug/Mail Orders	■	
Oral Contraceptives	■	
Transplants	■	
Hospice Care	■	
Manipulative Therapy	■	
Medical Food Coverage	■	
Miscellaneous Supplies & Services	■	
TravelCare SM (not included with the Traditional Series)	■	
ADDITIONAL COVERAGE		
Group Term Life and AD&D Insurance	■	
Extension of Benefits	■	
MATERNITY COVERAGE		
Complications of Pregnancy	■	
Normal Pregnancy		■
VALUE-ADDED SERVICES²		
VSP Discounts	■	
Nurse Healthline, Inc.	■	
Maternal Wellness	■	
OPTIONAL GROUP BENEFITS		
Group Dental		■
Supplemental Accident Benefit	■	
Short Term Disability (Weekly Income)		■
On-the-Job Protection	■	
Optional Prescription Drug/Mail Order		■
Optional Prescription Eyewear Benefit ¹	■	
Dependent Group Term Life		■
VOLUNTARY BENEFITS*		
Group Dental		■
Group Term Life and AD&D		■
OPTIONAL SERVICES²		
Section 125 Premium Only Plan		■
Section 125 Cafeteria Plan ³		■
COBRACare SM (For 20+ Groups)		■

¹ Benefits administered by VSP.

² These are not insurance benefits

³ Available through Benefit Advantage, Inc.

* You select the benefits you'd like to make available. Your employees can pick the individual benefits they'd like to select.

BENEFIT PLANS (May not be available in all states)

PPO Benefit Plans C Series

These plans feature different copays, deductibles, coinsurance, and out-of-pocket amounts. The office visit copay covers the office visit along with any pathology and radiology tests billed by the attending physician. The copay allows your employees to know ahead of time what each network physician visit will cost.

Note: An additional copay will be incurred if lab or x-ray is billed by a network free-standing facility. If lab and x-ray charges are billed by a network facility, the benefit will be applied to the selected network deductible and coinsurance. Non-network physician, lab, and x-ray charges are covered under the selected non-network deductible and coinsurance.

Traditional Benefit Plans D Series

These plans consists of a deductible with coinsurance. Your employees have the option of seeking care from any provider at the same benefit level, since this is not a plan utilizing a PPO.

PPO Benefit Plans S Series

These plans feature different copays, deductibles, coinsurance, and out-of-pocket maximum amounts. Copays are applied to each type of service and/or per visit.

Note: On some of the non-network services the benefit is 100% after the copay. Maximum allowable charges still apply to the benefit.

Out-of-Pocket Maximums

Individual calendar-year out-of-pocket maximum costs are accumulated through the combination of deductible and coinsurance. Copays, including those for prescription drugs, and all covered expenses for psychiatric care and transplants, do not apply toward the out-of-pocket maximums. When the out-of-pocket maximum has been reached and the selected copay is paid, the remaining covered expenses are payable at 100% for the remainder of the calendar year.

The family out-of-pocket maximum is 2 times the individual amount.

Any payment of non-network deductible and coinsurance applies to both network and non-network out-of-pocket limits. Any payment of network deductible and coinsurance applies to network limits only.

Family Deductible

The family deductible is 3 times the individual amount for any deductible under \$500. For all other deductible levels, the family deductible will be 2 times the individual deductible. All individual deductibles will apply toward the family deductible.

Maximum Allowable Charge

The insured person may be subject to additional charges (above copays, deductibles, and coinsurance) if the billed amount is deemed to be above the maximum amount we would consider eligible for payment for non-network benefits.



PPO (Preferred Provider Organization)

A network of credentialed doctors, clinics, hospitals, and other health-care facilities contracted to provide medical services at negotiated fees. See your agent and/or go to the eAMS.com web site for a listing of participating providers, which may include your doctor.

Network providers are compensated for each service covered under the Policy at a predetermined rate. The predetermined rates are usually less than the rates customarily charged by the network provider. AMS may replace the network at any time. Advance notice will be given.

Copayment or Copay

A fixed fee paid by the insured for specific services. Copays do not apply toward deductibles or the out-of-pocket maximum.

Deductible

The amount of covered expenses paid each calendar year by the insured before benefits are paid under the Policy.

Coinsurance

The insurance company and the insured share a percentage of covered expenses to a maximum limit after the deductible has been met. Once the maximum limit has been met the insurer pays 100% of covered expenses for the remainder of the calendar year.

TRAVELCARESM BENEFIT

TravelCare is an extended network provider benefit which allows insureds who are traveling outside their networks' primary service area to receive care from providers affiliated with Private Healthcare Systems, Inc. (PHCS), a nationwide PPO network. Insureds may receive care from a PHCS provider and get network-level coverage — that may mean less out-of-pocket expense! To receive this insurance benefit, select a plan design using a PPO network.

COVERED EXPENSES

Benefits are subject to medical necessity and applicable copay, deductible, coinsurance, and maximum allowable charges.

Mammography

Covered expenses for physician and facility services are payable at the physician office visit benefit level. Mammography's for women over 40 years of age are covered at 100%. Under 40 years of age are covered as medically necessary. Mammography is covered in and out of network with no calendar year maximum.

Annual Gynecological Exam

Covered expenses include pelvic exam, clinical breast exam, and routine pap smear subject to applicable copay, coinsurance, and according to plan provisions. Benefits are covered in and out of network with no calendar year maximum and are not subject to deductibles.

Childhood Immunizations

Coverage is included for childhood immunizations for a dependent child from birth to age 19. Covered both in and out of network and subject to copay and coinsurance, not subject to deductible.

Medical Foods Coverage

Medical foods for the treatment of inherited metabolic disorders are covered to a calendar year maximum of \$5,000. Benefits are paid at the applicable coinsurance levels of the plan benefit.

Routine Vision Exam

Coverage includes one comprehensive eye exam every 12 months with refraction. Benefits are payable at 100% after a \$10 copay when services are received from a vision benefit network provider. Outside the vision benefit network, benefits are not subject to deductible and coinsurance and are reimbursed to a maximum of \$38.

Note: The vision benefit network is separate from the medical network.

Psychiatric Care/Substance Abuse/Serious Mental Illness (groups of 2-49 employees)

Coverage is included for the treatment of alcoholism, substance abuse, anorexia nervosa, bulimia, schizophrenia, and depressive disorders. Calendar-year maximum, for inpatient is \$2,500, outpatient to \$500 with an additional \$250 when services are received from network providers. Non-network outpatient services have a \$30 daily maximum. The lifetime maximum is \$10,000 per insured person.

Psychiatric Care under the Mental Health Parity Act (groups of 50+ employees including full-time, part-time, and seasonal employees)

Coverage is included for mental and emotional conditions due to nervous, psychoneurosis, psychosis, or other mental and emotional sicknesses or disorders (except serious mental illness). Inpatient services (facility and physician) are covered at 50% after selected deductible to a maximum of 31 days per calendar year. Outpatient services (facility and physician) are covered at 50% after selected deductible to a maximum of 20 visits per calendar year. Serious mental illnesses are covered by the Serious Mental Illness Benefit.

Serious Mental Illness Benefit (included for groups with 50+ employees)

Covered expenses for serious mental illness are limited to 30 inpatient days per calendar year and 60 outpatient visits per calendar year, are covered at 50% after the selected deductible. Serious mental illness includes schizophrenia, bipolar disorder, obsessive-compulsive disorder, major depressive disorder, panic disorder, anorexia nervosa, bulimia, nervosa, schizo-affective disorder and delusional disorder.

Substance Abuse (groups of 50+ employees)

Alcoholism and substance abuse are covered. Combined calendar-year maximums include inpatient and outpatient to \$2,500. There is a \$30 daily maximum for non-network outpatient services. Lifetime maximum is \$10,000 per insured.

Maternity/Well Baby Care

Coverage is included for maternity and prenatal expenses for the covered employee or their covered spouse for groups of 15+ employees, and optional for groups with 2-14 employees. Coverage is included for well baby expenses for eligible dependent children.

Home Health Care

Covered services include physical, respiratory, occupational, and speech therapy provided on a part-time basis; part-time or intermittent skilled home nursing care visits; and health-aide services limited to 20 visits per calendar year.

Skilled Nursing Care

Coverage includes 30 days per calendar year for confinement in a skilled nursing facility.

Prescription Drug Benefit

\$15/\$25 + 10%/\$40 + 20% Retail Copay

For a 30-day supply of a prescription drug, employees pay a \$15 copay for generic drugs, a \$25 copay and 10% of the remaining cost for brand-name drugs on the formulary/preferred drug list, or a \$40 copay and 20% of the remaining cost for brand-name drugs not on the formulary/preferred drug list.

\$20/\$35/\$60 Mail-Order Copay

With the mail-order program, employees have the convenience of ordering prescription drugs by mail. Covered expenses for prescription drugs will be covered after a \$20 copay for generic, a \$35 copay for brand-name drugs on the formulary or a \$60 copay for brand-name drugs not on the formulary.

The copay is per prescription for a 60-day supply.

Employees may choose a brand-name drug even if a generic is available, but must pay the copay and a percentage of the drug, plus the difference in cost.



Transplants

Services include the transplant of kidney, liver, pancreas, heart, lung, kidney/pancreas, heart/lung, allogenic bone marrow, autologous bone marrow, stem cell, and donor expenses as defined in the Policy. Subject to prior approval. Artificial organs are not covered.

When using the Transplant Provider Network, eligible services are covered at 100% after a \$5,000 copay per transplant to a \$1 million lifetime maximum. Outside the Transplant Provider Network, eligible services are covered at 80% after \$10,000 copay per transplant to a lifetime maximum of \$800,000. (Copays and coinsurance amounts do not track to the plan's out-of-pocket maximum.)

When a covered transplant patient travels more than 100 miles from home to use the Transplant Provider Network, the plan provides a \$5,000 lifetime maximum travel benefit. This lifetime maximum covers travel, food, and lodging for the patient and one companion.

Manipulative Therapy

Benefits include coverage to \$25 of covered expenses per visit to a maximum of 10 visits per calendar year.

ADDITIONAL COVERAGE

Group Term Life and Accidental Death & Dismemberment (AD&D) Insurance

A minimum of \$15,000 Group Term Life and AD&D insurance is included for each employee at an additional cost. Additional amounts may be purchased by selecting Voluntary Group Term Life with AD&D.

VALUE-ADDED SERVICES

(These are not insurance benefits.)

VSP Discounts

Laser Vision Discounts

VSP has made arrangements with laser surgery facilities and doctors to offer its members discounts averaging 20-25%.

Eyewear Discounts

VSP doctors offer valuable saving including a 20% discount on non-covered pairs of prescription glasses (lenses and frames). You can also save 15% off the cost of your contact lens exam when you receive contact lens service from VSP.

Nurse Healthline, Inc.

Registered nurses provide medical and provider information 24 hours a day, 365 days a year.

Maternal Wellness

Insureds have the added service of a Maternal Wellness program. Nurses from Nurse Healthline periodically call expectant mothers to provide information about prenatal care and pregnancy. This helps to ensure they receive the information necessary for healthier deliveries.

OPTIONAL GROUP BENEFITS

Optional insurance benefits are designed to expand your company's benefit package. Charges for these benefits will appear on your company's single billing statement each month.

Group Dental Insurance

Dental services from basic exams and cleanings to major services such as crowns, dentures, and oral surgery are included. Selected dental plans also include orthodontia. See the Employee Benefits brochure for plan information and participation requirements.

On-the-Job Protection

If your employees are not covered by workers' compensation, you may elect On-the-Job Protection for coverage of eligible medical expenses due to work-related injury or sickness.

Supplemental Accident Benefit (SAB)

The Supplemental Accident Benefit will provide first-dollar coverage for each accidental injury. With SAB, benefits will be payable the same whether a network or non-network provider is seen. This benefit is not subject to copays, deductibles, or coinsurance up to a maximum benefit of \$500 per occurrence. If a non-network provider is used, the charges may be subject to maximum allowable charges.

Group Short Term Disability Insurance (Weekly Income)

This benefit provides income for employees who are temporarily unable to work due to a nonoccupational total disability. Benefit amounts are available from \$50 to \$1,000, and do not exceed 66⅔% of an employee's eligible weekly income.

Optional Group Prescription Eyewear Benefit

The Vision Benefit Program provides benefits for a comprehensive eye exam and prescription eyewear, including contact lenses. Benefits are payable for visits to vision benefit network providers and qualifying non-network providers. Refer to insert.

Voluntary Group Term Life and AD&D Insurance (groups of 2-50)

Provide your employees with additional financial security by purchasing Voluntary Group Term Life and AD&D insurance.

Dependent Group Term Life Insurance Benefit

Dependent Term Life coverages are available only to dependent family members covered on the medical plan.

Spouse Age/Amount Chart:

0-40	\$7,500
41-50	\$6,000
51-55	\$4,500
56-60	\$3,000
61-64	\$1,500
65+	None

Dependent Child:

\$5,000 for each covered dependent child age 14 days to 19 years or age 25 if a full-time student.

Prescription Drug Option #1

Optional Deductible Coinsurance Prescription Drug Benefit

Covered expenses will be applied toward a separate \$500 calendar-year deductible, then 80% coinsurance to a \$5,000 coinsurance limit, then 100% of eligible charges. For retail prescriptions, a 30-day supply is allowed.

(Mail-order prescriptions are not available.)

Employees may choose a brand-name drug even if a generic is available, but must pay the difference in cost.

If the optional prescription drug benefit is chosen, it replaces the included prescription drug benefit listed on the state specific inserts.



Prescription Drug Option #2

Optional Prescription Drug Benefit

\$15/\$25/\$40 Retail Copay

For a 30-day supply of a prescription, employees pay a \$15 copay for generic drugs, a \$25 copay for brand-name drugs on the formulary/preferred drug list, or a \$40 copay for brand-name drugs not on the formulary/preferred drug list.

\$20/\$35/\$60 Mail-Order Copay

With the mail-order program, employees have the convenience of ordering prescription drugs by mail. Covered expenses for a prescription drug will be covered after a \$20 copay for generic drugs, a \$35 copay for brand-name drugs on the formulary or a \$60 copay for brand-name drugs not on the formulary.

The copay is per prescription for a 60-day supply.

Employees may choose a brand-name drug even if a generic is available, but must pay the brand-name copay plus the difference in cost.

If the optional prescription drug benefit is chosen, it replaces the included prescription drug benefit listed on the state specific inserts.

Prescription Drug Option #3

Optional Prescription Drug Benefit

\$15 Copay/50% Coinsurance

For a 30-day supply of a prescription, employees pay a \$15 copay for generic drugs. Brand-name prescriptions will be covered at 50% coinsurance.

\$30/\$60 Mail-Order Copay

With the mail-order program, employees have the convenience of ordering prescription drugs by mail. Covered expenses for a prescription drug will be covered after a \$30 copay for generic drugs or a \$60 copay for brand-name drugs

The copay is per prescription for a 60-day supply.

Employees may choose a brand-name drug even if a generic is available, but must pay the brand-name copay plus the difference in cost.

If the optional prescription drug benefit is chosen, it replaces the included prescription drug benefit listed on the state specific inserts.

OPTIONAL SERVICES

(These are not insurance benefits.)

Section 125 Premium Only Plan

Employers can save money on payroll taxes by deducting employee premium contributions pre-tax. Using the additional pre-tax savings, employees may increase their health-care investment.

Section 125 Cafeteria Plan

Employees can cut tax payments by setting payroll dollars aside for certain expenses before tax calculations are applied. The money is placed in a flexible spending account (FSA) available through Benefit Advantage, Inc.

COBRACareSM (for 20+ Groups)

Responsibility for compliance with COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) falls on the employer, but AMS can help with COBRACare service. For a nominal fee, AMS will help administer your COBRA functions, such as providing notices and billing and collecting premium. This may save you from some time-consuming paperwork.

PLAN PROVISIONS

Eligibility

All full-time employees working at least 30 hours per week and 48 weeks per year are eligible. Owners, sole proprietors, partners, officers, and directors are eligible only if they qualify as full-time employees. Part-time, temporary, and seasonal employees are not eligible for coverage.

Eligible dependents of an employee are a lawful spouse and unmarried child from birth to age 19 (or to age 25 if a full-time student at an accredited school, college, or university). A child means a child by birth, by legal adoption, by legal guardianship, or a stepchild residing in your home.

Pre-Existing Condition Limitation

Our group health and short term disability income plans include a pre-existing condition limitation. A pre-existing condition is a condition, regardless of cause, for which medical advice, diagnosis, care or treatment was recommended or received during 90 days prior to the enrollment date under the group plan. When a person enrolls on a timely basis, we will provide coverage for pre-existing conditions after the person has been covered by the group plan for 12 consecutive months. When a person does not enroll timely, late enrollee provisions apply.

We will reduce the pre-existing condition limitation period under this plan by the number of months a person had prior coverage in effect. The person must have been continuously insured under credible coverage to a date not greater than 62 days prior to the person's enrollment date. Prior creditable coverage includes health insurance coverage, other group health plans, Medicare, Medicaid, CHAMPUS, or other military-sponsored health care, and similar types of plans. Prior creditable coverage does not include accident-only coverage, long-term-care coverage, liability or workers' compensation insurance, automobile medical payment insurance, specified disease, or similar insurance.

To demonstrate that prior creditable coverage was in effect, a person who enrolls must provide us with a Certificate of Creditable Coverage from the prior plan. The prior insurer or employer must provide each terminated person with this form. If necessary, we will help the person to obtain the form. If it is not available, the person may provide other information to prove prior creditable coverage.

We will not apply the pre-existing condition limitation to maternity coverage. We will not apply the limitation for a newborn or adopted child if we receive the enrollment form for the child within 31 days from date of birth, adoption, or placement for adoption.

Timely Enrollment

We must receive an enrollment form for each new employee within 31 days from the date when that person is eligible for coverage. If a person chooses to waive this coverage because other qualifying coverage is in effect, we require the waiver section of the enrollment form to be completed, and the form must be received by us within the 31 days. Employees and their dependents are considered timely if they have missed their initial eligibility period but are applying within the 31 days after marriage, birth of a new dependent, or adoption of a new dependent. A special enrollment period also applies when coverage that was provided under COBRA continuation is exhausted; the person is no longer eligible for other coverage because of a legal separation, divorce, death, termination of employment, reduction in work hours; or an employer terminated or reduced premium contributions. We must receive an enrollment form within 31 days of that qualifying event. If enrollment is not timely, late enrollment provisions apply.

Late Enrollment

If we receive an enrollment form later than 31 days from the date an employee or dependent is first eligible to enroll, coverage will be postponed until the group's next anniversary renewal date. If the employee reapplies within 60 days before the anniversary renewal date, the late enrollee pre-existing condition limitation will apply and the employee will receive credit for the amount of time his or her coverage was postponed.

Deductible Carry-Over Credit

New groups: When a prior group health plan is terminated and immediately replaced by a plan that we offer, the calendar-year deductible amount is reduced to the extent a person already satisfied a similar deductible under the prior plan. This applies only for covered expenses incurred during the same calendar year.

Continuation of Coverage

Health and dental coverage may be continued by the employee and/or dependent after it would otherwise end when the group is subject to COBRA.



INFORMATION FOR GROUPS WITH 2-50 EMPLOYEES

Guaranteed Availability of Group Health Plans

We guarantee the availability of all fully insured group health plans that we currently offer. Small group employers may also request additional information on benefits and premiums for any health insurance coverage their group qualifies for.

Determining Employer Premium Rates

The following rating factors are applied to the base premium rate:

- Type of health plan.
- Persons covered (employee, employee and children, employee and spouse, family).
- Employer/employee selected options.
- Geographic location of the group.
- Age and gender of employees and covered dependents.
- Medicare eligibility status.
- Mandated state requirements.
- Industry classifications.

When these factors remain the same, your group's premium will not change until the end of a rate-guaranteed period.

Initial Rates

New business premium rates are calculated using the employer's base premium rate along with information provided by the employer and employees. The quoted rates are subject to final approval by us. Final rates are guaranteed for the first 12 months.

Premium Rate Changes

Subsequent premium rates are determined by a combination of rating factors. The primary factor contributing to the rate is based on the experience of all groups of a similar nature. This experience trend is reflected in changes made to the base premium rate.

The second component of a rate change is the effect of any variation in the demographic composition of the group. Demographics would include the age of the individuals, dependent coverage selected, and the geographic location of the group.

After these components are calculated, the final rate may be adjusted to reflect the anticipated future medical claims risk of the individual group.

We have the right to change the premium rates applicable to each employer on any premium due date after the employer group insurance has been in effect under the Policy for 12 consecutive months. Changes to premium rates for all lines of coverage, including any added after the employer's original effective date, will be based on the date the employer first became effective under the Policy. The employer will receive advance written notice.

Renewability of Coverage

The group health plan is guaranteed renewable except when:

- Premium is not paid.
- Commission of fraud or material misrepresentation occurs.
- Minimum participation or contribution requirements are not met.
- We discontinue an insurance plan in the state with prior written notice.
- Changes occur in employee or department locations that cause lack of participation in a network health plan.

Excess Coverage/Subrogation/Right of Reimbursement

We do not pay benefits when other excess coverage is available for the same medical expenses. We subrogate if a party causes or is responsible for the insured's injury or sickness. Insureds are required to repay us from any settlement, judgment or any other payment received from any other source.

Coordination of Benefits

Coordination of benefits (COB) investigates the possibility of other insurance coverage, and coordinates benefits. COB determines the way in which medical, dental, or other care and treatments should be paid when a person is covered under more than one group health plan. COB means that the amount paid by plans in dual coverage situations will not exceed 100% in total expense claims.

If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals. Before you enroll in this plan, read all the rules very carefully and compare them with the rules of any other plan that cover you or your family.

LIMITATIONS AND EXCLUSIONS

Medical Limitations

Unless specified as a covered benefit medical insurance coverage is limited for:

- alternative or complementary medicine
- birth control
- care furnished by a government plan or facility
- complications resulting from a not-covered expense
- cosmetic surgery
- court-ordered treatment
- cutting, removal or treatment of corns, calluses or toenails
- emergency room care if there is no emergency
- hospital admission on a Friday, Saturday, or Sunday
- intentional self-inflicted injury, or attempted suicide
- manipulative therapy
- medical food coverage to \$5,000 per calendar year
- medical services to participate in sports-related activities
- on-the-job injury or sickness if Workers' Compensation is in effect
- organ transplant surgery travel benefit
- pre-existing conditions
- routine eye or vision exams
- routine injection of drugs and immunizations, beyond age 18
- services received outside the U.S.
- standby doctors
- transitional or residential living
- treatment of alcoholism, substance abuse, and mental or nervous disorders and serious mental illness
- treatment for learning disabilities; testing or training for school or vocation; speech therapy and testing

Medical Exclusions

No medical insurance coverage is provided for any of the following:

- any medical services for jaw-joint problems
- by law must be provided by an educational institution
- charges in excess of the maximum allowable charge
- charges for growth treatments and medications including but not limited to growth hormones
- charges to complete claim forms or finance charges
- complications from discontinuing treatment against a doctor's written orders
- custodial care to assist in daily living needs or services
- dental treatment including but not limited to chewing injuries or dental implants
- educational materials or presentations
- exercise equipment or programs
- expense for which no benefit is defined or described
- experimental or investigative procedures, devices, services, supplies, or drugs
- genetic testing, treatment, therapy, or counseling
- hearing exams or hearing aids and their fitting
- injury or sickness caused by war, military service, commission of a civil or criminal battery or felony, taking part in a riot, engaging in an illegal occupation
- items used primarily for comfort or generally used in the household, such as a humidifier
- marriage or family counseling and sex therapy
- medical services free of charge without this coverage
- missed or broken appointments
- outpatient prescriptions, unless included in the plan
- private-duty nursing services
- replacement batteries
- routine physical exams and related medical services, unless included in the plan
- sclerotherapy of varicose veins
- services not documented in medical records
- services not rendered
- services provided by a family member
- services rendered when coverage is not in effect

- services and supplies that are not medically necessary, not ordered by a doctor, not rendered within the scope of a doctor's license
- services and supplies for hair loss or hair growth, such as hair transplants and wigs
- sex change operations or complications, artificial insemination or fertilization, testing and treatment for impotency or infertility, elective abortion, sterilization reversal
- storage of blood products unless approved by us; or blood products that are replaced by donation
- surgery to correct eyesight, such as radial keratotomy
- telemedicine services
- treatment for myofascial pain syndrome or related conditions
- treatment for strained or flat feet, instability or imbalance of feet or ankles including orthopedic shoes
- treatment for tobacco or nicotine addiction
- treatment, procedure, program, membership dues or clinics for weight loss

Group Term Life Exclusion

No life benefit is payable for loss resulting from:

- suicide, while sane or insane, within 2 years of the effective date

Accidental Death & Dismemberment Limitations

Unless specified as a covered benefit, accidental death & dismemberment insurance coverage is limited for:

- air travel
- sickness
- voluntary taking of any drug or inhaling a gas

Accidental Death & Dismemberment Exclusions

No accidental death and dismemberment benefit is payable for loss resulting from:

- committing or attempting to commit a civil or criminal battery or felony
- driving while legally intoxicated from alcohol or while taking nonprescription drugs
- military service
- on-the-job injury or sickness
- participating in a riot, rebellion, or insurrection
- suicide or intentional self-inflicted injury or sickness
- war

Group Short Term Disability (Weekly Income) Limitations

Unless specified as a covered benefit, group short term disability insurance is limited for:

- an auto accident
- driving while legally intoxicated or under the influence of drugs
- normal pregnancy
- plastic or cosmetic surgery
- reduction of short term disability (weekly income) benefits when a person receives or becomes eligible for social security
- treatment for alcoholism, drug abuse, and mental or nervous disorders

Group Short Term Disability (Weekly Income) Exclusions

No total disability benefit is payable for loss resulting from:

- committing or attempting to commit a civil or criminal battery or felony
- injury or sickness while not under a doctor's care
- intentional self-inflicted injury or sickness
- on-the-job injury or sickness
- participating in a riot, rebellion, or insurrection
- pre-existing conditions
- service in the armed forces
- war

This is an outline only and not intended to serve as legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the Group Policy Form# PO-B001-31-1-TG 6/01. Applicable law will apply with respect to pre-existing condition limitations, eligibility, rating, and renewability.





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