

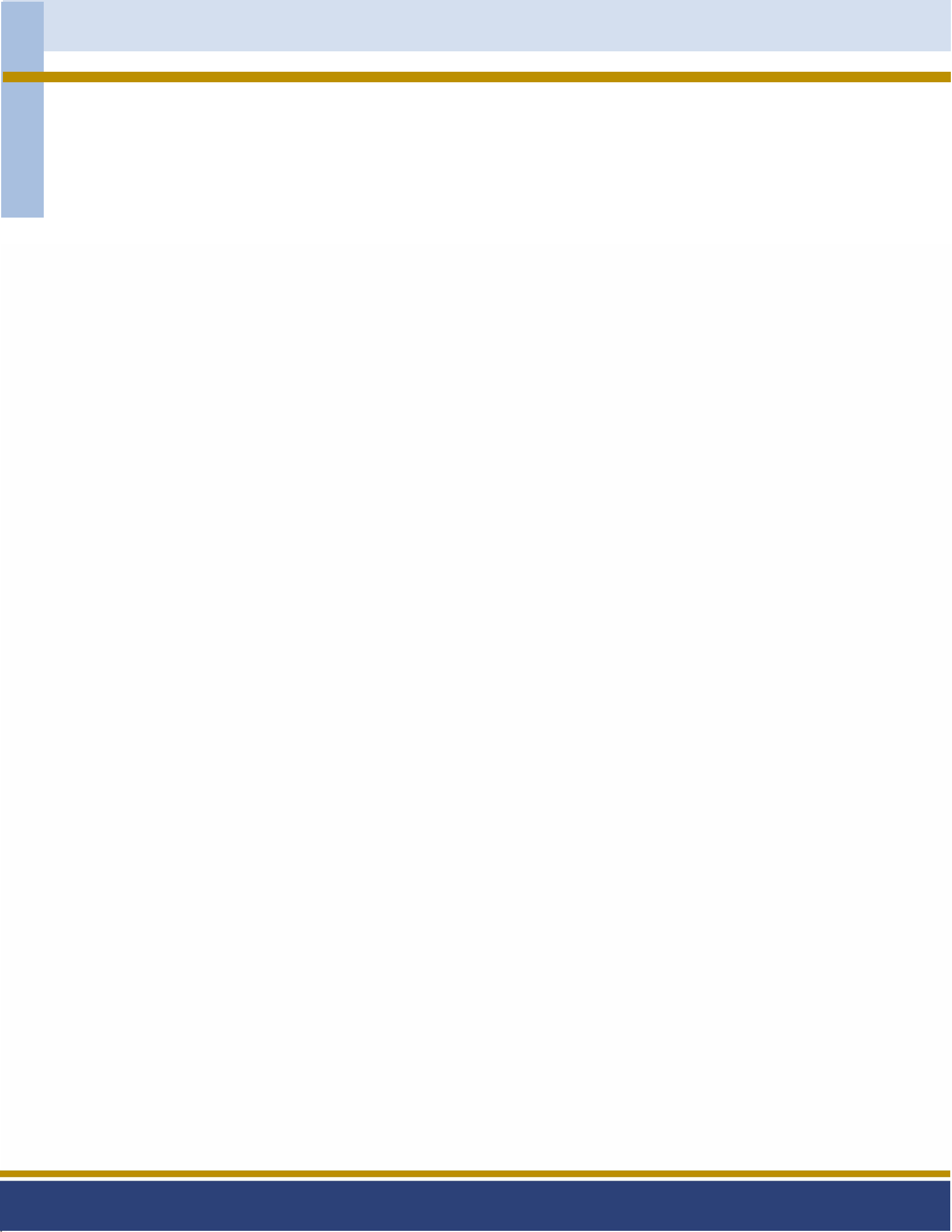


Dale Rogers Training Center

2024 BENEFIT GUIDE

\$4.41 Employee Only &
Family Composite Plans





PanaMed

Limited Benefit Indemnity Plan



PanaMed Limited Benefit Indemnity Plan

Pays fixed benefit amounts to help cover the costs of common medical services

Access to discounted PPO Network Rates

Your own Member Advocate is available to assist you to reduce medical costs and stressful billing situations

PanaMed is a limited benefit indemnity plan that pays clearly defined, fixed amounts to help you cover the cost of common medical services, such as doctor's office visits, hospitalization, intensive care, accidents, and much more. This limited benefit indemnity plan is designed to provide the most value for everyday healthcare expenses as opposed to plans that cover major illness and catastrophic injuries.

In the following pages you will find a benefit grid that details each of the benefits included in our plans, along with how much each of them pays. You will also find important information regarding additional benefits and services included in your plan.

How to get the best from your Plan

1. Call or go online to locate an in-network provider (details in the PPO Provider Network section of this guide)
2. Schedule your appointment
3. Visit provider and present ID card
4. Provider files claim
5. PPO Network applies discounts and forwards claim to Pan-American Life (insurance carrier)
6. If the claim is less than the allowable benefit amount in your plan, you owe nothing
7. If the claim is more than the allowable benefit amount in your plan, you will owe the balance to the provider

NOTE – While PanaMed benefits may be used at any hospital or physician's office, members are encouraged to utilize the PPO Network for discounted provider prices.

Employee Only Limited Benefit Indemnity Plan Pays



BENEFIT DESCRIPTION	Level 1 (1-50 hours)	Level 2 (51-100 hours)	Level 3 (101+ hours)
GROUP TERM LIFE WITH ACCIDENTAL DEATH AND DISMEMBERMENT AD&D for members only	Member Term Life – \$20,000 Member AD&D – \$20,000 Spouse Term Life – \$2,500 Children Term Life – \$1,250 (6 months to age 26) Infant Term Life – \$200 (10 days to 6 months)	Member Term Life – \$40,000 Member AD&D – \$40,000 Spouse Term Life – \$2,500 Children Term Life – \$1,250 (6 months to age 26) Infant Term Life – \$200 (10 days to 6 months)	Member Term Life – \$50,000 Member AD&D – \$50,000 Spouse Term Life – \$2,500 Children Term Life – \$1,250 (6 months to age 26) Infant Term Life – \$200 (10 days to 6 months)
HOSPITAL ADMISSION INDEMNITY BENEFIT <ul style="list-style-type: none"> Pays in addition to hospital indemnity Once per admission, once per diagnosis Benefit will not be payable for the same or related injury or illness 	\$1000 first day when admitted as an inpatient into a hospital room	\$2000 first day when admitted as an inpatient into a hospital room	\$3,000 first day when admitted as an inpatient into a hospital room
HOSPITAL INDEMNITY BENEFIT <ul style="list-style-type: none"> Must be admitted as an inpatient into a hospital room If hospital confinement falls into a category below a different maximum applies 	\$1000 per day Overall calendar year max subject to 60 day(s) total for any inpatient stay in a hospital	\$2000 per day Overall calendar year max subject to 60 day(s) total for any inpatient stay in a hospital	\$3000 per day Overall calendar year max subject to 60 day(s) total for any inpatient stay in a hospital
Intensive Care If the participant is confined in a hospital intensive care unit	\$2000 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)	\$4000 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)	\$6000 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)
Substance Abuse Must be diagnosed and admitted as an inpatient in a substance abuse unit	\$500 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)	\$1000 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)	\$1500 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)
Mental Illness Must be diagnosed and admitted as an inpatient into a mental illness unit	\$500 per day Up to 60 day(s) calendar year max (applied to overall calendar year max)	\$1000 per day Up to 60 day(s) calendar year max (applied to overall calendar year max)	\$1500 per day Up to 60 day(s) calendar year max (applied to overall calendar year max)
Skilled Nursing Facility Must be admitted in skilled nursing facility following a covered hospital stay of at least 3 days	\$500 per day Up to 57 day(s) calendar year max (applied to overall calendar year max)	\$1000 per day Up to 57 day(s) calendar year max (applied to overall calendar year max)	\$1500 per day Up to 57 day(s) calendar year max (applied to overall calendar year max)
DOCTOR'S OFFICE BENEFIT Benefit pays one benefit per day if the patient is seen by a doctor for an illness or injury	\$100 per day 10 day(s) per calendar year	\$150 per day 10 day(s) per calendar year	\$200 per day 10 day(s) per calendar year
OUTPATIENT DIAGNOSTIC LABS <ul style="list-style-type: none"> Includes glucose test, urinalysis, CBC, and others When hospital confinement is not required and the test is ordered or performed by a doctor 	\$90 per day 6 day(s) per calendar year	\$100 per day 6 day(s) per calendar year	\$180 per day 6 day(s) per calendar year

Employee Only Limited Benefit Indemnity Plan Pays



BENEFIT DESCRIPTION	Level 1 (1-50 hours)	Level 2 (51-100 hours)	Level 3 (101+ hours)
OUTPATIENT DIAGNOSTIC RADIOLOGY <ul style="list-style-type: none"> Includes chest, broken bones, and others When hospital confinement is not required and the test is ordered or performed by a doctor 	\$200 per day 4 day(s) per calendar year	\$200 per day 4 day(s) per calendar year	\$300 per day 4 day(s) per calendar year
OUTPATIENT ADVANCED STUDIES <ul style="list-style-type: none"> Includes CT Scan, MRI, and others When hospital confinement is not required and the test is ordered or performed by a doctor 	\$400 per day 4 day(s) per calendar year	\$500 per day 4 day(s) per calendar year	\$800 per day 4 day(s) per calendar year
INPATIENT SURGICAL BENEFIT <ul style="list-style-type: none"> Surgery must be performed due to an illness or injury as an inpatient stay in a hospital Minor surgical procedures are excluded 	\$4,000 per day 2 day(s) per calendar year	\$8,000 per day 2 day(s) per calendar year	\$16,000 per day 2 day(s) per calendar year
INPATIENT ANESTHESIA BENEFIT 25% of the amount paid under the inpatient surgical benefit	\$1,000 per day 2 day(s) per calendar year	\$2,000 per day 2 day(s) per calendar year	\$4,000 per day 2 day(s) per calendar year
OUTPATIENT SURGICAL BENEFIT <ul style="list-style-type: none"> Surgery must be performed due to an illness or injury at an outpatient surgical facility center or hospital outpatient surgical facility Minor surgical procedures are excluded 	\$2,000 per day 2 day(s) per calendar year	\$4,000 per day 2 day(s) per calendar year	\$8,000 per day 2 day(s) per calendar year
OUTPATIENT ANESTHESIA BENEFIT 25% of the amount paid under the outpatient surgical benefit	\$500 per day 2 day(s) per calendar year	\$1,000 per day 2 day(s) per calendar year	\$2,000 per day 2 day(s) per calendar year
WELLNESS BENEFIT <ul style="list-style-type: none"> Pays one benefit per day for routine wellness exams Not for the treatment of an illness or injury 	\$150 per day 3 day(s) per calendar year	\$200 per day 3 day(s) per calendar year	\$200 per day 4 day(s) per calendar year
EMERGENCY ROOM SICKNESS BENEFIT Pays one benefit per day for services received in an ER as a result of an illness	\$150 per day 2 day(s) per calendar year	\$300 per day 2 day(s) per calendar year	\$800 per day 2 day(s) per calendar year
AMBULANCE SERVICES Pays one benefit per day for emergency ground, air and water ambulance transportation	\$250 per day 2 day(s) per calendar year	\$250 per day 4 day(s) per calendar year	\$250 per day 4 day(s) per calendar year
DURABLE MEDICAL EQUIPMENT <ul style="list-style-type: none"> Pays one benefit per day for durable medical equipment Includes wheelchairs, oxygen equipment, hospital-type beds, diabetic supplies, nebulizers, blood glucose monitors and more 	\$100 per day 2 day(s) per calendar year	\$200 per day 2 day(s) per calendar year	\$200 per day 2 day(s) per calendar year

Employee Only Limited Benefit Indemnity Plan Pays



BENEFIT DESCRIPTION	Level 1 (1-50 hours)	Level 2 (51-100 hours)	Level 3 (101+ hours)
OUTPATIENT SURGICAL FACILITY Pays one benefit per day for surgery performed at an outpatient surgical facility center or hospital outpatient surgical facility	\$100 per day 2 days per calendar year	\$200 per day 2 days per calendar year	\$500 per day 2 days per calendar year
MAJOR ORGAN TRANSPLANT Necessary removal and insertion of heart, lung, liver, pancreas or kidney at a transplant center – 90 day waiting period	\$10,000 maximum 1 lump sum per transplant event Spouse 50% of lump sum Children 25% of lump sum	\$15,000 maximum 1 lump sum per transplant event Spouse 50% of lump sum Children 25% of lump sum	\$50,000 maximum 1 lump sum per transplant event Spouse 50% of lump sum Children 25% of lump sum
SPECIFIED ILLNESS PLUS Lump Sum benefit for specified major health events (first diagnosis of invasive cancer, heart attack, stroke, and major organ transplant). Waiting Period: <ul style="list-style-type: none"> • 30 day waiting period for heart attack and stroke • 90 day waiting period for invasive cancer and major organ transplants 	\$10,000 lump sum 1 lump sum per event Spouse 50% of lump sum Children 25% of lump sum	\$15,000 lump sum 1 lump sum per event Spouse 50% of lump sum Children 25% of lump sum	\$50,000 lump sum 1 lump sum per event Spouse 50% of lump sum Children 25% of lump sum
SHORT TERM DISABILITY BENEFIT <ul style="list-style-type: none"> • MEMBER ONLY • 15 day elimination period for accident or illness • Pays up to 66 % of basic income with a maximum weekly benefit amount of \$300 	Up to \$300 per week Up to a maximum of 13 weeks	Up to \$300 per week Up to a maximum of 13 weeks	Up to \$300 per week Up to a maximum of 13 weeks

Family Composite Limited Benefit Indemnity Plan Pays



BENEFIT DESCRIPTION	Level 1 (1-50 hours)	Level 2 (51-100 hours)	Level 3 (101+ hours)
GROUP TERM LIFE WITH ACCIDENTAL DEATH AND DISMEMBERMENT AD&D for members only	Member Term Life – \$20,000 Member AD&D – \$20,000 Spouse Term Life – \$2,500 Children Term Life – \$1,250 (6 months to age 26) Infant Term Life – \$200 (10 days to 6 months)	Member Term Life – \$40,000 Member AD&D – \$40,000 Spouse Term Life – \$2,500 Children Term Life – \$1,250 (6 months to age 26) Infant Term Life – \$200 (10 days to 6 months)	Member Term Life – \$50,000 Member AD&D – \$50,000 Spouse Term Life – \$2,500 Children Term Life – \$1,250 (6 months to age 26) Infant Term Life – \$200 (10 days to 6 months)
HOSPITAL ADMISSION INDEMNITY BENEFIT <ul style="list-style-type: none"> Pays in addition to hospital indemnity Once per admission, once per diagnosis Benefit will not be payable for the same or related injury or illness 	\$500 first day when admitted as an inpatient into a hospital room	\$1,500 first day when admitted as an inpatient into a hospital room	\$2,000 first day when admitted as an inpatient into a hospital room
HOSPITAL INDEMNITY BENEFIT <ul style="list-style-type: none"> Must be admitted as an inpatient into a hospital room If hospital confinement falls into a category below a different maximum applies 	\$1000 per day Overall calendar year max subject to 60 day(s) total for any inpatient stay in a hospital	\$1,500 per day Overall calendar year max subject to 60 day(s) total for any inpatient stay in a hospital	\$2000 per day Overall calendar year max subject to 60 day(s) total for any inpatient stay in a hospital
Intensive Care If the participant is confined in a hospital intensive care unit	\$2000 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)	\$3000 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)	\$4000 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)
Substance Abuse Must be diagnosed and admitted as an inpatient in a substance abuse unit	\$500 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)	\$750 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)	\$1000 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)
Mental Illness Must be diagnosed and admitted as an inpatient into a mental illness unit	\$500 per day Up to 60 day(s) calendar year max (applied to overall calendar year max)	\$750 per day Up to 60 day(s) calendar year max (applied to overall calendar year max)	\$1000 per day Up to 60 day(s) calendar year max (applied to overall calendar year max)
Skilled Nursing Facility Must be admitted in skilled nursing facility following a covered hospital stay of at least 3 days	\$500 per day Up to 57 day(s) calendar year max (applied to overall calendar year max)	\$750 per day Up to 57 day(s) calendar year max (applied to overall calendar year max)	\$1000 per day Up to 57 day(s) calendar year max (applied to overall calendar year max)
DOCTOR'S OFFICE BENEFIT Benefit pays one benefit per day if the patient is seen by a doctor for an illness or injury	\$75 per day 10 day(s) per calendar year	\$100 per day 10 day(s) per calendar year	\$150 per day 10 day(s) per calendar year
OUTPATIENT DIAGNOSTIC LABS <ul style="list-style-type: none"> Includes glucose test, urinalysis, CBC, and others When hospital confinement is not required and the test is ordered or performed by a doctor 	\$90 per day 6 day(s) per calendar year	\$100 per day 6 day(s) per calendar year	\$140 per day 3 day(s) per calendar year

Family Composite Limited Benefit Indemnity Plan Pays



BENEFIT DESCRIPTION	Level 1 (1-50 hours)	Level 2 (51-100 hours)	Level 3 (101+ hours)
OUTPATIENT DIAGNOSTIC RADIOLOGY <ul style="list-style-type: none"> Includes chest, broken bones, and others When hospital confinement is not required and the test is ordered or performed by a doctor 	\$200 per day 4 day(s) per calendar year	\$200 per day 4 day(s) per calendar year	\$300 per day 4 day(s) per calendar year
OUTPATIENT ADVANCED STUDIES <ul style="list-style-type: none"> Includes CT Scan, MRI, and others When hospital confinement is not required and the test is ordered or performed by a doctor 	\$400 per day 4 day(s) per calendar year	\$500 per day 4 day(s) per calendar year	\$800 per day 4 day(s) per calendar year
INPATIENT SURGICAL BENEFIT <ul style="list-style-type: none"> Surgery must be performed due to an illness or injury as an inpatient stay in a hospital Minor surgical procedures are excluded 	\$1,000 per day 1 day(s) per calendar year	\$3,000 per day 1 day(s) per calendar year	\$5,000 per day 1 day(s) per calendar year
INPATIENT ANESTHESIA BENEFIT 25% of the amount paid under the inpatient surgical benefit	\$250 per day 1 day(s) per calendar year	\$750 per day 1 day(s) per calendar year	\$1,250 per day 1 day(s) per calendar year
OUTPATIENT SURGICAL BENEFIT <ul style="list-style-type: none"> Surgery must be performed due to an illness or injury at an outpatient surgical facility center or hospital outpatient surgical facility Minor surgical procedures are excluded 	\$500 per day 1 day(s) per calendar year	\$1,500 per day 1 day(s) per calendar year	\$2,500 per day 1 day(s) per calendar year
OUTPATIENT ANESTHESIA BENEFIT 25% of the amount paid under the outpatient surgical benefit	\$125 per day 1 day(s) per calendar year	\$375 per day 1 day(s) per calendar year	\$625 per day 1 day(s) per calendar year
WELLNESS BENEFIT <ul style="list-style-type: none"> Pays one benefit per day for routine wellness exams Not for the treatment of an illness or injury 	\$150 per day 3 day(s) per calendar year	\$200 per day 3 day(s) per calendar year	\$200 per day 4 day(s) per calendar year
EMERGENCY ROOM SICKNESS BENEFIT Pays one benefit per day for services received in an ER as a result of an illness	\$150 per day 2 day(s) per calendar year	\$150 per day 2 day(s) per calendar year	\$150 per day 2 day(s) per calendar year
AMBULANCE SERVICES Pays one benefit per day for emergency ground, air and water ambulance transportation	\$250 per day 2 day(s) per calendar year	\$250 per day 4 day(s) per calendar year	\$150 per day 4 day(s) per calendar year
DURABLE MEDICAL EQUIPMENT <ul style="list-style-type: none"> Pays one benefit per day for durable medical equipment Includes wheelchairs, oxygen equipment, hospital-type beds, diabetic supplies, nebulizers, blood glucose monitors and more 	\$100 per day 2 day(s) per calendar year	\$200 per day 2 day(s) per calendar year	\$200 per day 2day(s) per calendar year

Family Composite Limited Benefit Indemnity Plan Pays



BENEFIT DESCRIPTION	Level 1 (1-50 hours)	Level 2 (51-100 hours)	Level 3 (101+ hours)
OUTPATIENT SURGICAL FACILITY Pays one benefit per day for surgery performed at an outpatient surgical facility center or hospital outpatient surgical facility	\$100 per day 2 days per calendar year	\$200 per day 2 days per calendar year	\$500 per day 2 days per calendar year
MAJOR ORGAN TRANSPLANT Necessary removal and insertion of heart, lung, liver, pancreas or kidney at a transplant center – 90 day waiting period	\$10,000 maximum 1 lump sum per transplant event Spouse 50% of lump sum Children 25% of lump sum	\$15,000 maximum 1 lump sum per transplant event Spouse 50% of lump sum Children 25% of lump sum	\$20,000 maximum 1 lump sum per transplant event Spouse 50% of lump sum Children 25% of lump sum
SPECIFIED ILLNESS PLUS Lump Sum benefit for specified major health events (first diagnosis of invasive cancer, heart attack, stroke, and major organ transplant). Waiting Period: <ul style="list-style-type: none"> • 30 day waiting period for heart attack and stroke • 90 day waiting period for invasive cancer and major organ transplants 	\$10,000 lump sum 1 lump sum per event Spouse 50% of lump sum Children 25% of lump sum	\$15,000 lump sum 1 lump sum per event Spouse 50% of lump sum Children 25% of lump sum	\$20,000 lump sum 1 lump sum per event Spouse 50% of lump sum Children 25% of lump sum

Group Medical Accident

With Accidental Death & Dismemberment

(Included with all Plans)

Covered Charges

Hospital room and board, and general nursing care, up to the semi-private room rate • Hospital miscellaneous expense during Hospital Confinement such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies • Doctor's fees for surgery and anesthesia services • Doctor's visits, inpatient and outpatient • Hospital Emergency care • X-ray and laboratory services • Prescription Drug expense • Dental treatment for Injury to Sound Natural Teeth • Registered nurse expense.

BENEFIT	LEVEL 1	LEVEL 2	LEVEL 3
Accident Benefit* per occurrence	Up to \$2,500	Up to \$5,000	Up to \$7,500
Deductible per accident, per insured	\$100 deductible	\$100 deductible	\$100 deductible
Accidental Death	\$5,000	\$10,000	\$15,000
Accidental Dismemberment	Up to \$5,000	Up to \$10,000	Up to \$15,000
Initial Treatment Period..... 12 weeks (Initial treatment must be incurred within 12 weeks of the date of the accident)		Benefit Period..... 52 weeks (Expenses must be incurred within 52 weeks of the date of the accident)	

*Pays "Off the Job" Accident Medical Benefits for Covered Expenses that result directly, and from no other cause, than from a covered accident. The insured's loss must occur within one year of the date of the accident.

Medical Accident insurance is issued by Pan-American Life Insurance Company on policy form number SM-2003.

Medical Accident is NOT available to residents in ME and WA.

Global Repatriation

(Included with all Plans)

Helping to Provide Peace of Mind During Your Time of Need

The passing of a loved one can be a difficult and emotional experience. When it occurs during travel, you or your loved ones may feel that help is no longer within reach.

Global Repatriation is a worldwide benefit designed to help your family when you or a covered dependent suffers a loss of life due to a covered accident or illness while traveling 100 miles or more away from their permanent residence. The benefit provides transportation of a covered member's remains to his/her primary place of residence in the United States and repatriation of foreign nationals to their home countries.

Benefit Includes:

- Expenses for preparations; embalming or cremation
- Transport casket or air tray
- Transportation of remains to place of residence or place of burial

All services must be authorized and arranged by AXA Assistance designated personnel and the maximum benefit per person is \$20,000 USD per occurrence. No claims for reimbursement will be accepted.



To Activate Assistance Call: **1-888-558-2703 / 1-312-356-5963**

(Toll-Free in the U.S.)

(Collect Outside of the U.S.)

Global Repatriation benefits are independently offered and administered by AXA Assistance USA, Inc. www.axa-assistance.us
Pan-American Life and AXA Assistance USA, Inc. are not affiliated. See policy for exclusions and limitations.

Prescription Drug Benefits

The RxEDO pharmacy network includes **over 68,000** total participating retail pharmacy locations nationwide; all major chains are included as well as 20,000+ independent pharmacies.

Helpful Hints

- Show the pharmacist your identification card. It includes the BIN # 610220 and PCN # 03980000, as well as any other information they will need to process your claim through RxEDO.
- If your pharmacy has any questions concerning the process, please have them call the RxEDO Pharmacy Help Desk at (800) 522-7487, which is printed on your new identification card.

For questions or drug look-up go to www.rxedo.com or call 1-888-879-7336

Fully Insured Prescription Drug Benefit

(Included with all levels)

\$10 / \$30 Co-Pay*

Generic - \$10 co-pay for 30 day supply
Formulary Brand Name* - \$30 for a 30 day supply
Monthly Maximum Limit **\$400** per month per insured person
Over 2,200 preferred brand drugs included on formulary listing

**If a Brand Name Prescription Drug is dispensed in lieu of an available Generic Prescription Drug, then in addition to the Brand Co-payment, the participant would be responsible for the difference in cost between the Brand Name Prescription Drug and its Generic alternative. Prices subject to change.*



Using Your Prescription Drug Plan is Easy

Select a convenient pharmacy near you and verify with them that the pharmacy is still in the network. Present your ID card, pay the appropriate amount and you're done.

Nationwide Pharmacy Network and Mail Order Services

The Rx retail pharmacy network consists of **over 62,000** national, regional and local chains and independent pharmacies. The network currently manages over 2 million members located in all 50 states.

Prescription benefits are provided by Envision Insurance Company and are administered by RxEDO. Pan-American Life is not affiliated with Envision Insurance Company or RxEDO.

Dental

(Included with all levels)

Pan-American Life's fully insured comprehensive dental plan provides members and their covered dependents with the Preventive Care, Basic Care, Major Care, and Orthodontia Services they need.

To help minimize out-of-pocket dental expenses members have access to the DentalGuard Preferred Select Network, one of the industry's largest dental preferred provider networks with dentists in over 120,000 locations across the country. Members are free to visit any dentist or specialist they wish. However, by visiting a dentist within the DentalGuard Preferred Select Network, members can save money. How?

- DentalGuard Preferred Select Network dentists are up to 35% less than what most dentists usually charge¹.
- By taking advantage of the lower fees offered by in-network providers, members can stretch their annual plan maximums further.

Outline of Dental Benefits

Dental Benefits (per insured)	Plan 3
Charges we cover (coinsurance)	
Preventive - Type I	100%
Basic - Type II	80%
Major - Type III	50%
Calendar Year Deductible	
Preventive - Type I	Waived
Basic - Type II & Major - Type III	\$50
Calendar Year Maximum - (Types I - III)	\$1,500
Waiting Period	
Preventive - Type I	None
Basic - Type II	None
Major - Type III ²	12 Months

¹Savings depend on the dentist's location and type of service.

²Will reduce major care waiting period for groups with prior dental coverage by the amount of time employee was covered on the prior plan if employee was covered on the prior plan the day before current dental coverage was effective.

Orthodontia – Type IV	
Charges we cover (coinsurance)	50%
Lifetime Deductible	\$50
Lifetime Maximum	\$1,000
Waiting Period ³ (Lifetime)	12 Months

³Waiting period will not be waived for orthodontia.

Preventive Care - Type I:

- Oral evaluations - 2 per calendar year.
- Prophylaxis (cleanings) - 2 per calendar year.
- Fluoride - 1 per calendar year. Dependents to age 14.
- Bitewing X-Rays - 1 series per calendar year.
- Space maintainers.



Continue on the next page

Basic Care - Type II:

- Sealants - 1 per tooth every 3 years. Dependents to age 14.
- Fillings - Amalgam, silicate, acrylic, synthetic porcelain and composite filling materials.
- Simple extractions.
- Denture repair or bridges - 1 per 2 years, limited to 20% replacement cost.
- X-Rays (diagnostic, full or panoramic) - 1 every 5 years.
- Re-cementing inlays, onlays, and crowns.
- General anesthesia and analgesic for oral surgery.
- Oral surgery - Removal of teeth. Extraction of tooth root. Alveolectomy, alveoplasty, and frenectomy. Excision oral tissue. Re-implantation or transplantation natural tooth. Excision tumor or cyst.
- Antibiotic injections administered by a dentist.
- Preauthorization required for all services over \$300.

Major Care - Type III:

- Periodontics - Root scaling and planning, once per quadrant in any 24 month period.
- Endodontics - Root canal therapy.
- Dentures and bridge work - Initial placement only for natural tooth extracted while covered. Replacement after 10 years from placement if cannot be repaired. Realigning/Rebasing Dentures only once in any 2 year period.
- Inlays/Onlays/Crowns and other prosthetics - If unable to restore with filling materials. Replacement after 10 years of original placement. Will not apply if replacement is due to extraction of functioning natural teeth while covered.
- Missing tooth exclusion - Only replace teeth lost during time covered by our policy.
- Preauthorization required for all services over \$300.

To locate a DentalGuard Preferred Select network dentist call 1-800-627-4200, or go to www.Guardiananytime.com/fpapp/FPWeb/DGPSelect, and follow these steps:

1. Hover over My Account/Login, from the drop down, select “Find a Provider“
2. Towards the middle of the page, Select the bullet point “If you have insurance outside Guardian that uses the DentalGuard Preferred Select network, search within that network.”
3. Enter your zip code, city or state to look up providers in your area

Vision

(Included with all levels)

Highlights

- Allowance on eyewear
- Covered-in-full routine exam
- \$10 copay for standard lens options
- No in-network claim paperwork
- Free 1-year breakage warranty
- Fixed lens pricing
- Discounts on LASIK surgery included
- Hearing aid discounts

Your members have access to the Exclusive Collection of Frames. The Exclusive Collection is available at nearly 9,000 locations across the U.S.

They can log in to browse frames, and find a Collection near them. The frame icon indicates that the provider carries the Collection.



Option 3: Premier Vision Plan Overview

Benefits	In-Network
Eye Exams – every 12 months	Covered-in-full
Prescription Eyewear	
Frames – every 12 months	\$150 frame allowance + 20% off overage ¹
Exclusive Collections Frames (Fashion/Designer/Premier)	Covered-in-full / Covered-in-full / Covered-in-full
Lenses – every 12 months	\$10 copay for standard lenses
Contacts ² Evaluation and Fitting – every 12 months (in lieu of eyeglasses)	\$10 copay for conventional lens; Covered-in-full
	\$10 copay for specialty lens; \$60 allowance
	\$150 materials allowance + 15% off overage ¹
LASIK (refractive surgery)	\$200 one-time / lifetime allowance

Davis Vision coverage is underwritten by HM Life Insurance Company, Pittsburgh, PA, under policy form series HMP902-VIS or similar, in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY, under policy form series HMP 902-VIS or similar. The coverage or service requested may not be available in all states and is subject to individual state approval.

¹ Some limitations apply to additional discounts; discounts not applicable at all in-network providers.

² Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

Vision

Lens Options	Copays for lens options and upgrades
Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX)	\$0
Oversized lenses	\$0
Plastic lenses	\$0
Polycarbonate lenses (children / adults)	\$0 / \$30
High index lenses	\$55
Polarized lenses	\$75
Progressive lenses (Standard / Premium / Ultra)	\$50 / \$90 / \$140
Anti-reflective (AR) coating (Standard / Premium / Ultra)	\$35 / \$48 / \$60
Ultraviolet coating	\$12
Tinting of plastic lenses (Solid / Gradient)	\$0
Plastic Photochromic Lenses (Transitions® Signature™)	\$65
Scratch-resistant coating	\$0
Scratch protection plan (Single vision / Multifocal)	\$20 / \$40

Out-of-network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network Reimbursement Schedule (up to)

Eye exam: \$40	Trifocal Lenses: \$80
Frame: \$50	Lenticular Lenses: \$100
Single-Vision Lenses: \$40	Elective Contact Lenses: \$105
Bifocal / Progressive Lenses: \$60	Visually Required Contacts: \$225

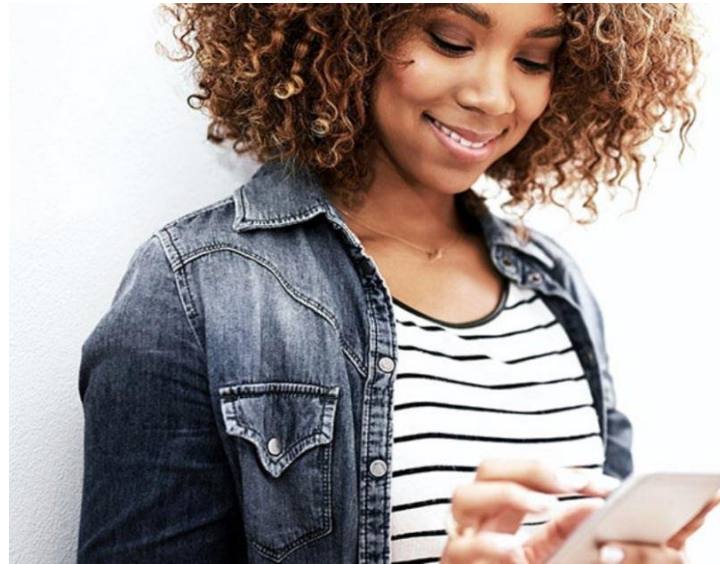
Your healthcare just got a whole lot easier!

With HealthiestYou you can connect to a doctor, get treatment, and get prescriptions, 24 hours a day, 7 days a week over the phone or via the mobile app. Using HealthiestYou can SAVE YOU TONS OF MONEY and no more sitting around in waiting rooms. And best of all, it's FREE!

HY can handle over 70% of doctor office visits!

Top 9 Physician Consults

Allergies, Bronchitis, Earache, Sore Throat, Sinusitis, Pink Eye, Strep Throat, Respiratory Infection, and Urinary Tract Infection



24x7 UNLIMITED DOCTOR ACCESS
Are you sick? Call HealthiestYou first! Our physician network can diagnose, treat, and prescribe with no consult fees, anytime, anywhere. Really!



PRESCRIPTION SAVINGS
Need a prescription? Our geo-based prescriptionsearch engine can save you up to 85% on your prescription and will often beat your co-pay.



SHOP & PRICE PROCEDURES
Do you need an MRI or an Ultrasound? Our app puts you in the driver's seat by providing a vehicle to search and price procedures in your direct area. Happy shopping!



HEALTH MANAGEMENT CONTENT
Are you stressed? Let HealthiestYou guide you to improved health and happiness with relevant health content delivered at the time of need.



REGISTER AND ACCESS YOUR ACCOUNT
member.healthiestyou.com
No internet? Call a doctor
(855) 894-9627



To learn how to connect with a doctor 24/7, shop and price procedures, prescription savings and more. Watch our video www.mypalic.com/videohy

And don't forget to download the app



HealthiestYou is not insurance and is provided by HY Holdings Inc. Pan-American Life and HY Holdings Inc. are not affiliated.



SupportLinc is the Employee Assistance Program (EAP) for you and your immediate family members

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, SupportLinc will be there to help. The SupportLinc Employee Assistance Program (EAP) is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. SupportLinc provides confidential, professional referrals and up to eight (8) sessions *per presenting concern of face-to-face, phone and video* counseling sessions for a wide variety of concerns, such as:

**Anxiety • Depression • Marriage and Relationship Problems • Grief and Loss
Substance Abuse • Anger Management • Work-Related Pressures • Stress**

Expert Referrals and Consultation

Whether you are a new parent, a caregiver, selling your home or looking for legal advice, you're likely to need guidance and referrals to expert resources.

LEGAL ASSIST

Free Telephonic or Face-to-Face Legal Consultation

FINANCIAL ASSIST

Expert Financial Planning and Consultation

FAMILY ASSIST

Consultation and Referrals for Everyday Issues, Such as Dependent Care, Auto Repair, Pet Care and Home Improvement

Confidentiality

SupportLinc upholds strict confidentiality standards. Nobody, including your employer, will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information.



SUPPORT  LINC
EMPLOYEE ASSISTANCE PROGRAMS

Technology and Your EAP WEB

- Read Helpful Articles on a Variety of Topics
- Visit Search Engines for a Variety of Services
- Secure Discounted Gym Memberships
- Access Video Counseling
- Complete eLearning Modules
- Bilingual Content (English and Spanish)

MOBILE

- Call or Live Chat with a Licensed Counselor
- Schedule Video or In-Person Counseling
- Review a Summary of the EAP



(Included with all plans)

Let us handle the healthcare stuff

Health benefits can be confusing, medical costs are rising, and finding the right care for you and your family can be frustrating and time consuming.

We are here to simplify your healthcare experience and help you take control of healthcare costs. Your personal Health Pro[®] consultant will take care of you, so you can spend more time on what matters most. We can help you...

- **Understand your benefits**

Clear up any confusion about your health plan.

- **Find great doctors**

Locate highly-rated doctors, dentists and eye care professionals.

- **Save money on healthcare**

Compare prices and choose more cost-effective options.

- **Pay less for prescriptions**

Get recommendations for lower-cost medications.

- **Resolve billing errors**

Over 30% of medical bills are wrong. Don't get overcharged.

- **Schedule appointments**

Have your appointments scheduled at times most convenient for you.



alight.com

1-800-513-1667 (ext. 478)

member.alight.com

1-800-421-4742



PPO Provider Network

Using In-Network Providers Can Stretch Your Benefits Dollars



Your plan includes access to the First Health Network, which is more than a PPO Network, it is a full service Managed Care Organization offering savings opportunities on a national, directly contracted basis. It provides access to more than 5,000 Hospitals and 695,000 Physicians and health care professionals nationwide.

First Health is committed to patient safety at a high level by exercising care in the selection and evaluation of providers for our network. Thorough credentialing and recredentialing processes minimize unfavorable risks, which in turn, impacts clinical and cost outcomes.

In addition to the First Health Network, our members also have access to a secondary or Wrap Network that provides them and their covered dependents a broader access to Physicians and health care professionals in urban, suburban, and rural areas.

To locate in-network Physicians or Hospitals call **1-888-298-6828**
or visit www.providerlocator.com/palicfh to search online

Provider Locator

The screenshot shows the 'Provider Locator' website interface. At the top, there are navigation links for 'Home', 'Medical', and 'Health & Wellness'. The main heading is 'Locate a Provider'. Below this, there are several input fields: 'TYPE (required)' with a dropdown menu, 'NAME' with 'First Name' and 'Last Name' fields, 'Facility Name' field, 'LOCATION (required)' with 'City' and 'State' dropdown menus, and 'Tax ID' and 'Zip' fields. A 'SEARCH PROVIDERS' button is at the bottom. A 'Nominate a Provider >' link is also present. Numbered callouts (1-5) point to: 1. The 'TYPE (required)' dropdown, 2. The 'NAME' section, 3. The 'LOCATION (required)' section, 4. The 'OR' separator and the 'Zip' field, and 5. The 'SEARCH PROVIDERS' button.

Follow These Steps

1. Select the specialty and/or type of provider you want to locate.
2. (Optional) Complete these fields if searching for a specific provider.
3. Select location by city, state, or zip code.
4. (Optional) You can also select the distance from your location.
5. Click here to start your search.

PPO Provider services are provided by Competitive Health, Inc. Pan-American Life and Competitive Health are not affiliated.



Monthly Rates*

	Level 1 (1-50 hrs)	Level 2 (51-100 hrs)	Level 3 (101+ hrs)
Employee Only	Employer Paid	Employer Paid	Employer Paid

OUTLINE OF COVERAGE FOR LIMITED BENEFIT INDEMNITY PLAN

This outline of coverage provides a brief summary of some important features of your insurance certificate. This outline of coverage is not an insurance contract and only the actual certificate provisions will control. Your certificate includes in detail the rights and obligations of you, your employer, and Pan-American Life Insurance Company. Please review your certificate carefully for additional information. You can access your certificate through our web portal at www.bsicompanies.com, or you can call our Member Services at 1-888-298-6828 and request a copy.

Categories of Coverage: Your certificate includes **limited benefit indemnity plan**, also referred to as fixed indemnity coverage. Limited indemnity plans differ from major medical coverage and are not designed to cover all medical expenses or meet the minimum standards required by the Affordable Care Act for major medical coverage. Payments are based on a fixed per day dollar amounts in the Summary of Benefits rather than on a percentage of the provider's charge. If you need comprehensive major medical coverage, there may be other options available to you and your family members. Please go to www.healthcare.gov for more information.

Benefits: The benefit levels are described in your **Summary of Benefits**. Some benefits included in your plan may appear as riders and these can be found following your **Summary of Benefits**.

The **Table of Contents** shows where to find more information regarding: eligibility, benefits, exclusions and limitations, and other important terms and conditions.

Exceptions, Reductions, and Limitations: Your benefits are subject to certain exclusions, limitations, and terms for keeping the benefits in force.

Please refer to the section entitled "**Exclusions and Limitations**" for further details on these and other exclusions and limitations. The first page of the **Summary of Benefits** provides information on the **Waiting Period** and the **age-based reduction in Life Insurance Benefits**, if applicable.

Continuation of Coverage: Eligibility for coverage is described in the sections entitled **Eligibility for Employees** and **Eligibility for Dependents** of your certificate. Your coverage may not begin until after a waiting period, as described on the first page of the **Summary of Benefits**. The **Termination of Coverage** section of your certificate explains when your coverage will terminate. Under certain circumstances, you may continue your coverage for a limited time period if you should become disabled. See the **Extension Due to a Total Disability** section for details. In addition, you may be eligible for continued coverage under applicable COBRA laws. See the **Continuation Coverage Rights Under COBRA** section for further details.

Premium or Contribution: The cost of this coverage is included within the premiums paid for your benefit plan. Your contribution will be deducted by your employer from your paycheck.

GENERAL EXCLUSIONS AND LIMITATIONS FOR PANAMED

This is a general list of exclusions and limitations and may vary by state.

Benefits are not payable with respect to any charge, service or event excluded as set forth below.

1. Charges for medical or dental services of any kind, or any medical supplies or visual aids or hearing aids, or any food, supplement or vitamin, or medicine, it being understood that the Policy shall pay the Indemnity Benefits set forth in the Summary of Benefits for a hospitalization or other covered event, without regard to the actual charges made by a provider or supplier of goods or services.
2. Any claim relating to a hospitalization or other covered event where the hospitalization or other covered event was prior to the effective date of coverage under the Policy, or after coverage is terminated.
3. A claim arising out of insurrection, rebellion, participation in a riot, commission of or attempting to commit an assault, battery, felony, or act of aggression.
4. A claim arising out of declared or undeclared war or acts thereof. For life insurance: As a result of the special hazards incident to service in the military, naval or air forces of any country, combination of countries or international organization, if the cause of death occurs while the insured is serving in such forces, provided such death occurs within six (6) months after the termination of service in such forces.
5. A claim arising out of Accidental Bodily Injury occurring while serving on full time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by Us pro rata for any period of active full time duty).
6. A claim related to an Injury or Illness arising out of or in the course of work for wage or profit or which is covered by any Worker's Compensation Act, Occupational Disease Law or similar law.
7. With respect to a death benefit, a claim related to bodily injuries received while the Covered Person was operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit.
8. A claim arising from services in the nature of educational or vocational testing or training.
9. A claim related to Custodial Care.
10. A claim arising from medical services provided to the Covered Person for cosmetic purposes or to improve the self-perception of a person as to his or her appearance, except for: reconstructive plastic surgery following an Accident in order to restore a normal bodily function, or a surgery to improve functional impairment by anatomic alteration made necessary as a result of a birth defect, or breast reconstruction following a mastectomy.
11. Other than a claim for death benefits, any claim arising out of a surgical procedure for the treatment of obesity or the purpose of facilitating weight reduction.
12. Other than a claim for death benefits, any claim arising out of treatment of infertility.
13. For Specified Illness Benefit, Cancer does not include pre-malignancies, cancer in situ, and skin cancers except melanoma. For Stroke, Transient Ischemic Attacks (TIA) are excluded.
Groups situs in Pennsylvania have a Pre-existing Condition exclusion. Pre-existing condition exclusion means a disease or physical condition for which medical advice or treatment has been received for which, in the 3 months before a Covered Person becomes insured under this Policy, the Covered Person received medical advice or treatment. We will not pay benefits for any claims that are caused by or result from a Preexisting Condition if the diagnosis of a defined Specified Illness occurs during the first 12 months that a Covered Person is insured under this Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER EXCLUSIONS AND LIMITATIONS

In addition to the General Exclusions and Limitation of the Policy, benefits are not provided for Loss, Injury or Illness of a Covered Employee which results directly or indirectly, wholly or partly from:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
2. Disease or disorder of the body or mind.
3. Medical or surgical treatment or diagnosis thereof.
4. Loss, Injury or Illness occurring after Termination of Coverage.
5. Ptomaines or bacterial infections, except pyogenic infections at the same time and as a result of a visible wound.
6. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
7. Travel or flight in any vehicle for aerial navigation, including boarding or alighting therefrom:
 - a. While being used for any test or experimental purpose; or
 - b. While the Covered Person is operating, learning to operate or serving as a member of the crew thereof; or
 - c. Any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household; or
8. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Doctor.
9. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.

Disability Benefit Disclosure for New York Residents

If your plan includes a Disability benefit:

Pan-American Life Insurance Company can provide short term disability benefits for your employees under a Hospital Indemnity Policy issued to You as the Plan Sponsor.

Under NY Law Section 1101(b)(2)(B)(i) (I)(aa) and 1101 (b)(2)(B)(ii) the Pan-American Policy may cover your employees in New York even though Pan-American Life Insurance Company is not a licensed carrier in New York. However, please be aware that the short term disability benefits provided for your New York employees will not satisfy the requirements of the New York Disability Benefits Law (DBL). In order to obtain appropriate coverage for your New York employees to comply with the New York Disability Benefits law, you should contact your agent for workers compensation coverage.

1. Is PanaMed Major Medical coverage?

No. PanaMed is a limited benefit indemnity plan. This is not basic health insurance or major medical coverage and is not designed as a substitute for either coverage. PanaMed pays a fixed benefit amount to help cover the cost of common medical services. The plan is not designed to cover the costs of serious or chronic illnesses. It contains specific dollar limits that will be paid for medical services which may not be exceeded. Specific dollar limits are listed in the summary of benefits.

2. Does PanaMed have any exclusions or limitations?

Benefits are subject to certain exclusions, limitations, and terms for keeping the benefits in force. For example the following services are not covered by this plan: infertility treatments, cosmetic surgery, counseling for mental illness or substance abuse, obesity, weight reduction or dietetic control, physical therapy. This is a partial list of services that are generally not covered. Members should refer to their certificate to determine which services are covered and to what extent. Additional information can be found in our web portal at www.bsicompanies.com.

3. Will the PanaMed plan provide an indemnity benefit to any Physician or Hospital?

Yes. The member is free to seek the services of any licensed Physician or accredited Hospital. There is no requirement that the Physician or Hospital belong to a PPO network to receive benefits.

4. What is a PPO and the advantage for using?

PPO is the abbreviation for Preferred Provider Organization. This organization of providers (referred to as a “network”) has agreed to provide their services as a negotiated discount, reducing your out of pocket cost. While PanaMed may be used at any hospital or physician’s office, members are encouraged to utilize the PPO network for discounted provider prices.

5. How does a member determine which providers participate in the network?

PPO participation may be verified with a simple phone call or online. The toll free number and website link can be found in your enrollment guide, ID card, and in our web portal. The insured is responsible for verifying the current PPO participation of their provider.

6. Is there a pre-existing condition exclusion on the plan?*

No, because this is a limited benefit indemnity plan there are no pre-existing condition exclusions.

7. Can dependents be insured by PanaMed?

Yes. If the member is covered by PanaMed, dependents are also eligible for coverage.

8. Are Medicare and Medicaid recipients eligible for PanaMed?

Only you can determine whether PanaMed is right for you. As you weigh your decision, be sure to consider that when Medicare or Medicaid benefits are coordinated with PanaMed coverage, that PanaMed is considered primary coverage. As a result, benefits available under PanaMed will be first applied to coverage before anything is paid by Medicare and/or Medicaid.

9. Can the PanaMed plan be used if the insured has separate health insurance?

Yes. The specified benefits pay irrespective of any other private group coverage.

10. Is the member allowed to assign benefits to his or her healthcare provider?

Yes. Benefits are automatically assigned to the member’s healthcare provider. If the member would like to receive the benefit payment directly, complete the medical claim form and sign the authorization of payment section.

11. Does the PanaMed Plan address an employee’s obligations to maintain coverage under the “individual mandate?”

No.

12. Is PanaMed COBRA eligible?

Yes. PanaMed is COBRA eligible for employer groups with 20 or more employees.

**Except for groups in Pennsylvania that have Specified Illness Benefit.*

Contact Information

Customer Service

Phone: 1-888-298-6828

Online: www.bsigrouphealth.com



Email: customerservice@bsicompanies.com

Dental

Phone: 1-800-627-4200

Online: www.guardianlife.com



Prescription Drug Benefits

Phone: 1-888-879-7336

Online: www.rxedo.com



Vision

Phone: 1-800-999-5431

Online: www.davisvision.com/member



