

Omega BasicCare

Underwritten by:

*For Questions or Additional
Information Please Contact:*



MEMBER OF THE IHC GROUP

NYSE: IHC

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Experience

Flexibility

Administration

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Since 1986, Omega Financial Group has provided customized benefit solutions for part-time and hourly employees. We listen to each of our clients and understand their unique needs. And with the most flexible plan designs in the limited medical market, you get a customized plan that is ideal for your organization, because it is built based on your input and specific requirements.

- In business over 25 years
- Specializing in benefit plans for hourly and uninsured employees
- Licensed Third Party Administrators
- Based out of Knoxville, TN
- One-stop-shop handling: marketing support, custom plan design, communication materials, enrollment services, customer service, billing/eligibility management, data operations, client implementation support and COBRA administration
- Current clients include groups with 10 – 25,000 eligible lives, including leaders in retail, grocery, convenience store, temporary staffing and restaurant fields

Standard Security Life Insurance Company of New York

Independence Holding Company is the parent company of Standard Security Life Insurance Company of New York.

- A.M. Best rates them A (Excellent) for over 25 years
- Standard & Poor's AA+ (Excellent)
- Based out of New York, New York
- Independence Holding Company is listed on the New York Stock Exchange (NYSE:IHC)
- Licensed to do business in 50 states and some US Territories
- Quality Claims Payment facilities

“Build from a firm foundation” – Standard Security Life



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NYSE:IHC

This is a limited medical insurance program specifically designed for hourly and part-time employees. This program allows employers to offer affordable coverage without the complications of most “traditional” plans.

A typical plan includes

- Medical coverage for Doctor's Office Visits, Outpatient Diagnostic, X-Ray & Lab benefits, Hospital Indemnity benefits, Preventive Care benefits, Surgical benefits and Accident Coverage.
- Prescription drug program, Discount plan and PPO Network

The following optional benefits may also be added to the medical program

- Dental
- Vision
- Short-Term Disability Insurance
- Term Life, Accidental Death & Dismemberment and Dependent Life Insurance

Ease of Access for Employees

- No Pre-Existing Condition Limitation (except for Short-Term Disability Insurance)
- First Dollar Benefits, No co-pays and No deductibles (except for Dental coverage)
- No carrier mandated eligibility waiting periods, employees can be eligible from day one
- Guaranteed Issue, no medical questions asked at open enrollment
- There are no penalties for going out-of-network
- Plan pays on an indemnity basis, there is no confusing co-insurance or coordination of benefits
- Affordable plans

Plan Highlights for Employers

- Customized communication platform
- Easy to reach participation requirements
- Discounted rates when employer contributes a minimum of 50% of the employee cost
- Flexible data exchange guidelines
- Simple “Best of Class” customized plan administration

Doctor's Office Visits Indemnity Benefit - due to Illness, Accident or Medical Emergency

\$50 per visit, payable per covered person. Benefit maximum is \$200 per calendar year.

Outpatient Diagnostic X-Ray and Lab Indemnity Benefit

\$50 per day, payable per covered person, when Hospital Confinement is not required. Routine exams are not covered under this benefit. Benefit maximum is \$150 per calendar year.

Advanced Studies Indemnity Benefit

\$400 payable per day of testing per covered person. MRIs, CT scans and other advanced diagnostic tests are covered under this benefit. Benefit maximum is \$1200 per calendar year.

Preventive Care Indemnity Benefit

\$50 per visit, payable per covered person. Benefit maximum is \$150 per calendar year.

Emergency Room Visit

\$75 benefit is paid for a covered person who has an ER visit as a result of a non-occupational illness which does not result in a hospital admission. Benefit maximum is \$300 per calendar year.

Daily In-Hospital and Skilled Nursing Facility Indemnity Benefit*

Daily In-Hospital Benefit -- \$400 payable per day, up to a Lifetime Maximum of 500 days of confinement.

Intensive Care Unit -- Double the Daily In-Hospital Benefit will be paid.

Mental Illness Disorder -- 50% of the Daily In-Hospital Benefit will be paid.

Substance Abuse -- 50% of the Daily In-Hospital Benefit will be paid.

In-patient Skilled Nursing Facility -- 50% of the Daily In-Hospital Benefit will be paid.

Inpatient, Outpatient, Outpatient Minor and Outpatient Venipuncture Surgical Indemnity Benefit

No benefit will be paid for dentistry or oral surgery.

Inpatient \$1500 is payable for one procedure per year or two or more within the same surgical session.

Outpatient \$750 is payable for one procedure per year or two or more within the same surgical session other than outpatient minor procedures and outpatient Venipuncture.

Outpatient Minor \$75 benefit is payable at a flat benefit level for one procedure per year or two or more within the same surgical session.

Outpatient Venipuncture \$25 benefit is payable at a flat benefit level for one procedure per year.

Anesthesiology Indemnity Benefit

Coverage includes Inpatient, Outpatient, Outpatient Minor and Outpatient Venipuncture Surgical benefit, an amount equal to 25% of the surgical benefit will be paid for anesthesiology. \$375 one time benefit

First Day Hospital Admission Indemnity Benefit

This benefit pays an additional amount equal to one times the hospital benefit for each hospital stay.

Ambulance

\$150 payable once per calendar year.

Accident Expense Benefit

Up to 100% of charges incurred are payable within 90 days of an Accidental Bodily Injury. \$500 benefit is payable per accident.

Vision Care Benefit

Covered vision care expenses are paid at 80%. \$300 maximum benefit per person per calendar year.

1 exam every 12 months. 1 pair of glasses / contacts every 24 months.

Critical Illness Benefit

\$5,000 benefit pays the primary insured, a lump-sum payment upon the first diagnosis by a physician of a covered critical illness. 100% of the benefit amount may be paid for the following covered conditions as defined in the Group Policy: Heart Attack, Invasive Cancer, Stroke, Kidney Failure, Major Organ Transplant, Paralysis, Loss of Limbs. The Spouse benefit amount is 50% of the primary insured benefit amount and the child benefit amount is 25% of the primary insured benefit amount.

Limited benefits are available if diagnosis or a Specified Health Event occurs in the first 30 days of coverage. Once First Occurrence Benefits have been paid for a Covered Person, Critical Care Coverage ends for that Covered Person.

Benefits are not payable in connection with a Pre-Existing Condition during the initial 12 consecutive months the Covered Person has been covered under the Policy. A Specified Health Event resulting from a Pre-Existing Condition commencing thereafter will be covered unless excluded by the Policy.

A Pre-Existing Condition means any Illness or Injury for which a Covered Person received any diagnosis, medical advice or treatment or had taken any Prescription Medicines during the 12 months immediately preceding the effective date of the Covered Person's coverage under the Policy and this Rider.

****Discount Program**

The discount program includes benefits for Chiropractic Care, Hearing, Nurse Hotline, Counseling Services, Vision, Vitamins and Nutritional Supplements.

**See Benefit Descriptions for applicable Maximums*

***Benefits are not underwritten by Standard Security Life Insurance Company of New York*

Employer Paid Rates
(Minimum 50% employer contribution)

See attached

Doctor's Office Visits Indemnity Benefit - due to Illness, Accident or Medical Emergency

\$60 per visit, payable per covered person. Benefit maximum is \$240 per calendar year.

Outpatient Diagnostic X-Ray and Lab Indemnity Benefit

\$60 per day, payable per covered person, when Hospital Confinement is not required. Routine exams are not covered under this benefit. Benefit maximum is \$180 per calendar year.

Advanced Studies Indemnity Benefit

\$600 payable per day of testing per covered person. MRIs, CT scans and other advanced diagnostic tests are covered under this benefit. Benefit maximum is \$1800 per calendar year.

Preventive Care Indemnity Benefit

\$75 per visit, payable per covered person. Benefit maximum is \$225 per calendar year.

Emergency Room Visit

\$75 benefit is paid for a covered person who has an ER visit as a result of a non-occupational illness which does not result in a hospital admission. Benefit maximum is \$300 per calendar year.

Daily In-Hospital and Skilled Nursing Facility Indemnity Benefit*

Daily In-Hospital Benefit -- \$600 payable per day, up to a Lifetime Maximum of 500 days of confinement.

Intensive Care Unit -- Double the Daily In-Hospital Benefit will be paid.

Mental Illness Disorder -- 50% of the Daily In-Hospital Benefit will be paid.

Substance Abuse -- 50% of the Daily In-Hospital Benefit will be paid.

In-patient Skilled Nursing Facility -- 50% of the Daily In-Hospital Benefit will be paid.

Inpatient, Outpatient, Outpatient Minor and Outpatient Venipuncture Surgical Indemnity Benefit

No benefit will be paid for dentistry or oral surgery.

Inpatient \$2000 is payable for one procedure per year or two or more within the same surgical session.

Outpatient \$1000 is payable for one procedure per year or two or more within the same surgical session other than outpatient minor procedures and outpatient Venipuncture.

Outpatient Minor \$75 benefit is payable at a flat benefit level for one procedure per year or two or more within the same surgical session.

Outpatient Venipuncture \$25 benefit is payable at a flat benefit level for one procedure per year.

Anesthesiology Indemnity Benefit

Coverage includes Inpatient, Outpatient, Outpatient Minor and Outpatient Venipuncture Surgical benefit, an amount equal to 25% of the surgical benefit will be paid for anesthesiology. \$500 one time benefit

First Day Hospital Admission Indemnity Benefit

This benefit pays an additional amount equal to one times the hospital benefit for each hospital stay.

Ambulance

\$150 payable once per calendar year.

Accident Expense Benefit

Up to 100% of charges incurred are payable within 90 days of an Accidental Bodily Injury. \$1000 benefit is payable per accident.

Vision Care Benefit

Covered vision care expenses are paid at 80%. \$300 maximum benefit per person per calendar year. 1 exam every 12 months. 1 pair of glasses / contacts every 24 months.

Critical Illness Benefit

\$10,000 benefit pays the primary insured, a lump-sum payment upon the first diagnosis by a physician of a covered critical illness. 100% of the benefit amount may be paid for the following covered conditions as defined in the Group Policy: Heart Attack, Invasive Cancer, Stroke, Kidney Failure, Major Organ Transplant, Paralysis, Loss of Limbs. The Spouse benefit amount is 50% of the primary insured benefit amount and the child benefit amount is 25% of the primary insured benefit amount. Limited benefits are available if diagnosis or a Specified Health Event occurs in the first 30 days of coverage. Once First Occurrence Benefits have been paid for a Covered Person, Critical Care Coverage ends for that Covered Person.

Benefits are not payable in connection with a Pre-Existing Condition during the initial 12 consecutive months the Covered Person has been covered under the Policy. A Specified Health Event resulting from a Pre-Existing Condition commencing thereafter will be covered unless excluded by the Policy.

A Pre-Existing Condition means any Illness or Injury for which a Covered Person received any diagnosis, medical advice or treatment or had taken any Prescription Medicines during the 12 months immediately preceding the effective date of the Covered Person's coverage under the Policy and this Rider.

****Discount Program**

The discount program includes benefits for Chiropractic Care, Hearing, Nurse Hotline, Counseling Services, Vision, Vitamins and Nutritional Supplements.

**See Benefit Descriptions for applicable Maximums*

***Benefits are not underwritten by Standard Security Life Insurance Company of New York*

Employer Paid Rates

(Minimum 50% employer contribution)

see attached

Plan Design Comparison

Benefits	Standard Plan	Select Plan
Doctor's Office Visit	\$50 per visit \$200 calendar year max	\$60 per visit \$240 calendar year max
Outpatient Diagnostic X-ray and Lab	\$50 per day \$150 calendar year max	\$60 per day \$180 calendar year max
Advanced Studies	\$400 per day \$1200 calendar year max	\$600 per day \$1800 calendar year max
Preventive Care	\$50 per visit \$150 calendar year max	\$75 per visit \$225 calendar year max
Surgical Benefit Inpatient Outpatient Outpatient Minor Outpatient Venipuncture	\$2350 overall max \$1500 lump sum \$750 lump sum \$75 lump sum \$25 lump sum	\$3100 overall max \$2000 lump sum \$1000 lump sum \$75 lump sum \$25 lump sum
Anesthesiology	\$375 lump Sum	\$500 lump sum
Emergency Room Indemnity Benefit for Illness Only	\$75 per visit \$300 calendar year max	\$75 per visit \$300 calendar year max
Daily In-Patient Hospital Benefit	\$400 per day	\$600 per day
Intensive Care Unit	\$800 per day	\$1200 per day
Substance Abuse	\$200 per day	\$300 per day
Mental Illness Disorder	\$200 per day	\$300 per day
In-Patient Skilled Nursing Facility	\$200 per day	\$300 per day
Hospital Admission	\$400 per confinement	\$600 per confinement
Accident Coverage	\$500 max per occurrence	\$1000 max per occurrence
Ambulance	\$150 per calendar year	\$150 per calendar year
Critical Illness	\$5000 first occurrence	\$10,000 first occurrence
*Discount Program	Included	Included
Vision	\$300 calendar year maximum	\$300 calendar year maximum
Employer Paid Rates <i>(Minimum 50% employer contribution)</i>	Monthly	Monthly
Employee	\$107.27	\$147.03
Employee Plus Child(ren)	\$161.51	\$220.58
Employee Plus Spouse	\$263.93	\$360.90
Family	\$278.22	\$381.09

*Benefits are not underwritten by Standard Security Life Insurance Company of New York

Benefit Descriptions

Doctor's Office Visits Indemnity Benefit - due to Illness, Accident or Medical Emergency

\$40 to \$100 per visit, payable per covered person. Routine exams, immunizations and Preventive Care are not covered under this benefit. Benefit maximum is equal to 4 or 6 visits per calendar year.

Outpatient Diagnostic X-Ray and Lab Indemnity Benefit

\$40 to \$150 per day, payable per covered person, when Hospital Confinement is not required. Routine exams are not covered under this benefit. Benefit maximum is equal to 3 or 6 tests per calendar year.

Advanced Studies Indemnity Benefit

\$100 to \$1,000 payable per day of testing per covered person. MRIs, CT scans and other advanced diagnostic tests are covered under this benefit. Benefit maximum is equal to 3 tests per calendar year.

Preventive Care Indemnity Benefit

\$50 to \$150 per visit, payable per covered person. Routine exams, immunizations and other Preventive Care as defined in the coverage are covered under this benefit. Benefit maximum is equal to 3 visits per calendar year.

Inpatient, Outpatient, Outpatient Minor and Outpatient Venipuncture Surgical Indemnity Benefit

No benefit will be paid for dentistry or oral surgery.

Inpatient \$500 to \$3,000 is payable for one procedure per year or two or more within the same surgical session.

Outpatient \$250 to \$1,500 is payable for one procedure per year or two or more within the same surgical session other than outpatient minor procedures and outpatient Venipuncture.

Outpatient Minor \$75 benefit is payable at a flat benefit level for one procedure per year or two or more within the same surgical session.

Outpatient Venipuncture \$25 benefit is payable at a flat benefit level for one procedure per year.

Anesthesiology Indemnity Benefit

Coverage includes Inpatient, Outpatient, Outpatient Minor and Outpatient Venipuncture Surgical benefit, an amount equal to 25% of the surgical benefit will be paid for anesthesiology. \$125 to \$750 one time benefit.

Emergency Room Visit

\$75 to \$300 benefit is paid for a covered person who has and ER visit as a result of a non-occupational illness which does not result in a hospital admission. Benefit maximum is equal to 4 visits per calendar year.

Daily In-Hospital and Skilled Nursing Facility Indemnity Benefit

Daily In-Hospital Benefit -- \$100 to \$2,000 payable per day, up to a Lifetime Maximum of 500 days of confinement (except for Substance Abuse, Mental Illness Disorder, and In-patient Skilled Nursing Facility).

Intensive Care Unit -- Double the Daily In-Hospital Benefit will be paid, up to a maximum of 30 days per Calendar Year.

Mental Illness Disorder -- 50% of the Daily In-Hospital Benefit will be paid, up to a maximum \$5,000 per Calendar Year. Lifetime Maximum: \$30,000.

Substance Abuse -- 50% of the Daily In-Hospital Benefit will be paid, up to a maximum of 30 days per Calendar Year. Lifetime Maximum \$30,000.

In-patient Skilled Nursing Facility -- 50% of the Daily In-Hospital Benefit will be paid. Maximum benefit per Covered Person per period of confinement is 60 days. The confinement is covered only if it follows a covered Hospital stay of at least 3 days.

First Day Hospital Admission Indemnity Benefit

This benefit pays an additional amount equal to one times the hospital benefit for each hospital stay.

Accident Expense Benefit

Up to 100% of charges incurred are payable within 90 days of an Accidental Bodily Injury. \$300 to \$2,500 benefit is payable per accident.

Benefit Descriptions

Accidental Death and Dismemberment Benefit

The AD&D benefits reduce by 35% of the original amount upon attainment of Age 65, and by an additional 35% each five year period thereafter. Option of \$5,000 to \$50,000.

Life Insurance/Accidental Death and Dismemberment Benefit

The Life Insurance Benefits reduce by 35% of the original amount upon attainment of Age 65, and by an additional 35% each five year period thereafter. Option of \$5,000 to \$50,000.

Dependent Life Insurance

Spouse; Child (from 6 months to 19 years, 26 years if a Full Time Student); Child (from 10 days to 6 months). Option of \$2,500 to \$25,000.

Dental Benefit

Type 1 - No waiting period, paid at 80%; Type 2 - 6 month waiting period, paid at 80%; Type 3 - 6 month waiting period, paid at 50%; Type 4 - 12 month waiting period, paid at 50%; Ortho - Under 19 years old, maximum is same as annual maximum. Option of \$50 to \$100 deductible, \$250 to \$1,000 calendar year maximum. Maximum is 3 deductibles per family.

Vision Care Benefit

Covered vision care expenses are paid at 80%. \$300 maximum benefit per person per calendar year. 1 exam every 12 months. 1 pair of glasses / contacts every 24 months.

Short-Term Disability Insurance Benefit

Maximum amount of insurance is 66% of the Basic Weekly Earnings (excluding commissions, bonuses, incentive pay, unscheduled overtime or other compensation) to a maximum amount of \$150 or \$300 (depending on plan design) per week rounded to the next \$1. Maximum period of Disability is 13 or 26 weeks (depending on plan design) with an 8th or 15th day elimination period (depending on plan design). 12 month pre-existing condition applies.

Pre-Existing Conditions are any illness or injury, or complications for which treatment, advice, services or supplies was rendered by a doctor or which produced distinct symptoms which would have caused an ordinarily person to seek medical diagnosis or treatment within 12 months prior to the effective date of coverage. Pre-Existing Conditions will not be covered until a continuous period of 12 months has elapsed during which the individual is insured under the policy.

Critical Illness Benefit

\$5,000 to \$25,000 benefit pays the primary insured, a lump-sum payment upon the first diagnosis by a physician of a covered critical illness. 100% of the benefit amount may be paid for the following covered conditions as defined in the Group Policy: Heart Attack, Invasive Cancer, Stroke, Kidney Failure, Major Organ Transplant, Paralysis, Loss of Limbs. The Spouse benefit amount is 50% of the primary insured benefit amount and the child benefit amount is 25% of the primary insured benefit amount. Limited benefits are available if diagnosis or a Specified Health Event occurs in the first 30 days of coverage. Once First Occurrence Benefits have been paid for a Covered Person, Critical Care Coverage ends for that Covered Person.

Benefits are not payable in connection with a Pre-Existing Condition during the initial 12 consecutive months the Covered Person has been covered under the Policy. A Specified Health Event resulting from a Pre-Existing Condition commencing thereafter will be covered unless excluded by the Policy.

A Pre-Existing Condition means any Illness or Injury for which a Covered Person received any diagnosis, medical advice or treatment or had taken any Prescription Medicines during the 12 months immediately preceding the effective date of the Covered Person's coverage under the Policy and this Rider.

Discount Program

*These benefits are not underwritten by Standard Security Life Insurance Company of New York

The discount program includes benefits for Chiropractic Care, Hearing, Nurse Hotline, Counseling Services, Vision, Vitamins and Nutritional Supplements.

Chiropractic Care - Members may choose from more than 3,000 participating Doctors of Chiropractic. Members enjoy a variety of savings and services including a free consultation, 50% savings on diagnostic services, 50% savings on x-rays performed on-site and 30% savings on treatment and other services. Also, members have unlimited access to care with no limits on the number of visits. Each chiropractor's license and insurance are carefully verified before being accepted in the network. Items such as vitamins and durable goods are priced at the doctor's discretion.

Hearing - Members may select from 1,300 Beltone locations nationwide to receive a free hearing screening and 15% off over 70 models of auditory devices. All technologies and models are available including state of the art digital hearing aids, along with Completely-In-the-Canal, In-the Ear and Behind-the-Ear models. BelCare® standardized 12 point customer service program that ensures consistent delivery of professional and comfortable service, regardless of location.

Nurse Hotline - Nurse Hotline offers toll-free access to experienced registered nurses, 24 hours a day, 365 days a year. Our hotline nurses are an immediate, reliable and caring source of health information, education and support. Members also have access to information on over 2,200 health-related topics via phone and internet.

Counseling Services - Our telephone counselors assist with problem resolution and suggest options to help members with personal issues of any size. Members receive free, unlimited telephone counseling services 24 hours a day, 7 days a week. When appropriate, members are referred to local licensed counselors.

Vision Care - The Coast to Coast (CTC) Vision Plan is contracted with over 12,000 participating eyecare locations nationwide. Members save on eyeglasses, contacts, eye exams and surgical procedures.

The CTC provider network is the most comprehensive in the U.S. and includes ophthalmologists, optometrists, independent optical centers and national chain locations such as Pearle Vision, JCPenney Optical, Sears Optical, LensCrafters, and EyeMasters stores. Members save 20% to 60% on eyeglasses, including frames and lenses.

National Chains Include: Pearle Vision, Sears Optical, JCPenney Optical, Target Optical, LensCrafters, Sterling Optical, TLC Laser Vision Centers

VIP Health - Wellness

Vitamins & Nutritional Supplements - The mail order service provides an extensive catalog with savings on nutritional and health needs. Members request catalogs and place orders through a convenient toll-free number for a savings of 10% on over 6,000 products, sale prices included.

Diabetic Care - Liberty Medical Supply - is the nation's leading direct-to-consumer Medicare provider of diabetes testing supplies and medications and other diabetes management products. Through this program members save 15% off the average retail price on over 200 name brand glucose testing products.

Aetna Dental Access® - Members save 15% to 50%* on everything from general dentistry and cleanings to root canals, crowns and orthodontia. Over 66,000** available dental practice locations nationwide. Save on routine dental services such as X-rays and fillings and save on specialty care such as orthodontics and periodontics where available. Dentists are credentialed and recredentialed on an ongoing basis.

** Anticipated national average dental charges for the 2006 calendar year based on the comparison of provider negotiated fees to national average charges. Actual costs and savings vary by provider and geographical area.*

*** According to the Aetna Enterprise Provider Database as of March 1, 2006.*

Beech Street Physician Visit and Hospital Referral - The Physician Visit Network and Hospital Referral Network provides discounts on health care services at physicians' offices. Save 10% to 40% at over 350,000 provider locations, including family physicians and specialists, throughout the United States. They also save on cosmetic surgery procedures, including skin resurfacing, acne scars, liposuction, and more.

The program utilizes one of the largest networks in the nation. This nationally recognized network "owns" their physician contracts so it cannot lose coverage due to cancellation of a lease agreement. Plus, the network maintains control of physician education and service levels.

The Physician Visit Network is effective and easy to use. To locate providers in your area, call the toll-free number located on your membership card. Present your card at the provider's office and receive immediate savings on services provided. Since there are no age or medical history restrictions, anyone can use this benefit.

**The hospital benefit is not available in Maryland.*

Client Services and Administration

Experience

Healthcare Assurance Corporation is experienced in administering high-turnover and payroll cycle based benefit plans. Our approach limits the burden of administrative work for the employer.

Services Include

- Full service in-house administration
- COBRA administration at no additional cost to the employer
- Free replacement identification cards
- Experienced “live” customer service representatives who work exclusively with this product
- Online enrollment capabilities – paperless data feeds for simplified enrollment
- Flexible data exchange guidelines customized to each client’s system capabilities

Eligible Employees

Definition of eligible classes may include Full Time, Part Time and Seasonal Employees. Employers may elect to set a minimum number of work hours per week as an eligibility requirement. This requirement would be set and monitored by the Employer.

Employers may choose a required service period before new employees are eligible to enroll.

Employee’s spouses and dependent children under age 19 (25 for full time students) may also be included.

Fulfillment

Upon enrollment, employees will receive a fulfillment kit containing: Benefit Guide, describing how to utilize his/her benefits, Plastic Identification Card(s), Schedule of Benefits and Certificate of Coverage, explaining the plan benefits in detail.

Employers will receive an Administration Guide, sample employee packet specific to their plan and additional administration forms.

Member Services

Member Services provided by:

Plan Benefit Services, Inc. – The National Partner of Omega Financial Group

11910 Volente Road

Austin, TX 78726

Phone: (800) 822-3906

Fax: (512) 349-4770

Email: memberservices.fibi.com

Claims Payment

Claims are paid by Standard Security Life Insurance Company of New York.

Premium Reporting

Monthly billed employers will receive a statement every month from HAC. The report includes the employee’s coverage effective date, and total premium due for the month as well as outstanding previous unpaid charges.

Employees can be broken out by individual location on the billing statement, if an employer has multiple sites. Employers should contact HAC for additional details.

Premium Submission

Collected premiums will be applied within 72 hours of receipt to maintain proper coverage information. For status purposes, an accurate paid-to-date record for each insured will be maintained. All premiums are paid to HAC.

Underwriting Guidelines

Participation Requirements

A minimum of 10 employee participants is required to form a group.

Non-Voluntary Rate applies when the Plan Sponsor pays 50% or more of the employee only premium. Groups with 10 – 500 eligible lives must have a minimum of 25% participation. Groups with 501+ eligible lives must have a minimum of 10% participation.

Voluntary Rate applies when the Plan Sponsor pays less than 50% of the employee only premium. Groups must have 100 eligible lives and a minimum of 10% participation.

Plan Benefit Requirements

- The Hospital Indemnity Benefit and Doctor's Office Visit Benefit must be included in all plans
- If Elected, the Dependent Life amount cannot exceed 50% of the Employee Life amount
- Groups with 51 – 250 eligible lives may choose up to 2 benefit plans
- Groups with 251+ eligible lives may choose up to 3 benefit plans
- Optional benefits are available to groups with 1,000+ eligible lives
- Call Center is available to groups with 1,000+ eligible lives
- Groups over 1,000 eligible employees require prior approval from the Home Office

Stand Alone Benefits

For groups with 1,000+ eligible lives, the Dental/Vision benefit package, Dental only benefit and Short-Term Disability benefit may be purchased on a stand alone basis.

Wise Benefits.com
5233 Shasta Way
Marietta, GA 30062
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mark@WiseBenefits.com

Marketed by:



Exclusions & Limitations

Standard Security Life Insurance Company of New York—EXCLUSIONS AND LIMITATIONS FROM COVERAGE

The Policy does not provide any Benefits for the following confinements, visits, charges, treatment, services or supplies for or related to:

1. Preventive Services which are not Medically Necessary for the treatment of Illness or Injury, except as specified in the Preventive Care Indemnity Benefit, if shown in the Schedule of Benefits; or
2. Any treatment, service or supply which is not due to an Illness or Injury; or
3. Any treatment, service or supply which is not recommended by a Doctor; or
4. Any treatment, service or supply which is not Medically Necessary; or
5. Treatment, services or supplies for which no charge is made or for which the Covered Person is not required to pay; or
6. Any treatment, service or supply provided by a government owned or operated facility or by government employed health care providers, unless the Covered Person is legally required to pay the charges incurred; or
7. Hospital and Doctor charges for weekend Hospital admissions occurring between noon on any Friday and noon the following Sunday for non-emergency procedures, unless Medically Necessary or unless surgery is scheduled for the next day; or
8. An Illness or Injury which arises out of or in the course of any employment for wage or profit or an Illness or Injury for which the Covered Person has or had a right to recovery under any Workers' Compensation or Occupational Disease Law; or
9. Physical or psychological examinations required by any third party, such as by a court or for employment, licensing, insurance, school, sports or recreational purposes; or
10. An Illness or Injury incurred while on active duty with the military of any country or international organization; or
11. An Illness or Injury resulting from war or any act of war (declared or undeclared) or the participation in a riot or insurrection; or
12. An Illness or Injury incurred (a) during the commission or attempted commission of a crime or felony or while engaged in an illegal act; or (b) while imprisoned; or
13. Treatment, services or supplies for any loss sustained, incurred due to, or contracted as a consequence of a Covered Person (a) being intoxicated; or (b) being under the influence of any illegal narcotic, barbiturate, hallucinatory or other drug, unless administered by a Doctor and taken in accordance with the prescribed dosage. A Covered Person is conclusively determined to be intoxicated by drug or alcohol if a chemical test administered in the jurisdiction where the loss or cause of loss occurred is at or above the legal limit set by that jurisdiction; or
14. Treatment, services or supplies to improve the appearance or self-perception of a Covered Person, which does not restore a bodily function including, without limitation, cosmetic or plastic surgery, hair loss or skin wrinkling, or the complications of any such treatment; or
15. Treatment, services or supplies for (a) breast augmentation; (b) the removal of breast implants unless Medically Necessary and related to surgery performed as reconstructive surgery due to a Sickness; and (c) breast reduction surgery unless Medically Necessary due to a Sickness; or
16. Surgery to correct refractive errors, such as radial keratotomy or radial keratectomy; or
17. Routine eye exams, glasses, visual therapy, or contact lenses; except as specified in the Vision Benefit Rider, if shown in the Schedule of Benefits; or
18. Routine hearing exams to assess the need for, or change to, hearing aids; and the purchase, fittings or adjustments of hearing aids; or
19. Penile implants and fertility and sterility studies; or
20. Treatment, services or supplies: (a) to restore or enhance fertility; or (b) to reverse sterilization; or
21. Impregnation techniques such as: (a) artificial insemination; or (b) in vitro fertilization; including but not limited to: artificial insemination, in vitro zygote and intra-fallopian transfers, gamete intra-fallopian transfer, genetic counseling, and all charges related to such in vitro fertilization; or
22. Voluntary abortion; except if the life of the mother would be in danger if the fetus were carried to term, or except for complications of a voluntary abortion; or
23. Mental Illness Disorders and Substance Abuse except as specified in the Hospital Inpatient and Skilled Nursing Facility Daily Indemnity Benefit; or
24. Treatment, services or supplies to eliminate or reduce a dependency on or an addiction to tobacco, including but not limited to: nicotine withdrawal programs; nicotine products, such as transdermal patches and gums; hypnotism; and goal oriented behavioral modification; or

Exclusions & Limitations

25. Marriage or family counseling, recreational therapy, equine therapy, educational therapy, social therapy, or sex therapy; or
26. Sexual reassignments or sexual dysfunctions or inadequacies; or
27. Meridian therapy (acupuncture); or
28. Treatment, services or supplies related to paring or removal of corns, calluses, bunions or toenails (other than partial or complete removal of nail roots); or
29. Treatment, services or supplies related to the feet by means of posting or strapping, or range of motion studies; or
30. Orthotics; or
31. Treatment, services or supplies for obesity or weight reduction, including wiring of the teeth and all forms of intestinal bypass surgery and complications resulting from such surgery; or
32. Treatment, services or supplies received from a Doctor or other provider if such person is: (a) a person who ordinarily resides in Your household, (b) a member of Your immediate family or (c) the Policyholder; or
33. Custodial Care, regardless of who prescribes or renders such care; or
34. Treatment, services or supplies received or purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, for a period not to exceed 90 days, and the charges are incurred for an Emergency, provided the treatment, services or supplies used in connection with the Emergency are approved for use in the United States; or
35. Telephone consultations, missed appointment fees and fees for completing claim forms; or
36. Treatment, services or supplies for complications of conditions that are not covered under the Policy except for complications of a voluntary abortion; or
37. Prescription Medications, except as specified in the Outpatient Prescription Medication Indemnity Benefit, if shown in the Schedule of Benefits; or
38. Treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause; except as specified in the Dental Benefit Rider, if shown in the Schedule of Benefits; or
39. Treatment, services or supplies as the result of prognathism, retrognathism, micrognathism, or any treatment, services or supplies to reposition the maxilla (upper jaw) mandible (lower jaw), or both maxilla and mandible, unless due to an Injury, which occurs while covered under the Policy, to Sound Natural Teeth, provided that such treatment is received within 12 months following the date of Injury; or
40. Treatment, services or supplies provided for temporomandibular joint (TMJ) dysfunction; or
41. Physical, speech and occupational therapy; or
42. Hospice Care; or
43. Home Health Care.

All policies described herein, except the Prescription Program and the Discount Programs, are offered by Standard Security Life Insurance Company of New York.