

Personal Health Plans State Variations Overview



For use with the Standard Security Life Insurance Company of New York brochures and overviews.

The following will replace the Policy's description as outlined in the Standard Security Life Insurance Company of New York's brochure and plan overviews. The descriptions outlined below are only those that differ from the benefits and provisions described in the brochure and plan overviews and may not include all state-mandated benefits. Refer to the Policy or Certificate of Coverage and the State's Amendatory Endorsement for the benefits, terms and conditions of the Policy.

ALABAMA RESIDENTS

Outpatient Prescription Drugs (optional)

The Mail Order, Telephonic and Internet Prescription Drug Purchases section is not applicable.

ARIZONA RESIDENTS

Additional Provisions

Pre-Existing Conditions

The first sentence is deleted in its entirety and replaced with the following:

A pre-existing condition is defined as any condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was received within the six-month period ending on the effective date of the covered person's coverage.

ARKANSAS RESIDENTS

PLAN OVERVIEWS

Premier Plan

The out-of-network individual daily deductible is changed to 1x the in-network daily deductible.

Advantage, Deluxe and Value Plans

The out-of-network individual calendar-year deductible is changed to 1x the in-network calendar-year deductible.

The 50% out-of-network coinsurance is changed to 55%.

Copay Plan

The out-of-network individual calendar-year deductible is changed to 1x the in-network calendar-deductible.

The 70% out-of-network coinsurance is changed to 75%.

HDHP Plan

The individual and family out of-network calendar-year deductibles are changed to 1x the in-network calendar-year deductible.

The out-of-network calendar year out-of-pocket maximums are changed as follows:

Individual

If In-network Deductible is:	Out-of-Pocket Maximum is:
\$1,800/100%	\$ 8,400
\$1,800/80%	\$12,150
\$2,700/100%	\$ 9,300
\$2,700/80%	\$10,350
\$3,500/100%	\$ 8,500
\$5,250/100%	\$ 6,000

Family

If In-network deductible is:	Out-of-Pocket Maximum is:
\$3,600/100%	\$14,800
\$3,600/80%	\$24,300
\$5,450/100%	\$14,100
\$5,450/80%	\$20,600
\$7,000/100%	\$14,000
\$10,500/100%	\$11,000

The 100% in-network/70% out-of-network coinsurance is changed to 100% in-network/75% out-of-network. The 80% in-network/50% out-of-network coinsurance is changed to 80% in-network/55% out-of-network.

COLORADO RESIDENTS

Notice to Colorado residents:

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

Out-of-Network Providers

If a covered person obtains services from an out-of-network provider, the covered person may be billed by the out-of-network provider for any amount that exceeds the Usual, Reasonable, and Customary charges. Reimbursement rates for out-of-network providers for specific health care services and the access plan may be obtained by sending a written request to the Plan Administrator.

Depending upon the PPO network selected, there might not be provider coverage in the following counties: Cheyenne and San Juan.

Additional Provisions

Home Health Care

Home health care will be paid for up to 60 visits per covered person per calendar year. Applicable calendar-year or daily deductible, copay and coinsurance apply.

Routine Mammography and Breast Screening

The benefit is payable at specified age intervals.

COLORADO RESIDENTS (CONT.)

Hospice Care

Covered expenses are not subject to any calendar-year or daily deductible, coinsurance or copay requirements, except under the HDHP. Benefits will not be less than \$100 per day and are payable up to three (3) benefit periods of 91 days each. Bereavement support services for the covered person's support group are covered for up to a period of 12 months following the covered person's death, up to a maximum benefit of \$1,150.

Eligibility

The eligibility requirement that you must be a dues paying member of Communicating for America, Inc. for health insurance coverage is not applicable.

The statement pertaining to unmarried dependent children is deleted and replaced with the following: Your unmarried child who is: under 25 years of age, provided they have the same legal residence as you or are financially dependent upon you; or of any age and medically certified as disabled and dependent upon you.

Pre-Certification and Pre-Determination of Benefits Requirement

Pre-certification and Pre-determination requirements and all such references throughout the brochure and plan overviews do not apply.

Pre-Existing Conditions

The section is deleted and replaced with the following:

Pre-existing condition is defined as an injury, sickness, or pregnancy, for which a covered person incurred charges, received medical treatment, consulted a health care professional, or took prescription medication within the 12 months immediately preceding the effective date of coverage.

A pre-existing condition will be considered a covered charge at the end of a continuous 12-month period following the covered person's effective date of coverage. We will credit the time the covered person was covered by a plan of creditable coverage against this pre-existing condition exclusion period if no more than 90 days elapsed between the termination of the covered person's prior creditable coverage and the covered person's effective date.

Important Information

The reference to the Master Group Policy being issued to Communicating for America, Inc. Association is not applicable to the Health Insurance Policy. In Colorado, the Health Insurance Policy is issued directly to the individual Insured. Policy Form # SSL IP CO 607; Plan #SSL 2008-CA-CO. For complete details about these plans, please refer to the Policy.

PLAN OVERVIEWS

Exclusions (All Plans)

The sub-sections in the exclusion pertaining to the treatment, services or supplies received for an injury or sickness for any loss sustained, incurred due to, or contracted as a consequence of a covered person are deleted and replaced

with the following: (a) being under the influence of any narcotic; barbiturate, hallucinatory or other drug, and (b) received for a sickness from the covered person being intoxicated or under the influence of a controlled substance or any illegal drug as defined by state or federal law, unless administered by a physician and taken in accordance with the prescribed dosage. A covered person is conclusively determined to be intoxicated by drug or alcohol if a test, including but not limited to a chemical or breath test, administered in the jurisdiction where the loss or cause of loss occurred is at or above the legal limit set by that jurisdiction.

The exclusion pertaining to attempted suicide or intentionally self-inflicted injury or sickness, is applicable only while sane.

The following exclusions and limitations are not applicable:

1. The exclusion pertaining to a newborn's well-baby charges including hospital expenses and nursery charges
2. The exclusion pertaining to treatment, services or supplies received from a provider if such provider is a close relative of or lives in the same household as the covered person.
3. The exclusion pertaining non-emergency care ambulance services, durable medical equipment that exceeds \$1,000 and certain prescription medications.

FLORIDA RESIDENTS

Additional Provisions

Eligibility

Eligible persons include children born to a covered dependent child while covered under the policy.

Pre-Existing Conditions

The following is added to the pre-existing condition definition:

Routine follow-up care to determine whether breast cancer has recurred in a covered person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care or treatment for purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow-up care.

Termination of Insurance

This sub-section is amended by adding the following:

Insurance for a newborn child of your covered dependent child born while your dependent child is covered under the policy terminates when the newborn is 18 months old.

Important Information

The references to the Policy # and Policy Form # are deleted and replaced with the following: Policy # SSL 2008FL-CA; Policy Form #SSL GP 907F.

PLAN OVERVIEWS

Exclusions (All Plans)

The exclusion pertaining to treatment, services or supplies as the result of prognathism, including jaw problems, is deleted in its entirety.

GEORGIA RESIDENTS

All references throughout the brochure and plan overviews to "In-Network Providers" are replaced with "Preferred Providers" and all references to "Out-of-Network Providers" are replaced with "Non-Preferred Providers."

Optional Enhancements

The following is added – available with all plans:

Optional Mental Disorders Benefit

If elected, mental disorders, including autism, are covered the same as any other covered sickness up to a maximum benefit of 30 days for inpatient care and 48 visits for outpatient care per calendar year. If this option is not elected, benefits for inpatient and outpatient mental or nervous disorders are payable up to the benefit maximums as outlined in the brochure and plan overviews and in accordance with the policy's provisions.

Additional Provisions

Routine Mammography and Breast Screening

The benefit is payable at specified age intervals.

Organ Transplant Benefit

Human heart transplants, including charges for acquisition, transportation, or donation of a human heart when a human heart transplant is performed after the transplant recipient has been covered under the policy for 12 consecutive months are covered on the same basis as other covered illnesses, up to the policy's lifetime maximum for all benefits. The organ transplant maximum does not apply.

Eligibility

The eligibility requirement that you must be a dues paying member of Communicating for America, Inc. for health insurance coverage is not applicable.

Pre-Certification and Pre-Determination of Benefits Requirement

Pre-certification and Pre-determination requirements and all such references throughout the brochure and plan overviews do not apply.

Important Information

The reference to the Master Group Policy being issued to Communicating for America, Inc. Association is not applicable to the Health Insurance Policy. In Georgia, the Health Insurance Policy is issued directly to the individual Insured. Policy Form SSL IP GA 607; Plan # SSL 2008-CA-GA. For complete details about these plans, please refer to the Policy.

PLAN OVERVIEWS

Deluxe Plan

The 50% in-network coinsurance is changed to 60%.

Advantage, Deluxe, and Value Plans

The 50% out-of-network coinsurance is changed to 60%.

Advantage, Deluxe, Value and Copay Plans

Outpatient Mental or Nervous and Chemical Dependency Disorders: The 50% in-network and out-of-network coinsurance is changed to 60%.

Exclusions (All Plans)

The exclusion pertaining to non-emergency care ambulance services, durable medical equipment that exceeds \$1,000 and certain prescription medications is not applicable.

The exclusion pertaining to treatment, services or supplies for obesity, extreme obesity, morbid obesity or weight reduction is amended by deleting reference to morbid obesity. Morbid obesity is covered the same as any other covered sickness.

INDIANA RESIDENTS

Additional Provisions and Plan Overviews (All Plans)

Mental or Nervous Disorders and Chemical Dependency Disorders

There is no coverage for inpatient or outpatient mental or nervous disorders.

Eligibility

The statement pertaining to dependent children is deleted and replaced with the following: Your unmarried dependent children up to 24 years of age.

Pre-Existing Conditions

The section is deleted and replaced with the following:

Pre-existing condition is defined as: 1) a condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the twelve (12) months immediately preceding the effective date of the plan; 2) a condition for which medical advice, diagnosis, care or treatment was recommended or received during twelve (12) months immediately preceding the effective date of the plan; 3) or a pregnancy existing on the effective date of the plan.

A pre-existing condition will be considered a covered charge after a continuous period of 12 months has elapsed from the covered person's effective date. We will reduce the period allowed for a pre-existing condition exclusion by the amount of time the individual has continuously served under a pre-existing condition clause for a policy of accident and sickness insurance issued under IC 27-8-15 (coverage under a fully insured small group employer policy) if the individual applies for this coverage not more than thirty (30) days after coverage under a policy of accident and sickness insurance issued under IC 27-8-15 (coverage under a fully insured small employer policy expires).

PLAN OVERVIEWS (All Plans)

Exclusions

The following exclusion is added:

Treatment, services or supplies for inpatient and outpatient treatment of mental or nervous disorders by a physician, psychologist, or a mental health professional.

KANSAS RESIDENTS

Optional Enhancements

The section pertaining to 24-hour occupational coverage is not applicable.

Additional Provisions

Routine Mammography and Breast Screening

The benefit is payable at specified age intervals.

Mental or Nervous and Chemical

Dependency Disorders

The \$10,000 lifetime maximum benefit combined for mental or nervous disorders and chemical dependency disorders is changed to \$15,000 and applies only to outpatient mental or nervous disorders and chemical dependency disorders.

Outpatient Mental or Nervous Disorders and Chemical Dependency Disorders

The section is deleted and replaced with the following:

Covered the same as any other covered sickness up to the \$15,000 combined lifetime maximum.

Inpatient Mental or Nervous Disorders and Inpatient Chemical Dependency Disorders

These sections are deleted and replaced with the following:

Inpatient Mental or Nervous Disorders (All Plans)

Covered the same as any other covered sickness, up to the maximum calendar year benefit of 45 days of inpatient confinement.

Inpatient Chemical Dependency Disorders

Covered the same as any other covered sickness, up to the maximum calendar year benefit of 30 days of inpatient confinement.

Eligibility

The eligibility requirement that you must be a dues paying member of Communicating for America, Inc. for health insurance coverage is not applicable.

Important Information

The reference to the Master Group Policy being issued to Communicating for America, Inc. Association is not applicable to the Health Insurance Policy. In Kansas, the Health Insurance Policy is issued directly to the individual Insured. Policy Form SSL IP 607; Plan # SSL 2008-CA-KS. For complete details about these plans, please refer to the Policy.

PLAN OVERVIEWS (All Plans)

The 3x in-network deductible for the out-of-network deductible is not applicable. The out-of-network deductible is the same amount as the in-network deductible.

Exclusions (All Plans)

The exclusion pertaining to any injury or sickness which arises out of or in the course of any employment is deleted and replaced with the following:

An injury or sickness which arises out of or in the course of any employment for wage or profit to the extent the insured is covered or is required to be covered by the Workers' Compensation Law. If the insured enters into a settlement giving up his/her right to recover future medical benefits under the Workers' Compensation Law, the policy will not pay those medical benefits that would have been payable in the absence of that settlement.

The exclusion pertaining to treatment, services or supplies for inpatient chemical dependency disorders is deleted in its entirety.

MICHIGAN RESIDENTS

Additional Provisions

Pre-Existing Conditions

The section is deleted in its entirety and replaced with the following:

A pre-existing condition is defined as any condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was received within the six-month period ending on the effective date of the covered person's coverage.

A pre-existing condition will be considered a covered charge at the end of a continuous period of 12 months following the covered person's effective date of coverage.

MISSOURI RESIDENTS

Additional Provisions and Plan Overviews (All Plans) Mental or Nervous Disorders and Chemical Dependency Disorders

1. There is no coverage for inpatient and outpatient treatment of mental or nervous disorders.
2. There is no coverage for inpatient and outpatient treatment of chemical dependency disorders.
3. Coverage is added for inpatient treatment of alcoholism for up to 30 days per covered person per calendar year in a hospital or residential or non-residential facility certified by the Department of Mental Health.

Pre-Certification and Pre-Determination of Benefits Requirements

Pre-certification and Pre-determination requirements and all such references throughout the brochure and plan overviews do not apply.

MISSOURI RESIDENTS (CONT.)

PLAN OVERVIEWS (All Plans)

Exclusions

1. The exclusion pertaining to attempted suicide is amended by deleting the words "or insane."
2. The exclusion pertaining to treatment, services or supplies for inpatient chemical dependency disorders is applicable to both inpatient and outpatient.
3. The exclusion pertaining to non-emergency care ambulance services, durable medical equipment that exceeds \$1,000 and certain prescription medications is not applicable.

The following exclusions are added:

1. Treatment, services or supplies for the outpatient treatment of alcoholism.
2. Treatment, services or supplies for the inpatient and outpatient treatment of mental or nervous disorders.

MONTANA RESIDENTS

Additional Provisions

Complications of Pregnancy

This section is deleted in its entirety. Pregnancy is covered the same as any other illness.

Eligibility

The eligibility requirement that you be a dues paying member of Communicating for America, Inc. for health insurance is not applicable.

The text pertaining to dependent children is deleted and replaced with the following:

An unmarried child under 25 years of age: (i) who is not an employee eligible for coverage under a group health plan; (ii) who is a named subscriber, insured enrollee, or covered individual under any other individual health insurance coverage, group health plan, governmental plan, church plan, or group health insurance; (iii) who is not entitled to benefits under 42 U.S.C. 1396, et seq.; and (iv) for whom the Insured Person has requested coverage; and (v) a child of any age who is disabled and dependent upon the Insured person.

Pre-existing Conditions

The section is deleted in its entirety and replaced with the following:

A pre-existing condition is defined as any condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care, or treatment was recommended to or received by the covered person within the 12-month period preceding the effective date of the covered person's coverage. A pre-existing condition will be considered a covered charge at the end of 12 months. We shall waive any time period applicable to a Pre-Existing Condition exclusion or limitation period with respect to particular services in an individual health benefit plan for the period of time that an individual was previously covered by Qualifying Previous Coverage that provided benefits with respect to those services, if the Qualifying Previous Coverage

was continuous to a date not more than 30 days prior to the date of application for new coverage.

Important Information:

The reference to the Master Group Policy being issued to Communicating for America, Inc. is not applicable. In Montana the Policy is directly issued to the individual Insured. Policy Form # SSL IP MT 607; Plan # SSL-2008-CA-MT. For complete details about these plans, please refer to the Policy.

PLAN OVERVIEWS

Premier Plan

This Plan is not available for offer to Montana residents.

Deluxe Plan

The out-of-network individual calendar year deductible is changed to 1x the in-network calendar year deductible.

The 80% in-network/50% out-of-network coinsurance is changed to 80%/55%.

The individual out-of-network calendar year out-of-pocket maximum is 2x the in-network maximum.

Advantage Plan

The out-of-network individual calendar year deductible is changed to 1x the in-network calendar year deductible.

The 80% in-network/50% out-of-network coinsurance is changed to 80%/55%.

The individual out-of-network calendar year out-of-pocket maximums for Medical Services and Supplies and Inpatient Confinement and Surgery is 2x the in-network maximums.

Value Plan

The out-of-network individual calendar year deductible is changed to 1x the in-network calendar year deductible.

The 80% in-network/50% out-of-network coinsurance is changed to 80%/55%.

The individual out-of-network calendar year out-of-pocket maximum is 2x the in-network maximum.

Copay Plan

The out-of-network individual calendar year deductible is changed to 1x the in-network calendar year deductible.

The 100% in-network/70% out-of-network coinsurance is changed to 100%/75%.

The Inpatient Confinement and Surgical Services individual out-of-network calendar year out-of-pocket maximum is 2x in-network.

MONTANA RESIDENTS (CONT.)

High Deductible Health Plan (HDHP)

The individual and family out-of-network calendar year deductibles are changed to 1x the in-network calendar year deductible.

The 100% In-Network/70% out-of-network coinsurance is changed to 100%/75%.

The 80% In-Network/50% out-of-network coinsurance is changed to 80%/55%.

The out-of-network calendar year out-of-pocket maximums are changed as follows:

Individual

If in-network deductible is:	Out-of-network is:
\$1,800/100%	\$ 8,400
\$1,800/80%	\$12,150
\$2,700/100%	\$ 9,300
\$2,700/80%	\$10,350
\$3,500/100%	\$ 8,500
\$5,250/100%	\$ 6,000

Family

If In-network deductible is:	Out-of-network is:
\$3,600/100%	\$14,800
\$3,600/80%	\$24,300
\$5,450/100%	\$14,100
\$5,450/80%	\$20,600
\$7,000/100%	\$14,000
\$10,500/100%	\$11,000

Exclusions (All Plans):

The exclusion pertaining to the treatment, services or supplies received for any injury or sickness for any loss sustained as a consequence of a covered being person being intoxicated, the subsection c) pertaining to being under the influence of any illegal drug is not applicable.

The exclusion pertaining to contraceptive drugs and devices, pregnancy, et al, is deleted and replaced with the following: Voluntary sterilization or reversal; fertility treatments including any impregnation techniques and voluntary abortion.

The exclusion pertaining to a newborn's well baby charges is not applicable.

NEBRASKA RESIDENTS

Additional Provisions and Plan Overviews (All Plans)

Mental or Nervous Disorders and Chemical Dependency Disorders

THIS COVERAGE DOES NOT PROVIDE BASIC COVERAGE FOR THE TREATMENT OF ALCOHOLISM. COVERAGE FOR THE TREATMENT OF ALCOHOLISM IS AVAILABLE IF YOU SPECIFICALLY REQUEST IT AND THEN ONLY UPON SUCH TERMS AND CONDITIONS AS YOU AND THE COMPANY AGREE.

1. The \$10,000 lifetime maximum benefit combined for mental or nervous disorders and chemical dependency disorders applies only to outpatient chemical dependency disorders.
2. The outpatient mental or nervous disorders and chemical dependency disorders maximum benefit applies only to outpatient chemical dependency disorders.
3. There is no coverage for inpatient and outpatient mental or nervous disorders.
4. Benefits are not provided for the inpatient treatment of chemical dependency disorders.

The following benefit is added to **Additional Provisions:** Temporomandibular Joint Disorder (TMJ) and Cranio-mandibular Joint Disorder (CMD) up to the lifetime maximum benefit while covered under the policy of \$2,500 per covered person.

PLAN OVERVIEWS (All Plans)

Exclusions

The exclusion pertaining to treatment, services or supplies as the result of prognathism, et al, is amended by deleting the words "or provided for temporomandibular joint (TMJ) dysfunction."

The following exclusion is added:

Treatment, services or supplies for inpatient and outpatient treatment of mental or nervous disorders.

NEW MEXICO RESIDENTS

Additional Provisions

Eligibility

The statement pertaining to dependent children is deleted and replaced with the following: Your unmarried dependent children less than 25 years of age.

Pre-Existing Conditions

This section is deleted in its entirety and replaced with the following:

A pre-existing condition is defined as any condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care, or treatment was received within the 6-month period ending on the Effective Date of the Covered Person's coverage. A pre-existing condition will be considered a covered charge at the end of a continuous period of 6 months following the covered person's effective date of coverage, unless the condition is specifically excluded by the policy or by an endorsement or rider attached to the certificate.

PLAN OVERVIEWS (All Plans)

Exclusions

The exclusion pertaining to treatment, services or supplies as a result of prognathism, retrognathism, et al, is amended by deleting the words "or provided for temporomandibular joint (TMJ) dysfunction."

NORTH CAROLINA RESIDENTS

NOTICE: Your actual expenses for covered services may exceed the stated coinsurance percentage or co-payment amount because actual provider charges may not be used to determine plan and insured payment obligations.

Optional Enhancements

The section pertaining to 24-hour occupational coverage is not applicable.

Additional Provisions

Mental or Nervous Disorders and Chemical Dependency Disorders

The \$10,000 combined lifetime maximum benefit for inpatient and outpatient mental or nervous disorders and outpatient chemical dependency disorders applies only to outpatient chemical dependency disorders.

Outpatient Mental or Nervous Disorders and Chemical Dependency Disorders

The outpatient mental or nervous disorders and chemical dependency disorders calendar-year maximum applies only to outpatient chemical dependency disorders.

Inpatient Mental or Nervous Disorders

The section is deleted in its entirety and replaced with the following new benefit:

Outpatient and inpatient mental or nervous disorders: Applicable copays, deductible and coinsurance apply, up to the maximum benefit of 30 office visits per insured per calendar year and up to 30 combined inpatient and outpatient days per insured per calendar year.

The following benefit is added to **Additional Provisions:** Non-surgical treatment of bones and joints of the jaw, face or head are covered up to a lifetime maximum of \$3,500.

Pre-Certification and Pre-Determination of Benefits Requirements

Pre-certification and pre-determination requirements and all such references throughout the brochure and plan overviews do not apply.

Pre-Existing Conditions

The second and third sentences are deleted in their entirety and replaced with the following:
A pre-existing condition will be considered a covered charge at the end of a continuous 12-month period following the insured's effective date of coverage. If creditable coverage did exist at the time of application and such prior creditable coverage was continuous to a date not more than 63 days prior to the effective date of a covered person's coverage under the policy, the pre-existing condition limitation will be considered satisfied to the same extent such pre-existing limitation would have been satisfied under the covered person's prior coverage.

PLAN OVERVIEWS

Deluxe Plan

The individual out-of-network calendar year deductible is 2x the in-network deductible.

The individual out-of-network calendar year out-of-pocket maximum is 2x the in-network maximum.

Advantage Plan

The individual out-of-network calendar year deductible is 2x the in-network deductible.

The individual out-of-network calendar year out-of-pocket maximums for medical services and supplies, and inpatient confinement and surgery is 2x the in-network maximums.

Value Plan

The individual out-of-network calendar year deductible is 2x the in-network deductible.

The individual out-of-network calendar year out-of-pocket maximum is 2x the in-network maximum.

Copay Plan

The individual out-of-network calendar year deductible is 2x the in-network deductible.

The medical services and outpatient surgical services and supplies individual out-of-network calendar year out-of-pocket maximum is changed to \$1,250.

The inpatient confinement and surgical services individual out-of-network calendar year out-of-pocket maximum is 2x in network.

Premier Plan

The individual out-of-network daily deductible is 2x the in-network daily deductible.

HDHP Plan

The individual and family out-of-network calendar year deductible is 2x the in-network deductible.

The out-of-network calendar year out-of-pocket maximums for the 100% in-network coinsurance plans are:

Individual

If In-network Deductible is:	Out-of-Pocket is:
\$ 1,800	\$ 4,850
\$ 2,700	\$ 6,650
\$ 3,500	\$ 8,250
\$ 5,250	\$11,750

Family

If In-network Deductible is:	Out-of-Pocket is:
\$ 3,600	\$10,950
\$ 5,450	\$14,650
\$ 7,000	\$17,750
\$10,500	\$24,750

NORTH CAROLINA RESIDENTS (CONT.)

The out-of-network calendar year out-of-pocket maximums for the 80% in-network coinsurance plans are:

Individual: \$10,500; Family: \$21,000

Exclusions (All Plans)

The exclusion pertaining to an injury or sickness which arises out of the course of employment is deleted in its entirety and replaced with the following:

Expenses for which benefits are payable under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Industrial Commission approving a settlement agreement.

The following exclusions are not applicable:

1. The entire exclusion pertaining to losses incurred due to a covered person being intoxicated; under the influence of any narcotic or illegal drug.
2. The portion of the exclusion specifically pertaining to treatment provided for temporomandibular joint (TMJ) dysfunction.
3. The entire exclusion pertaining to non-emergency care ambulance services, durable medical equipment that exceeds \$1,000 and certain prescription medications.

OHIO RESIDENTS

The following notice is added:

WARNING: 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 RULES OR USE SPECIFIC DOCTORS AND HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. BEFORE YOU ENROLL IN THIS PLAN, READ ALL OF THE RULES VERY CAREFULLY AND COMPARE THEM WITH THE RULES OF ANY OTHER PLAN THAT COVERS YOUR OR YOUR FAMILY.

Additional Provisions and Plan Overviews (All Plans)

The maximum benefit for outpatient treatment of mental or nervous disorders is \$550 per year or the amount on the Schedule of Benefits, whichever is greater.

OKLAHOMA RESIDENTS

Additional Provisions

Organ Transplants

All references to Centers of Excellence are not applicable.

The lifetime maximum benefit is \$250,000 whether using in- or out-of-network providers. If the \$100,000 calendar-year maximum is elected for the Deluxe Plan, the lifetime maximum benefit is \$100,000 whether using in- or out-of-network providers.

Pre-Certification and Pre-Determination of Benefits Requirements

The last sentence in the first paragraph pertaining to the "failure to comply with the pre-determination requirement" is deleted and replaced with the following: Failure to comply with the pre-determination requirements will result in a \$500 penalty amount. This pre-determination penalty amount is in addition to deductibles, copays and coinsurance.

PLAN OVERVIEWS (All Plans)

Exclusions

The exclusion pertaining to war or any act of war is not applicable when serving in the military or an auxiliary unit thereto.

SOUTH DAKOTA RESIDENTS

Optional Enhancements

The section pertaining to 24-hour occupational coverage is not applicable.

Additional Provisions

Mental or Nervous Disorders and Chemical Dependency Disorders

The following benefit is added:

Inpatient treatment for alcoholism. Covered charges for the treatment of alcoholism are limited to those charges incurred while the covered person is confined in a hospital or a state approved residential primary treatment facility. Benefits are limited to 30 days in any six-month period and a lifetime maximum of 90 days per covered person.

Eligibility

The eligibility requirement that you must be a dues paying member of Communicating for America, Inc. for health insurance coverage is not applicable.

Pre-Existing Conditions

The second and third sentences are deleted in their entirety and replaced with the following:

A pre-existing condition will be considered a covered charge at the end of a continuous 12-month period following the covered person's effective date of coverage. We will waive any time period applicable to this pre-existing condition limitation for the aggregate period of time a person was previously covered by creditable coverage, if the creditable coverage was continuous to a date not more than sixty-three days before the application for the new coverage. A period of time a person was previously covered may not be aggregated if there was a break in coverage of sixty-three days or more.

SOUTH DAKOTA RESIDENTS (CONT.)

Termination of Insurance

The following is added to the sentence pertaining to the dependent child's coverage terminating due to ceasing to meet the eligibility requirements:

If the dependent child remains a full-time student upon attaining age 25 but not exceeding age 29, the insured has the option of continuing coverage for that dependent. This section does not apply to any qualifying relative whose gross income is less than the exemption amount as prescribed by the director by rules promulgated pursuant to Chapter 1-26. Continuation of coverage for full-time students attaining age 25 is not required if the dependent has other creditable coverage in force.

Important Information

The reference to the Master Group Policy being issued to Communicating for America, Inc. Association is not applicable to the Health Insurance Policy. In South Dakota, the Health Insurance Policy is issued directly to the individual Insured. Policy Form SSL IP 607; Plan # SSL 2008-CA-SD. *Insurance premiums may be adjusted periodically and vary by age, sex, occupation, state, zip code, plan deductibles and coinsurance selected, coverage effective date and underwriting decision.* For complete details about these plans, please refer to the Policy.

PLAN OVERVIEWS

All Plans

The calendar-year maximum benefit per insured amount is not applicable. All benefits are subject to the lifetime maximum.

Deluxe Plan

The \$20,000 and \$25,000 calendar-year deductible options are not available.

Additional Premium-Saving Options: The \$20,000 outpatient services calendar-year maximum option and the \$100,000 calendar-year maximum option are not available.

Advantage and Value Plans

The \$20,000 and \$25,000 calendar-year deductible options are not available.

Premier and Value Plans are not available.

Exclusions (All Plans):

The exclusion pertaining to an injury or sickness arising out of the course of employment is deleted in its entirety and replaced with the following:

An injury or sickness which arises out of or in the course of any employment for wage or profit and is paid by Workers' Compensation.

The exclusion pertaining to treatment, services or supplies for loss due to the person being intoxicated is deleted in its entirety and replaced with the following:

Treatment, services or supplies for any loss sustained, incurred due to, or contracted as a consequence of a covered person: (a) being intoxicated while the covered person is committing a felony at time of loss; or (b) being under the influence of any narcotic, barbiturate, hallucinatory or other drug, unless administered by a physician and taken in accordance with the prescribed dosage while the covered person is committing a felony at time of loss; or (c) being under the influence of any illegal drug as defined by state or federal law; while the covered person is committing a felony at time of loss. A covered person is conclusively determined to be intoxicated by drug or alcohol if a test, including but not limited to a chemical or breath test, administered in the jurisdiction where the loss or cause of loss occurred is at or above the legal limit set by that jurisdiction.

TENNESSEE RESIDENTS

Additional Provisions and Plan Overviews (All Plans)

Non-Surgical Back Treatment

The calendar-year maximum benefit is changed to 30 visits per insured per calendar year.

Mental or Nervous Disorders and Chemical Dependency Disorders

The \$10,000 combined lifetime maximum for inpatient and outpatient mental or nervous disorders and outpatient chemical dependency disorders applies only to outpatient chemical dependency disorders.

Inpatient Mental or Nervous Disorders: The per-person calendar-year maximum is changed to 20 days of inpatient confinement.

Outpatient Mental or Nervous Disorders and Chemical Dependency Disorders: The per-person calendar-year maximum is changed to 25 visits.

Eligibility

The statement pertaining to dependent children is deleted and replaced with the following: Your unmarried child(ren) who is primarily dependent upon you for support and maintenance and is less than 24 years of age.

Pre-Certification and Pre-Determination of Benefits Requirements

The last sentence in the first paragraph pertaining to the "failure to comply with the pre-determination requirement" is deleted and replaced with the following: Failure to comply with the pre-determination requirements will result in a \$500 penalty amount. This pre-determination penalty amount is in addition to deductibles, copays and coinsurance.

PLAN OVERVIEWS (All Plans)

Exclusions

The exclusion pertaining to treatment, services or supplies as the result of prognathism, et al, is amended by deleting the words "or provided for temporomandibular joint (TMJ) dysfunction."

TEXAS RESIDENTS

Additional Provisions and Plan Overviews (All Plans) Mental or Nervous Disorders and Chemical Dependency Disorders

The \$10,000 combined lifetime maximum benefit for inpatient and outpatient mental or nervous disorders and outpatient chemical dependency disorders applies only to the mental or nervous disorders. The lifetime maximum benefit for inpatient and outpatient chemical dependency disorders is three separate series of treatments per covered person.

The following benefit is added: The treatment, services and supplies of serious mental illness, up to a calendar-year maximum of 45 days inpatient and 60 outpatient visits; subject to applicable calendar-year or daily deductibles and coinsurance requirements.

Organ Transplant Benefit

All references to Centers of Excellence are not applicable.

Eligibility

The statement pertaining to dependent children is deleted and replaced with the following: Your unmarried dependent children who are less than 25 years of age.

Effective Date

Under this section the provision pertaining to the approval of coverage is void if you or your covered dependent is confined as an inpatient or totally disabled on the coverage effective date, does not apply.

Pre-Certification and Pre-Determination of Benefits Requirements

All references in this section and throughout the brochure and plan overviews to "pre-certification" and "pre-determination" are replaced with "pre-authorization."

The second-to-last sentence pertaining to the "failure to comply with the pre-determination requirement" is deleted and replaced with the following: Failure to comply with the pre-authorization requirements for certain charges will result in a \$500 penalty amount. This pre-authorization penalty amount is in addition to deductibles, copays and coinsurance.

PLAN OVERVIEWS (All Plans)

Exclusions

The exclusion pertaining to treatment, services or supplies as the result of prognathism, et al, is amended by deleting the words "or provided for temporomandibular joint (TMJ) dysfunction."

The exclusion pertaining to the treatment, services or supplies for inpatient chemical dependency is deleted in its entirety.

WEST VIRGINIA RESIDENTS

Additional Provisions and Plan Overviews (All Plans) Mental or Nervous Disorders and Chemical Dependency Disorders

The \$10,000 combined lifetime maximum benefit for inpatient and outpatient mental or nervous disorders and outpatient chemical dependency disorders applies only to outpatient chemical dependency disorders.

Inpatient and outpatient treatment of mental or nervous disorders includes alcoholism treatment.

The outpatient mental or nervous disorders and chemical dependency disorders combined calendar-year maximum benefit applies only to outpatient chemical dependency disorders. The calendar-year maximum for outpatient treatment of mental or nervous disorders is as follows:

1. Advantage, Deluxe and HDHP Plans: Up to \$25 per visit, maximum of 50 visits.
2. Copay, Value and Premier Plans: Up to \$50 per visit, maximum of 10 visits

The inpatient mental or nervous disorders calendar-year maximum benefit is deleted and replaced with the following:

1. Advantage, Deluxe, Premier and HDHP Plans: Limited to 10 inpatient days per calendar year
2. Copay and Value Plans: Limited to 5 inpatient days per calendar year

Pre-Existing Conditions

The second and third sentences are deleted in their entirety and replaced with the following:

A pre-existing condition will be considered a covered charge at the end of a continuous period of 12 months following the covered person's effective date of coverage.

WYOMING RESIDENTS

Additional Provisions

Pre-existing Conditions

The reference in the first sentence to 12 months in the pre-existing conditions definition is changed to 6 months.

The second and third sentences are deleted in their entirety and replaced with the following:

A pre-existing condition will be considered a covered charge at the end of a continuous 12-month period following the covered person's effective date of coverage if no medical advice, diagnosis, care or treatment in connection with the injury or sickness has been received.

We will credit toward the satisfaction of this limitation the time a covered person was previously covered by public or private health insurance or other health benefit arrangement if the previous coverage was continuous to a date not more than 90 days prior to the effective date of this coverage, exclusive of any applicable waiting period. The level of benefits applicable to the pre-existing conditions of a covered person with such prior coverage during the period of time the pre-existing condition limitation applies under the policy will be the lesser of: (1) the benefits of the policy without application of the pre-existing conditions limitation; or (2) the benefits of the prior health benefit plan.

