

# HealthBasic

A solution for small businesses



INFORMATION AND ENROLLMENT KIT

## A LIMITED-BENEFIT HEALTH PLAN DESIGNED EXCLUSIVELY FOR SMALL BUSINESSES

**HealthBasic is an innovative limited-benefit health plan that offers the flexibility and affordability all small employers need.**

In spite of the changes brought about by healthcare reform, many small businesses still can't afford the cost of comprehensive medical coverage. In fact, this legislation has led to skyrocketing premiums for many businesses while out-of-pocket costs for new plans offered through the Exchange are actually increasing. Many of these plans provide no first dollar coverage – which means that you and your employees must meet high deductibles before coverage for doctors visits and prescriptions even begins.

HealthBasic provides coverage for these everyday medical expenses. For example, this plan provides:

- \$10 office visit pre-pay
- Prescriptions starting at \$10
- A telemedicine program that offers 24/7/365 phone or online access to a doctor for consultations – including prescriptions for many common medical conditions
- An employee assistance program that provides 24/7/365 access to behavioral health information and advice via the phone plus three in-person counselor visits
- Dental coverage is also available

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[www.healthbasicplan.com](http://www.healthbasicplan.com)

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With different levels of coverage to choose from, your workers can simply select the plan that meets their needs and their budget.

## MANY SMALL BUSINESSES SIMPLY CAN'T AFFORD COMPREHENSIVE MEDICAL COVERAGE.

If your small business does not qualify for subsidies because you can't meet the strict requirements around employee income and contribution amounts, you may be shocked at the cost of new medical plan options. That's why small businesses like yours are turning to HealthBasic. This innovative plan allows you to provide benefits for everyday medical services – the ones that individuals use most frequently.

### A simple solution for your health coverage needs.

HealthBasic can fit the needs of all kinds of small employers, from restaurants, hair salons, auto mechanics, retailers and more. Because we know that small businesses don't have a lot of time to dedicate to managing employee benefits, HealthBasic offers hassle-free administration. In fact, it takes just minutes to get everyone started since there is no census or health history required. You'll need just five enrollees to initiate coverage.

With different levels of coverage to choose from, your employees can simply select the plan that meets their needs and their budget. The most comprehensive plan may be ideal for both managers and owners. Plus, you and your employees can cancel coverage and enroll in an Exchange-based plan at anytime if it becomes an affordable option.

#### **NOTICE**

The insurance described in this brochure provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. This insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

# HEALTH PLAN BENEFITS

Following is the benefit and rate information for the HealthBasic voluntary medical plans. Each insured member and each insured family member receives the following benefits each coverage year:

INPATIENT <sup>(1)</sup>	PLAN 1	PLAN 2	PLAN 3
Day 1 hospital confinement benefit amount per day	\$750 per day x 1 day	\$1,000 per day x 1 day	\$1,500 per day x 1 day
Days 2+ hospital confinement benefit amount per day	\$500 per day	\$500 per day	\$1,000 per day
– Maximum Benefit	5 days per year	5 days per year	5 days per year
Day 1 + additional ICU benefit amount per day	N/A	\$750 per day x 1 day	\$750 per day x 1 day
Surgery benefit amount (incl. maternity) per day	\$1,000 per day x 1 day	\$1,000 per day x 1 day	\$1,500 per day x 1 day
Anesthesia benefit amount - per day	\$250 per day x 1 day	\$250 per day x 1 day	\$375 per day x 1 day
OUTPATIENT <sup>(1)</sup>			
Physician Office Visit Pre-pay <sup>(2)</sup>	\$10	\$10	\$10
– Benefit amount per day	\$60 per day x 3 days	\$70 per day x 3 days	\$85 per day x 5 days
– Annual Physical (Wellness) benefit amount per day	N/A	\$75 per day x 1 day	\$125 per day x 1 day
– Well child care (age 4 or below) daily benefit amount	N/A	\$75 per day x 4 days	\$100 per day x 4 days
Accident maximum benefit amount per year up to:	\$5,000 per year	\$5,000 per year	\$10,000 per year
– Benefit % payable	80% U&C	80% U&C	80% U&C
– Deductible	\$100 per accident	\$0	\$0
Emergency Room (sickness) benefit amount per day	\$100 per day x 1 day	\$200 per day x 1 day	\$300 per day x 1 day
Surgery benefit amount per day	N/A	\$750 per day x 1 day	\$1,000 per day x 1 day
– Anesthesia benefit amount - per day	N/A	\$188 per day x 1 day	\$250 per day x 1 day
Diagnostic, X-ray, Lab			
– Class I: Laboratory - Blood work, CMP, Lipid Panel, ECG, Pap/PSA, urinalysis and all other laboratory tests	\$30 per day x 2 days	\$30 per day x 2 days	\$30 per day x 4 days
– Class II: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram	\$50 per day x 2 days	\$100 per day x 2 days	\$120 per day x 2 days
– Class III: Imaging CT, PET	\$200 per day x 1 day	\$250 per day x 1 day	\$300 per day x 1 day
– Class IV: Other Diagnostic test- Endoscopy, Bronchoscopy, MRI, Colonoscopy without Biopsy	\$250 per day x 1 day	\$300 per day x 1 day	\$500 per day x 1 day
PRESCRIPTION <sup>(3)</sup>			
• Retail – Generic RX copay		\$10	\$10
• Retail – Preferred Brand RX copay		N/A	\$30
• Mail Order – Generic RX copay	Discount Only <sup>(4)</sup>	\$30	\$30
• Mail Order – Preferred Brand RX copay		N/A	\$90
Monthly benefit maximum – <b>INDIVIDUAL</b>		\$200	\$200
Monthly benefit maximum – <b>FAMILY</b>		\$400	\$400
CRITICAL ILLNESS, AD&D <sup>(1)</sup>			
Accidental Death & Dismemberment	\$5,000/5,000/1,000	\$10,000/5,000/1,000	\$15,000/5,000/1,000
Critical Illness Coverage Payable for 10 Conditions: Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer's, ALS, Terminal Illness.	N/A	\$1,500	\$3,000
OTHER SERVICES <sup>(4)</sup>			
Telephonic Doctor Office Visits	Yes	Yes	Yes
Behavioral Health: EAP	Yes	Yes	Yes
PPO Discounts	Yes	Yes	Yes
Monthly Rates			
Employee Only	\$ 65.65	\$125.10	\$188.80
Employee + 1	\$144.42	\$270.94	\$409.11
Family	\$210.07	\$393.19	\$595.85

(1) The Hospital Fixed Indemnity, Outpatient Accidental-Only, Critical Illness and AD&D Benefit Plans are underwritten by AXIS Insurance Company. (2) The office visit pre-pay is a service through the First Health PPO Network. (3) The prescription copay is underwritten by an AM Best-Rated Company. (4) These services are not insurance and are not provided by the underwriting companies shown here. \*Benefit amounts listed are for: Employee/Spouse/Child(ren).

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# DENTAL PLAN BENEFITS

The Ternian Dental plan provides employees the opportunity to obtain services with dental professionals at an affordable price. Following is the benefit information for the HealthBasic voluntary dental plan for owners, employees and their family members.

HealthBasic Dental Plan*	\$1,000
Maximum Plan Year Limit	\$1,000
Periodontics – Lifetime Maximum	\$500
Orthodontics – Lifetime Maximum	\$500
<b>Type 1: Preventive &amp; Diagnostic</b>	
Oral exams, Including prophylaxis	\$36
Bitewings, per film	\$5
X-Ray, panoramic or cephalometric	\$36
Sealants / topical fluoride	\$11
Space maintainers	\$108
<b>Type 2: Major Restorative</b>	
Crowns, bridges & dentures	\$180
Pre-fabricated crowns	\$60
Crown build-up procedures	\$48
<b>Type 3: Minor Restorative</b>	
Fillings	\$42
Crowns, bridges & denture repair	\$24
Relining or rebasing dentures	\$60
<b>Type 4: Endodontics</b>	
Root canals, apicoectomies	\$192
Root amputation	\$96
Therapeutic pulpotomy, retrograde	\$48
<b>Type 5: Periodontics</b>	
Lifetime maximum	\$500
Tissue grafts or bone surgery	\$96
Gingivectomy (per quadrant)	\$60
Periodontal scaling, periodontal splinting, root planning, gingival curettage (per quadrant)	\$36
Gingivectomy (per tooth)	\$24
<b>Type 6: Oral Surgery</b>	
Surgeries Level 1 (ex. Removal of exostosis)	\$120
Surgeries Level 2 (ex. Removal of impacted tooth)	\$66
Surgeries Level 3 (ex. Simple Extraction)	\$36
<b>Type 7: General Anesthesia and IV</b>	
IV, first half hour general, each	\$72
Additional 1/4 hour general	
<b>Type 8: Orthodontia</b>	
Per course of treatment	\$500
Types 1 through 7 subject to annual maximum of \$1,000	
Types 2, 5, 6a, and 8 are subject to 12 month waiting period.	
DENTAL PLAN MONTHLY RATES	Dental \$1,000
Employee	\$21.50
Employee + 1	\$46.23
Family	\$63.43

\*Underwritten by AXIS Insurance Company.

## WHAT ELSE DO I NEED TO KNOW?

### **GROUP PARTICIPATION REQUIREMENT:**

You'll need just five enrollees to initiate coverage.

### **EMPLOYEE ELIGIBILITY:**

Employee eligibility is defined by the employer.

### **INDIVIDUAL UNDERWRITING:**

None. Guarantee issue with no medical evidence or questions required.

### **COVERAGE AVAILABILITY:**

Not available in all 50 states and all industries.

### **CONTINUATION OF COVERAGE WHEN EMPLOYMENT ENDS:**

Included in the coverage provision of the policy.

### **ISSUE AGES:**

Employee/spouse - ages 18 through 64

Dependent child - to age 26

### **AD&D BENEFIT REDUCTIONS:**

At age 70-74, benefit reduces to 65% of original face amount.

At age 75-79, benefit reduces to 40% of original face amount.

At age 80+, benefit reduces to 20% of original face amount.

### **PRE-EXISTING CONDITION LIMITATION:**

6/12 pre-ex on inpatient & surgery only.

See exclusions for details.

## HOW DO I GET STARTED?

### **JUST FOLLOW THESE SIMPLE STEPS:**

1. Complete and sign the Request for Coverage form. Make sure you keep a copy for yourself and that you have checked the box indicating your preferred contact method.
2. Fax or email your Request for Coverage form (along with a voided check if ACH payment is chosen) to the fax number or email address listed on the Request for Coverage form. Employers with fewer than 50 employees may be required to include a copy of their Employer Quarterly Wage Report.

### **WHAT HAPPENS THEN?**

You will be contacted within three business days with your group specific enrollment URL.

### **HOW DO EMPLOYEES ENROLL IN HEALTHBASIC?**

Employees can quickly and easily enroll online at your group specific URL. If an employee does not wish to enroll online, the enrollment forms can be faxed or emailed. This contact information can be found on the request for coverage. The enrollment form can be found at [www.healthbasicplan.com](http://www.healthbasicplan.com)

### **BILLING AND OTHER INFORMATION:**

Initial coverage begins the first of the month following setup. New employees are effective the first of the month following our receipt and approval of their enrollment. You will receive a bill by the 25th of the month prior to the effective date listing all enrollee information. You will have until the 1st of the month to make changes to the enrollee list. On the fifth of each month, either your checking account or credit card will be debited for the premium for that month.

HealthBasic includes the following services\* to enhance your plan value and provide increased savings:

**First Health** offers access to one of the nation's largest and most respected healthcare networks. It includes more than 5,000 hospitals and 590,000 physicians and health care professionals across all 50 states.



**Pharmacy Network** is an industry leader in providing comprehensive and affordable insurance plans for employers, groups and individuals for well over 35 years.



**DenteMax Network** With DenteMax, members have access to network discounts averaging 20% - 40% at over 137,000 providers in all 50 states.



With **ScriptSave**® members enjoy instant savings of up to 50% on brand name and generic medications for their entire household.



**Consult a Doctor** offers 24/7/365 unlimited access to affordable care through phone, email and video consultations with board-certified physicians.



**Support Linc Behavioral Health** offers unlimited telephonic access to behavioral health professionals to help individuals with a variety of life and mental health issues, as well as three in-person counselor visits.



\*These services are not insurance and are not provided by AXIS Insurance Company.

Pre-existing Condition Limitation

**For Hospital Confinement or Surgery Benefits on all plans:**

**Pre-Existing Condition Limitation**

The Insurance Company will not pay Hospital Confinement Benefits for any Pre-existing Condition. A "Pre-existing Condition" means a disease or physical condition for which the Insured Person received medical treatment, during the treatment period shown above before his or her most recent effective date of insurance. The Pre-existing Condition Limitation will apply to any added benefits or increase in benefits. It will not apply after the Limitation Period shown above.

**For Critical Illness benefit on all plans:**

24-Month Treatment Period/24-Month/Limitation Period

**Pre-Existing Condition Limitation**

The Insurance Company will not pay Critical Illness Benefits for any Pre-existing Condition. A "Pre-existing Condition" means a disease or physical condition for which the Insured Person received medical treatment, during the treatment period shown above. Any increase in benefits will be delayed for 12 months. The Pre-existing Condition Limitation will not apply after the Limitation Period shown above.

**Under the Group Indemnity Policy**

**We will not pay for any loss, injury or sickness that is caused by, or results from:**

- Pre-existing Conditions occurring in the first 12 months of coverage (applies to Hospital Confinement and Surgery and Anesthesia benefits only). "Pre-existing Condition" means an illness, disease, or other condition of the Insured Person, that was treated, diagnosed or required medications Under the Group Hospital Indemnity Policy we will not pay benefits for any loss, injury or sickness that is caused by, or results from:
- Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
- Commission or attempt to commit a felony or an assault;
- Commission of or active participation in a riot or insurrection;
- Declared or undeclared war or act of war;
- Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
- An injury or sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
- Travel or activity outside the United States, Canada or Mexico, except for a Medical Emergency;
- Flight in, boarding or alighting from an Aircraft except as:  
A fare-paying passenger on a regularly scheduled commercial or charter airline, a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
- Travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
- Bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
- Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
- The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
- An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
- Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Physician unless specifically provided herein;
- Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
- Repair, replacement, examinations for prescriptions or the fitting of eyeglasses or contact lenses;
- Elective Abortion. Elective Abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
- Mental and nervous disorders;
- Elective surgery or cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury or Covered Sickness;
- Experimental or Investigational drugs, services, supplies. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The covered service will also be considered Experimental or Investigational if the Insured Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National

Cancer Institute regarding malignancies, will be considered Experimental or investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption;

- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications;
- Sexual reassignment surgery, sexual transformation surgery, sexual transgendering surgery;
- Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a Covered Injury or Covered Sickness;
- Treatment or services provided by a private duty nurse;
- Organ or tissue transplants and related services;
- Personal comfort or convenience items;
- Rest or custodial cures;
- Hearing aids.
- An Injury or Sickness for which the Insured Person is paid benefits under any Workers' Compensation or occupational disease law or under any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

- employed or retained by the Policyholder; Subscriber;
- living in the Insured Person's household;
- an Immediate Family Member of either the Insured Person or the Insured Person's Spouse;
- the Insured Person.

**Under the Accident Medical Expense Policy:**

**We will not pay for any loss, injury or sickness that is caused by, or results from:**

- Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
- Commission or attempt to commit a felony or an assault;
- Commission of or active participation in a riot or insurrection;
- Declared or undeclared war or act of war;
- An injury or sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
- Flight in, boarding or alighting from an Aircraft except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
- Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
- Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice;
- The Insured Person's intoxication; The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
- Aggravation or re-injury of a prior injury the Insured Person suffered prior to His Coverage Effective Date, unless the Company receives a written medical release from the Insured Person's Physician;
- Sickness, disease or any bacterial infection, except one that results from an Accidental cut or wound, or pyogenic infections that result from accidental ingestion of contaminated substances;
- Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
- Travel in any Aircraft owned, leased or controlled by the policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the policyholder if the Aircraft may be used as the policyholder wishes for more than 10 straight days, or more than 15 days in any year.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

- employed or retained by the Policyholder;
- living in the Insured Person's household;
- an Immediate Family Member of either the Insured Person or the Insured Person's spouse;
- the Insured Person.

**In addition to the above Exclusions, under the Accident Medical Expense Policy, we will not pay for any loss, treatment or services resulting from or contributed to by:**

- Treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of the Insured Person's household.
- Treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances;
- Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis; osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness; detached retina unless caused by a Covered Accident;

- Mental disorder or psychological or psychiatric care or treatment whether or not caused by a Covered Accident;
- Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions;
- Mental and nervous disorders;
- Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment;
- Expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial disorders;
- Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits, including any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident, or while engaging in activity for monetary gain from sources other than the Policyholder.
- Cosmetic and elective surgery;
- Any elective treatment, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States;
- Eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
- Expenses payable by any automobile insurance policy without regard to fault;
- Conditions that are not caused by a Covered Accident;
- Any treatment, service or supply not specifically covered by the Policy; or
- Injuries paid under medical payment coverage or no-fault coverage contained in an automobile insurance policy or liability insurance policy.

**In addition, Critical Illness Benefits will not be paid for:**

- The Insured Person's suicide or intentional self inflicted injury or Sickness, while sane or insane;
- The Insured Person's being under the influence of an excitant, depressant, hallucinogen, narcotic, and other drug, or intoxicant including those taken as prescribed by a Physician;
- The Insured Person's commission of or attempt to commit an assault or felony;
- The Insured Person's engaging in an illegal activity or occupation;
- The Insured Person's voluntary participation in a riot;
- Any illness, loss or condition specifically excluded from the definition of any Critical Illness;
- A Critical Illness that was initially Diagnosed before the Coverage Effective Date;
- War, whether declared or not;
- Balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure unless covered under this Certificate; or
- Any injury or Sickness covered under any state or federal Worker's Compensation, Employer's Liability law or similar law.

**No Prescription Drug Benefits will be paid for:**

- Brand name prescriptions drugs (if generic only drug option is selected)
- All over-the-counter products and medications, including, but not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements and all other over-the-counter products and medications.
- Blood glucose meters; insulin injecting devices.
- Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.
- Biologicals (including allergy tests); blood products; growth hormones; hemophilic factors; MS injectables; immunizations; and all other injectables unless shown in the definition of Prescription Drug.
- Medical supplies and durable medical equipment unless shown in the definition of Prescription Drug.
- Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid, and Niacin – used in treatment verses as a dietary supplement; and all other Legend Drug vitamins and nutritional supplements.
- Anorexiants; any cosmetic drugs including, but not limited to, Renova and skin pigmentation preps; any drugs or products used for the treatment of baldness; and topical dental fluorides.
- Refills in excess of that specified by the prescribing Doctor, or refills dispensed after one year from the original date of the prescription.
- Any drug labeled "Caution – limited by Federal Law for Investigational Use" or experimental drugs.
- All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication.
- Drugs needed due to conditions caused, directly or indirectly, by a Insured Person taking part in a riot or other civil disorder; or the Insured Person taking part in the commission of a felony.
- Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or any act of war; or drugs dispensed to a Insured Person while on active duty service in any armed forces.
- Any expenses related to the administration of any drug.
- Drugs or medicines taken while in or administered by a Hospital or any other health care facility or office.
- Drugs covered under Worker's Compensation, Medicare, Medicaid or other governmental program.
- Drugs, medicines or products which are not medically necessary.

- Diaphragms; erectile dysfunction Legend Drugs; and infertility Legend Drugs.
- Epi-Pen, Epi-Pen Jr, Ana-Kit, Ana-Guard; Glucagon-auto injection; and Imitrex-auto injection.
- Smoking deterrents, Legend or over-the-counter drugs.
- Replacement of stolen medication (except under circumstances approved by us), or lost, spilled, broken or dropped Prescription Drugs.
- Vacation supplies of Prescription Drugs (except under circumstances approved by us).

**Under the Dental Policy, benefits will not be paid for the following:**

- For services and supplies not listed in the Schedule of Benefits or not recognized as essential for the treatment of the condition according to accepted standards of practice or considered experimental.
- For cosmetic procedures, including but not limited to veneers and bleaching of teeth and procedures performed primarily for cosmetic reasons.
- For services related to, performed in conjunction with, or resulting from a non-covered procedure.
- For charges in excess of the Usual and Customary rate.
- For any treatment program which began prior to the date the Insured Person is covered under the Policy.
- For crowns, inlays and onlays on teeth that can be restored by direct placement materials.
- For the replacement of crowns, bridges, dentures, inlays or onlays that can be restored to normal function.
- For the replacement of crowns, bridges, inlays, onlays or prosthetic appliance within 5 years from the date of last placement.
- For service or supplies payable under any medical expense portion of an auto or no-fault plan.
- For any condition paid under any Worker's Compensation Act or similar law.
- For services applied without cost by any municipality, county or other political subdivision or for which there would be no charge in the absence or insurance.
- During any Waiting Period the Company requires. When the Insured Person voluntarily ends this insurance without a qualifying event and re-enrolls at a later date, the Waiting Period is 2 years and begins on the date coverage first ended.
- For services that are applied toward the satisfaction of a Deductible, if any.
- For services subject to a Waiting Period that were incurred during the Waiting Period.
- For charges resulting from changing from one provider to another while receiving treatment, or from receiving treatment from more than one provider for one dental procedure to the extent that the total charges billed exceed the amount incurred if one provider had performed all services.
- For Hospital facility charges for any dental procedure, including but not limited to: emergency room charges, surgical facility charges, Hospital confinement.
- For drugs or the dispensing of drugs.
- For oral hygiene instruction; plaque control; acid etch; prescription or take-home fluoride; broken appointments; completion of a claim form; OSHA/Sterilization fees (Occupational Safety & Health Agency); or diagnostic photographs (except for orthodontic purposes).
- For implants; myofunctional therapy; athletic mouth guards; precision or semi-precision attachments; treatment of fractures, cysts, tumors, or lesions; maxillofacial prosthesis; orthognathic surgery; TMJ dysfunction; cleft palate; or anodontia.
- For orthodontia, unless included within the Schedule of Benefits.
- For services to replace teeth that were missing (extracted or congenitally) prior to the effective date of coverage on Our Plan. This limitation ends after 36 months of continuous coverage on the Plan. Abutment teeth will be reviewed for eligibility of prosthetic benefits.
- For composite, resin, or white fillings on posterior primary teeth. Benefits will be reduced to that of an amalgam or silver filling.
- For the replacement of a filling within 24 months of placement, unless for specific health reasons.
- For the replacement of retainers.
- For sealants not applied to permanent bicuspid or molar; applied at age 15 or older; applied 3 years from a previous sealant application; applied to a decayed tooth.
- For lab fees for higher metals or porcelain crowns, bridges, inlays, or onlays.

The insurance coverage provided herein may be considered a welfare benefit plan pursuant to the Employee Retirement Income Security Act of 1974 ("ERISA"). If ERISA applies the plan sponsor has certain responsibilities. Please consult with your legal or tax counsel for guidance as to whether ERISA would apply to this coverage and the responsibilities of a plan sponsor.

\*Coverage may not be available in all U.S. states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on state laws. This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit AXIS Insurance Company from providing insurance, including, but not limited to, the payment of claims.

Payment of claims under any insurance policy issued shall only be made in full compliance with all United States economic or trade and sanction laws or regulation, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

**NOTICE**

The insurance described in this brochure provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. This insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.



# EMPLOYER REQUEST FOR COVERAGE FORM



## PARTICIPATING EMPLOYER (POLICYHOLDER) INFORMATION

1. Business Name: \_\_\_\_\_ EIN/TAXID: \_\_\_\_\_  
2. Contact Name and Title: \_\_\_\_\_  
3. Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
4. Check preferred contact method:  Phone: \_\_\_\_\_  E-mail: \_\_\_\_\_  
6. Number of Eligible Employees: \_\_\_\_\_  
# Eligible Hourly Employees: \_\_\_\_\_ # Enrolled Hourly Employees: \_\_\_\_\_  
# Eligible Owners and Family Members: \_\_\_\_\_ # Enrolled Owners and Family Members: \_\_\_\_\_  
7. Requested Plan Effective Date: \_\_\_\_\_ (Must be the first of the month.)  
8. Dental:  Yes  No

## BROKER/AGENT INFORMATION

Agent Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## METHOD OF PAYMENT (CHOOSE ONE OPTION)

Debit my Checking Account (You must include a copy of a voided check with this form.)  
Bank: \_\_\_\_\_  
Branch Name/Address: \_\_\_\_\_  
 Debit my Credit Card  
Card Type:  Visa  MasterCard  American Express  Discover  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_ Security Number: \_\_\_\_\_(\_\_\_\_)  
Billing Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

I hereby authorize Ternian Insurance Group on behalf of AXIS Insurance Company to initiate debit entries to the Checking Account or Credit Card listed above. I acknowledge that the origination of debit transactions to my account must comply with the provisions of U.S. law.

## ACKNOWLEDGMENT AND AGREEMENT

BY SIGNING BELOW: The employer ("Group") understands and agrees that the requested insurance coverage will not become effective on the proposed effective date until this completed Request for Coverage form is reviewed, approved, and signed by Ternian. The group insurance policy will serve as the contractual agreement between the Group and the insurance company with respect to the terms of the insurance coverage and the cost thereafter. Group acknowledges that the information on this form is complete and accurate to the best of knowledge. Group understands that the medical plans to be offered (if any) are fixed indemnity sickness and accident policies and are not considered creditable coverage under HIPAA, and are not intended to be a substitute or replacement for comprehensive or major medical health insurance plans or workers compensation plans. Group agrees that it is solely responsible for any applicable obligations under employer legislation and that Ternian and the insurance carrier assume no liability.

**FOR CA AND FL EMPLOYERS:** By signing below, you are acknowledging that you are aware that the HealthBasic plan is not a qualified small employer health benefit plan under state law. As such, your role is facilitating administration and premium collection. Therefore, you may not contribute directly or indirectly to the employee's medical plan premium.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**FAX OR E-MAIL COMPLETED FORM TO:** 623.258.4067 | [memberservices@ternian.com](mailto:memberservices@ternian.com) **Questions?** Call 1-855-626-3969

If needed, Request for Coverage forms are available at [www.ternian.com](http://www.ternian.com)