



Basic Benefits Insurance Plan

A lower cost alternative to traditional major medical insurance

Highlights Of *Basic Benefits Insurance Plan*

- ◆ No Medical Questions or Physical Exams
- ◆ Available to Eligible Members and Their Families
- ◆ Choose from 3 Plan Options
- ◆ Freedom to Use Any Licensed Doctor or Hospital
- ◆ No Deductibles or Co-Insurance to Pay
- ◆ Benefits Paid Directly to the Insured
- ◆ Pays in Addition to Other Private Insurance
- ◆ Survivor Benefit—18 Months Premium Free

Features Of *Basic Benefits Insurance Plan*

Benefits include:

- ✓ Doctor's Office Visits
- ✓ Diagnostic Testing
- ✓ Emergency Room Treatments
- ✓ Hospitalization
- ✓ Surgery
- ✓ Wellness Visits
- ✓ Dental Option

The Basic Benefits Insurance Plan

BBIP is AFFORDABLE. This is a lower cost alternative to traditional major medical insurance coverage. Compare these plan rates to the current national average monthly premium for health coverage of \$281.91 single and \$755.66 family (Source: Kaiser Family Foundation's Employer Health Benefits Survey 2003).

BBIP is ACCESSIBLE. Members who satisfy the eligibility requirements can enroll—without answering any medical questions or taking a physical exam. Members can also enroll their eligible family members.

BBIP is FLEXIBLE. Choose from different plan designs to create a plan that meets the specific needs of you and your family. There are 3 basic health plans and a dental option. The dental option can be selected by itself or added to any of the 3 basic health plans.

IMPORTANT! *Basic Benefits Insurance Plan* is not comprehensive major medical insurance. It is a low-cost alternative providing fixed amount, limited benefits directly to insureds for the most used types of medical services. You can have this coverage in addition to any comprehensive major medical plan. This plan pays in addition to any other insurance you may have. Please note that **BBIP is also not a Medicare Supplement plan.**

Affordable . . . Accessible . . . Flexible . . . *Basic Benefits Health Insurance*



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Choose one of the following plan designs:

	Value Plan pays:	Standard Plan pays:	Enhanced Plan pays:
Doctor's Office Visits	\$50 per visit	\$50 per visit	\$65 per visit
Diagnostic Tests	\$50 per visit	\$50 per visit	\$65 per visit
Child Wellness Visits	\$50 per visit	\$50 per visit	\$65 per visit
Hospitalization	\$150 per day	\$300 per day	\$500 per day
Surgery—Inpatient	\$500 per surgery	\$1,000 per surgery	\$2,000 per surgery
Surgery—Outpatient	\$200 per surgery	\$400 per surgery	\$800 per surgery
Emergency Room	\$100 per visit	\$200 per visit	\$300 per visit

Doctor Office Visits— *BBIP* pays the amount shown per visit to a doctor's office for treatment of injury or sickness. 5 visits per covered person per calendar year; 1 of which may be used for wellness care.

Diagnostic Testing or X-ray—*BBIP* pays the amount shown per visit to a doctor's office or outpatient facility for medically necessary diagnostic testing and x-rays of injury or sickness. 3 visits per covered person per calendar year; 1 of which may be used for wellness care.

Child Wellness Visits—*BBIP* pays the amount shown per visit to a doctor's office for well child care at 11 specified age intervals from birth through age 5. Well child care visit includes physical examination, developmental assessment, immunizations and vision and hearing screenings.

Hospitalization—*BBIP* pays the amount shown per day for up to 100 days per confinement. Includes double benefits for ICU/CCU for a maximum of 30 days per confinement; 50% of the daily benefit amount for a maximum of 30 days per confinement for mental illness, alcohol or drug abuse; 50% of the daily benefit amount for a maximum of 60 days per confinement in a convalescent facility following within 3 days of a hospitalization of at least 3 days.

Surgery—*BBIP* pays the amount shown for 1 inpatient and 1 outpatient surgery (performed in a hospital or outpatient surgery center) per covered person per calendar year.

Emergency Room—*BBIP* pays the amount shown for 1 visit to the emergency room for injury and for 1 visit to the emergency room for sickness when not hospital confined per covered person per calendar year.

Survivor Benefit—Dependent coverage will continue—premium free—for up to 18 months after the end of the month in which the insured member's death occurs.



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MONTHLY PREMIUMS

Value Plan

<u>Member's Attained Age</u>	<u>Member</u>	<u>Member & Spouse</u>	<u>Member & Child(ren)</u>	<u>Family</u>
Under 30	\$31.55	\$56.85	\$91.45	\$116.75
30-34	\$40.80	\$73.44	\$100.70	\$133.34
35-39	\$45.41	\$81.61	\$105.31	\$141.51
40-44	\$50.28	\$90.09	\$110.18	\$149.99
45-49	\$55.31	\$98.76	\$115.20	\$158.66
50-54	\$60.84	\$108.35	\$120.74	\$168.25
55-59	\$70.24	\$124.33	\$130.14	\$184.23
60-64	\$88.08	\$155.71	\$147.98	\$215.61
65+ *	\$111.84	\$197.76	\$171.74	\$257.66

Standard Plan

<u>Member's Attained Age</u>	<u>Member</u>	<u>Member & Spouse</u>	<u>Member & Child(ren)</u>	<u>Family</u>
Under 30	\$43.73	\$79.26	\$120.10	\$155.63
30-34	\$55.66	\$100.76	\$132.03	\$177.13
35-39	\$62.84	\$113.46	\$139.21	\$189.83
40-44	\$70.52	\$126.76	\$146.89	\$203.13
45-49	\$78.52	\$140.47	\$154.89	\$216.84
50-54	\$87.53	\$156.00	\$163.90	\$232.37
55-59	\$104.43	\$184.58	\$180.80	\$260.95
60-64	\$138.37	\$244.23	\$214.74	\$320.60
65+ *	\$183.12	\$323.40	\$259.49	\$399.77

Enhanced Plan

<u>Member Attained Age</u>	<u>Member</u>	<u>Member & Spouse</u>	<u>Member & Child(ren)</u>	<u>Family</u>
Under 30	\$67.59	\$122.65	\$181.32	\$236.37
30-34	\$85.62	\$155.37	\$199.35	\$269.10
35-39	\$97.29	\$176.14	\$211.02	\$289.87
40-44	\$110.02	\$198.24	\$223.75	\$311.97
45-49	\$123.34	\$221.06	\$237.07	\$334.79
50-54	\$138.51	\$247.18	\$252.24	\$360.91
55-59	\$166.85	\$295.02	\$280.58	\$408.75
60-64	\$223.49	\$394.40	\$337.22	\$508.13
65+ *	\$301.03	\$531.54	\$414.76	\$645.27

*Renewal only. Coverage terminates at age 70.



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Dental Option

The Dental Option can be selected by itself or added to the Value, Standard or Enhanced Plans.

BBIP pays:	
Dental Benefits	\$1,500 / calendar year \$500 maximum for periodontics \$750 maximum for orthodontia

Dental Benefits: Scheduled amounts are payable up to \$1,500 per covered person per calendar year for preventative and diagnostic care, restorative treatment, root canals, periodontics (\$500 lifetime maximum), oral surgery and orthodontia (\$750 maximum per course of treatment). Some benefits require a 12 month waiting period before benefits are available. (See Schedule of Benefits below)

Dental Schedule of Benefits

Category:	BBIP pays:	Category:	BBIP pays:
Type 1: Preventive & Diagnostic		Type 5: Periodontics (\$500 Lifetime Maximum)	
a. Oral exams, including prophylaxis	\$ 48.00	a. Tissue grafts or bone surgery	\$128.00
b. Bitewings, per film	\$ 6.40	b. Gingivectomy (per quadrant), periodontal scaling, periodontal splinting, root planing	\$ 80.00
c. X-ray, panoramic or cephalometric	\$ 48.00	c. Gingival curettage (per quadrant)	\$ 48.00
d. Sealants / topical fluoride	\$ 13.60	d. Gingivectomy (per tooth)	\$ 32.00
e. Space maintainers	\$144.00		
Type 2: Major Restorative		Type 6: Oral Surgery	
a. Crowns, bridges & dentures	\$240.00	a. Surgeries Level 1 (ex. Removal of exostosis)	\$160.00
b. Pre-fabricated crowns	\$ 80.00	b. Surgeries Level 2 (ex. Removal of impacted tooth)	\$ 88.00
c. Crown build-up procedures	\$ 64.00	c. Surgeries Level 3 (ex. Simple extraction)	\$ 48.00
Type 3: Minor Restorative		Type 7: General Anesthesia and IV	
a. Fillings	\$ 56.00	a. IV, first half hour general, each additional 1/4 hour general	\$ 96.00
b. Crown, bridge and denture repairs	\$ 32.00		
c. Relining or rebasing dentures	\$ 80.00	Type 8: Orthodontia (Per Course of Treatment)	\$750.00
Type 4: Endodontics			
a. Root canals, apicoectomies	\$256.00		
b. Root amputation	\$128.00		
c. Therapeutic pulpotomy, retrograde fillings, apexification, hemisection	\$ 64.00		

Types 1 through 7 subject to annual maximum of: \$1,500.00

Types 2, 5, 6a, 7 and 8 are subject to 12 month waiting period

Monthly Premiums

Member Only	\$22.00
Member & Spouse	\$43.00
Member & Child(ren)	\$58.00
Family	\$79.00



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Frequently Asked Questions

Who is eligible for coverage? All members of the American Enterprise Association who are under age 65 are eligible provided they are actively at work performing all the normal duties of their job, or if not employed, performing the normal duties of persons of like age and gender; reside in the U.S.; and are not in full-time military service.

Are dependents eligible? Yes, if the member is eligible and becomes insured under the plan. Spouses (not legally separated or divorced) and children, including stepchildren and adopted children, who are unmarried, dependent on the member for support and under age 19 (26 if a full-time student) are eligible provided they are actively performing the normal duties of persons of like age and gender; reside in the U.S.; and are not in full-time military service.

How do members enroll? Once the member has met the eligibility requirements above, simply submit a completed enrollment form to the Administrator.

Are there any medical questions or physical examinations required? No, the plan is guaranteed issue for all eligible members and their eligible dependents.

When is coverage effective? Coverage will be effective the 1st of the month following receipt of the enrollment form provided that the full premium is also received.

When does coverage terminate? Coverage will remain in effect until the first of the following occurs: the member requests cancellation; the end of the last period for which all required premium has been paid; the date membership ends; the date the member reaches age 70; the date the association ceases participation in the plan; the date the group policy terminates.

Spouse and children's coverage terminates concurrently with that of the member, or earlier, if they no longer qualify as a dependent or the member requests termination of dependent coverage.

How are premiums paid? The member can request direct billing and pay by check or charge premiums to a credit card. The member can choose a billing or payment mode of monthly, quarterly, semi-annual or annual. Age adjustments will be processed on a common anniversary date. Each direct bill will include an administrative fee of \$3.

Can coverage be continued after termination? Dependent coverage will continue, with no premium required, for up to 18 months after the end of the month in which the member's death occurs.

How are claims paid? All claims are paid **directly to the insured member**—benefits are not assignable.

Are there any limitations on pre-existing conditions? A "pre-existing condition" is defined as any injury or sickness for which diagnosis has been made, treatment has been recommended, treatment has been rendered, or expenses have been incurred within 6 months prior to becoming covered under the plan. It includes any condition manifesting itself in symptoms which would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.

Benefits under the Hospitalization and Surgery provisions of the plan are not payable for a "pre-existing condition" for the first 6 months following an insured's effective date.



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Exclusions and Limitations

The following is a brief list of the major exclusions and limitations of the **Basic Benefits Insurance Plan**. This is **NOT** a complete list. The Certificate of Insurance will contain the full text of exclusions and limitations.

- ❖ Occupational injury or sickness
- ❖ Dental, eye or vision care (except as elected)
- ❖ Experimental treatment; treatment that is not medically necessary; custodial care; care given by family, employers, co-workers
- ❖ Mental Illness or Alcohol or Drug Abuse (except as provided in the Hospitalization provision), Driving under the influence of drugs or alcohol
- ❖ Self-inflicted injury or self-induced sickness
- ❖ Cosmetic surgery
- ❖ Weight control, food supplements, vitamins
- ❖ Infertility treatment, reversal of sterilization, abortion
- ❖ Prescription drugs
- ❖ Treatment rendered outside of the US except in an emergency

Pre-existing Conditions Limitation

For Hospitalization and Surgery, there is an exclusion for pre-existing conditions until covered under the plan for 6 months ("pre-existing condition" means a condition for which the insured received advice or treatment in the 6 months prior to coverage under the plan) .

Questions?

Contact
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1 - 877- 489 - 4247

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Toll Free—(877) 673-9797

You may also e-mail your inquiries to us—
info@agu.net

Insured by:

Markel Insurance Company
Glen Allen, VA

Markel is rated "A" (Excellent) by A.M. Best Company, a leading insurance rating analyst.

Claims Administered by:

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1-866-653-2542

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of coverage will be set forth in the group policy issued to the American Enterprise Association. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference and refer to the Certificate of Insurance for additional state specific details. Some provisions, benefits, exclusions or limitations listed herein may vary depending on the member's state of residence.

The American Enterprise Association Basic Benefits Insurance Plan is available in: AL, AK, AZ, DC, DE, FL, GA, HI, IL, IN, IA, KY, MI, MS, MO, MT, NE, NC, ND, OK, OR, PA, RI, SC, TN, VA, WI, WY