



2014 Essential Preventive Plan Benefit Guide

Presented For:

Weiser Security Services, Inc.

For Questions or to Enroll Call
1-877-385-3601

Presented by:

Tom Daly

Benefit Advisory Group
Date Prepared: 01/03/2014

Issued by:



Marketed by:



DMC180Rev10/2013

2014 Open Enrollment

What is New In 2014?

We are very excited about a new employee benefits package that is being offered to all employees of **Weiser Security Services, Inc.** during this year's Open Enrollment. The plan for this year offers meaningful benefits including a **Preventive Care Plan**, as required by the new health care reform law, to help identify potential health risks for early diagnosis and treatment, and a **Limited Benefit Indemnity Plan** that pays a fixed benefit amount to help cover the out of pocket cost of common services, such as doctor's office visits, hospitalization, intensive care, accidents, and much more.

The effective date for your new plan will be **03-01-2014**.

Open Enrollment Period

January 6th through January 24th.

Remember that Open Enrollment is your once-a-year opportunity to enroll or make changes to your benefits plan. Otherwise, you will have to wait until next year. So make sure to enroll by January 24th.

You must call the Enrollment Hotline to continue benefits or elect new coverage by January 24, 2014.

How To Enroll

Enrollment is *easy, fast* and *convenient*. You will be able to enroll through our toll free Enrollment Center Dedicated Line in just a few minutes.

By Phone: To enroll now, call the toll free Enrollment Center Dedicated Line and a representative will answer your questions and enroll you over the phone.

To view the benefit options online go to:
<https://ehub.weisersecurity.com/webui/default.aspx>.

After You Enroll

Once you enroll in the plan, you will receive your ID Card(s) by mail. You will also be able to visit and register into our online member portal at **mypallic.com** for 24-hour access to:

- Review claims and EOBs
- Access plan documents
- See your benefits
- Find in-network providers
- Print ID cards
- Download forms
- Frequently Asked Questions
- And much more...

The information provided in this guide is a brief outline of benefits. Your certificate of coverage governs the terms and conditions of your plan.



Enrollment Center Dedicated Line



1-877-385-3601

Monday through Friday, 8:00 AM – 5:00 PM, CST.

Full bilingual (English-Spanish) services

Preventive Care Plan



Preventive care

Receive routine immunization, wellness exams, & medicines at no-cost when in-network

Stay healthy by catching potential illnesses before they start

Arm yourself with the tools you need to make smart choices for your future

One of the most valuable benefits included with your benefit package is preventive care coverage which now covers 100% of eligible preventive service costs when performed in-network. That means that you pay nothing out of pocket for access to a variety of medical screenings, exams, and immunizations which may help reduce your risk of developing health conditions in the future and avoid expensive treatment down the road.

Understanding Preventive Care

Preventive care is the first step in knowing how healthy you are. The goal is to “prevent” a serious health condition by detecting problems early on. Preventive care includes screenings, tests, medicines and counseling performed or prescribed by your doctor or other health care provider to test for conditions which may develop even when you don’t have signs or symptoms of an injury or illness. Your provider is able to deliver treatment which can prevent you from getting sick and by counseling you on beneficial lifestyle changes or offering prophylactic treatment.

Why is Preventive Care Important?

- Detection of health conditions early, when they are more easily treatable
- Identification of potential risks to your future health
- Provide adults with immunizations for illnesses such as influenza and pneumonia, as well as booster shots and required immunizations for children

Difference Between Preventive and Diagnostic Services

A preventive procedure starts with the intent of confirming your good health although you may appear asymptomatic. Diagnostic services differ in that they are requested in order to identify the cause of a reported health condition.

Services are considered Preventive Care when a person:

- Does not have symptoms indicating an abnormality
- Has had a screening done within the recommended age and gender guidelines with the results being considered normal
- Has had a diagnostic service with normal results, after which the physician recommends future preventive care screenings using the appropriate age and gender guidelines
- Has a preventive service that results in diagnostic care or treatment being done at the same time and as an integral part of the preventive service (e.g. polyp removal during a preventive colonoscopy), subject to benefit plan provisions

Preventive Care Plan

Services are considered Diagnostic Care when:

- Services are ordered due to current issues or symptoms(s) that require further diagnosis
- Abnormal test results on a previous preventive or diagnostic screening test requires further diagnostic testing or services
- Abnormal test results found on a previous preventive or diagnostic service requires the same test be repeated sooner than the normal age and gender guideline recommendations would require

Are Preventive Care Services covered only when performed in-network?

Yes, these preventive services are only covered under the preventive care plan when performed by an in-network provider. Your plan includes access to one of the largest preferred provider organization (PPO) networks. Details for locating an in-network provider can be found in the PPO Provider Network section of this guide.

Covered Preventive Services for Adults

Screenings for:

- Abdominal aortic aneurysm (one-time screening for men of specified ages who have ever smoked)
- Alcohol misuse
- Blood pressure
- Cholesterol (for adults of certain ages or at higher risk)
- Colorectal cancer (for adults over 50)
- Depression
- Type 2 diabetes (for adults with high blood pressure)
- HIV (for all adults at higher risk)
- Obesity
- Tobacco use
- Syphilis (for all adults at higher risk)

Counseling for:

- Alcohol misuse
- Aspirin use for men and women of certain ages and cardiovascular risk factors
- Diet (for adults with higher risk for chronic disease)
- Obesity
- Sexually transmitted infection (STI) prevention (for adults at higher risk)
- Tobacco use (including programs to help you stop using tobacco)

Immunizations:

- Doses, recommended ages, and recommended populations vary.
- Diphtheria, pertussis, tetanus (DPT)
- Hepatitis A
- Hepatitis B
- Herpes zoster
- Human papillomavirus (HPV)
- Influenza (Flu)
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chicken pox)

Additional Covered Preventive Services for Women

- Contraception (FDA approved contraceptive methods, sterilization procedures)
- Well-woman visits (to obtain recommended preventive services for women under 65)

Screenings for:

- Breast cancer (mammography every 1 to 2 years for women over 40)
- Cervical cancer (for sexually active women)
- Chlamydia infection (for younger women and other women at higher risk)
- Domestic and interpersonal violence
- Gestational diabetes (for those at high risk)
- Gonorrhea (for all women at higher risk)
- Osteoporosis (for women over age 60 depending on risk factors)

Counseling for:

- BRCA (counseling about genetic testing for women at higher risk)
- Breast cancer chemoprevention (for women at higher risk)
- Contraception (education and counseling)
- Domestic and interpersonal violence
- Folic acid supplements (for women of child-bearing ages)

Preventive Care Plan

Additional services for pregnant women:

- Anemia screenings
- Bacteriuria urinary tract or other infection screenings
- Breast feeding interventions to support and promote breast feeding after delivery
- Expanded counseling on tobacco use
- Gestational diabetes (screening for women 24 to 28 weeks pregnant)
- Hepatitis B counseling (at the first prenatal visit)
- Rh incompatibility screening, with follow-up testing for women at higher risk

Covered Preventive Services for Children

Screenings and assessments for:

- Alcohol and drug use (for adolescents)
- Autism (for children at 18 and 24 months)
- Behavioral issues
- Blood pressure (screening for children)
- Cervical dysplasia (for sexually active females)
- Congenital hypothyroidism (for newborns)
- Depression (screening for adolescents)
- Developmental (screening for children under age 3, and surveillance throughout childhood)
- Dyslipidemia (screening for children at higher risk of lipid disorders)
- Hearing (for all newborns)
- Height, weight and body mass index measurements
- Hematocrit or hemoglobin
- Hemoglobinopathies or sickle cell (for newborns)
- HIV (for adolescents at higher risk)
- Lead (for children at risk of exposure)
- Medical history
- Obesity
- Oral health (risk assessment (for young children)
- Phenylketonuria (PKU) (newborns)
- Tuberculin testing (for children at higher risk of tuberculosis)
- Vision (screening as part of physical exam, not separate eye exam)

Medications and supplements:

- Gonorrhea preventive medication for the eyes of all newborns
- Iron supplements (for children ages 6 to 12 months at risk for anemia)

Counseling for:

- Fluoride (prescription chemoprevention supplements for children without fluoride in their water source)
- Obesity
- Sexually transmitted infection (STI) prevention (for adolescents at higher risk)

Immunizations:

From birth to age 18. Doses, recommended ages, and recommended populations vary.

- Diphtheria, pertussis, tetanus (DPT)
- *Haemophilus influenzae* type b
- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV)
- Inactivated poliovirus
- Influenza (Flu)
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Rotavirus
- Varicella (chicken pox)

Preventive Care Plan

Drug Coverage

The following chart shows categories of pharmaceuticals available to you at no cost. As lists may change, please note that in order to determine which specific drugs or brands within each of the below categories are covered under your prescription benefits, you will need to contact RxEDO at 1-888-879-7336 or go online to rxedo.com for more information.

Item	Availability	Coverage
Aspirin	Adult men and women 45 years or more	Generic, OTC
Folic Acid supplements	Adult women Up to 55 years	Generic, OTC
Iron supplements	6 – 12 months	Brand, generic, OTC
Fluoridated drugs	6 months – 5 years	Brand, generic
Tobacco Cessation	Adult men and women	<ul style="list-style-type: none"> • Generic or OTC only on nicotine replacement products • Limit to Generic Zyban
Additional Covered Preventive Services for Women		
Oral Contraceptives	Adult women	Generic, single source brands
Emergency contraception		Generic, OTC, single source brands*
Injectable contraceptives		Generic, single source brands*
Transdermal patch		Generic, single source brands*
Diaphragm and cervical cap		Generic, single source brands*

Under PPACA, certain medications and prescription drugs that prevent illness and disease are covered at no-cost as long as services are rendered by a physician who participate in the plan's network. This chart lists the preventive medications that are covered at 100% under the PanaBridge Advantage Plan. In order for these medications to be covered at 100%, a prescription is required from your physician, including over-the-counter (OTC) drugs. Drugs may be subject to quantity limitations.

*Single source brands are brand named drugs which do not have generic alternatives.

PanaMed

Limited Benefit Indemnity Plan



PanaMed Limited Benefit Indemnity Plan

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

Access to discounted PPO Network Rates

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

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

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

How to get the best from your Plan

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

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

Limited Benefit Indemnity Plan Pays



BENEFIT DESCRIPTION	BASIC PLAN	ENHANCED PLAN	PREMIUM PLAN
<p>GROUP TERM LIFE WITH Accidental Death and Dismemberment</p> <p>AD&D for members only</p>	<p>Member Term Life - \$5,000 Member AD&D - \$5,000 Spouse Term Life - \$2,500 Children Term Life - \$1,250 (6 months to age 26) Infant Term Life - \$200 (10 days to 6 months)</p>	<p>Member Term Life - \$5,000 Member AD&D - \$5,000 Spouse Term Life - \$2,500 Children Term Life - \$1,250 (6 months to age 26) Infant Term Life - \$200 (10 days to 6 months)</p>	<p>Member Term Life - \$5,000 Member AD&D - \$5,000 Spouse Term Life - \$2,500 Children Term Life - \$1,250 (6 months to age 26) Infant Term Life - \$200 (10 days to 6 months)</p>
<p>HOSPITAL ADMISSION INDEMNITY BENEFIT</p> <ul style="list-style-type: none"> • Pays in addition to hospital indemnity • Once per admission, once per diagnosis • Benefit will not be payable for the same or related injury or illness. 	<p>\$400 first day when admitted as an inpatient into a hospital room</p>	<p>\$700 first day when admitted as an inpatient into a hospital room</p>	<p>\$700 first day when admitted as an inpatient into a hospital room</p>
<p>HOSPITAL INDEMNITY BENEFIT</p> <ul style="list-style-type: none"> • Must be admitted as an inpatient into a hospital room • If hospital confinement falls into a category below a different maximum applies 	<p>\$200 per day Overall calendar year max subject to 60 days total for any inpatient stay in a hospital</p>	<p>\$300 per day Overall calendar year max subject to 60 days total for any inpatient stay in a hospital</p>	<p>\$300 per day Overall calendar year max subject to 60 days total for any inpatient stay in a hospital</p>
<p>Intensive Care If the participant is confined in a hospital intensive care unit</p>	<p>\$400 per day Up to 30 days calendar year max (applied to overall calendar year max)</p>	<p>\$600 per day Up to 30 days calendar year max (applied to overall calendar year max)</p>	<p>\$600 per day Up to 30 days calendar year max (applied to overall calendar year max)</p>
<p>Substance Abuse Must be diagnosed and admitted as an inpatient in a substance abuse unit</p>	<p>\$100 per day Up to 30 days calendar year max (applied to overall calendar year max)</p>	<p>\$150 per day Up to 30 days calendar year max (applied to overall calendar year max)</p>	<p>\$150 per day Up to 30 days calendar year max (applied to overall calendar year max)</p>
<p>Mental Illness Must be diagnosed and admitted as an inpatient into a mental illness unit</p>	<p>\$100 per day Up to 60 days calendar year max (applied to overall calendar year max)</p>	<p>\$150 per day Up to 60 days calendar year max (applied to overall calendar year max)</p>	<p>\$150 per day Up to 60 days calendar year max (applied to overall calendar year max)</p>
<p>Skilled Nursing Facility Must be admitted in skilled nursing facility following a covered hospital stay of at least 3 days</p>	<p>\$100 per day Up to 57 days calendar year max (applied to overall calendar year max)</p>	<p>\$150 per day Up to 57 days calendar year max (applied to overall calendar year max)</p>	<p>\$150 per day Up to 57 days calendar year max (applied to overall calendar year max)</p>
<p>DOCTOR'S OFFICE BENEFIT Benefit pays one benefit per day if the patient is seen by a doctor for an illness or injury</p>	<p>\$50 per day 6 days per calendar year</p>	<p>\$50 per day 6 days per calendar year</p>	<p>\$60 per day 6 days per calendar year</p>
<p>OUTPATIENT DIAGNOSTIC LABS</p> <ul style="list-style-type: none"> • Includes glucose test, urinalysis, CBC, and others • When hospital confinement is not required and the test is ordered or performed by a doctor 	<p>\$25 per day 3 days per calendar year</p>	<p>\$25 per day 3 days per calendar year</p>	<p>\$25 per day 3 days per calendar year</p>

Limited Benefit Indemnity Plan Pays



BENEFIT DESCRIPTION	BASIC PLAN	ENHANCED PLAN	PREMIUM PLAN
OUTPATIENT DIAGNOSTIC RADIOLOGY <ul style="list-style-type: none"> Includes chest, broken bones, and others When hospital confinement is not required and the test is ordered or performed by a doctor 	\$70 per day 2 days per calendar year	\$70 per day 2 days per calendar year	\$70 per day 2 days per calendar year
OUTPATIENT ADVANCED STUDIES <ul style="list-style-type: none"> Includes CT Scan, MRI, and others When hospital confinement is not required and the test is ordered or performed by a doctor 	\$300 per day 2 days per calendar year	\$300 per day 2 days per calendar year	\$300 per day 2 days per calendar year
INPATIENT SURGICAL BENEFIT <ul style="list-style-type: none"> Surgery must be performed due to an illness or injury as an inpatient stay in a hospital Minor surgical procedures are excluded 	\$350 per day 1 day per calendar year	\$750 per day 1 day per calendar year	\$1,000 per day 1 day per calendar year
INPATIENT ANESTHESIA BENEFIT 25% of the amount paid under the inpatient surgical benefit	\$87.50 per day 1 day per calendar year	\$187.50 per day 1 day per calendar year	\$250 per day 1 day per calendar year
OUTPATIENT SURGICAL BENEFIT <ul style="list-style-type: none"> Surgery must be performed due to an illness or injury at an outpatient surgical facility center or hospital outpatient surgical facility Minor surgical procedures are excluded 	\$175 per day 1 day per calendar year	\$375 per day 1 day per calendar year	\$500 per day 2 days per calendar year
OUTPATIENT ANESTHESIA BENEFIT 25% of the amount paid under the outpatient surgical benefit	\$43.75 per day 1 day per calendar year	\$93.75 per day 1 day per calendar year	\$125 per day 2 days per calendar year
EMERGENCY ROOM SICKNESS BENEFIT Pays one benefit per day for services received in an ER as a result of an illness	\$75 per day 4 days per calendar year	\$75 per day 4 days per calendar year	\$75 per day 4 days per calendar year

THE LIMITED BENEFIT INDEMNITY PLAN DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (MAJOR MEDICAL COVERAGE) AND DOES NOT SATISFY THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT.

Group Medical Accident

With Accidental Death & Dismemberment

Covered Charges

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

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

**Pays "Off the Job" Accident Medical Benefits for Covered Expenses that result directly, and from no other cause, than from a covered accident.*

The insured's loss must occur within one year of the date of the accident.

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

Medical Accident is NOT available to residents in AK, ME, MD, WA and WY.

Global Repatriation

Peace of Mind for You and Your Family

Global Repatriation is a worldwide benefit designed to help families when a member or a covered dependent suffers a loss of life due to a covered accident or illness while traveling 100 miles or more away from their permanent residence. Travel within the United States and abroad is included.

Our Global Repatriation benefit makes all the necessary arrangements for the transportation of a covered member's remains to anywhere in the United States and includes repatriation of foreign nationals to their home countries. Arrangements must be coordinated with the member service center and covers up to \$20,000 in expenses.

We recognize travel may be an important part of your family's lifestyle. Have peace of mind knowing your family is protected.



Global Repatriation benefit is provided by AXA Assistance USA. www.axa-assistance.us

Pan-American Life and AXA Assistance USA are not affiliated. See policy for exclusions and limitations.

Prescription Drug Benefits

The R_xEDO pharmacy network includes **over 66,000** total participating retail pharmacy locations nationwide; all major chains are included as well as 20,000+ independent pharmacies. R_xEDO provides mail order services through Walgreens Mail Service. Information and assistance can be found by visiting Walgreens Mail Service at www.WalgreensHealth.com.

Helpful Hints

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

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

Discount Prescription Drug Benefit *(Included with Basic & Enhanced Plan)*

Eligible medications will be available to all members at R_xEDO's pharmacy's contracted rate, which can typically save members anywhere from **10% - 79% off** of the pharmacy's usual and customary fee. Standard drug inclusions and exclusions apply.

Diabetic Supplies: 10% to 60% Saving on Diabetic Supplies. A convenient service for members with diabetes. This program provides special member pricing on most diabetic supplies. These items include: test strips, glucose meters, lancing devices, lancets, and MORE!

Fully Insured Prescription Drug Benefit *(Included with Premium Plan)*

\$15 Co-Pay

Fully Insured Drug Plan

Generic - \$15 co-pay for 30 day supply

Formulary Brand Name - Discount Only

Monthly Maximum Limit \$300 per month per insured

Over 2,200 preferred brand drugs included on formulary listing



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

*Discount prescription benefits are not insurance products. Prescription benefits are provided by RxEDO, Inc. www.rxedo.com
Pan-American Life and RxEDO, Inc. are not affiliated.*

Using In-Network Providers Can Stretch Your Benefits Dollars



Your plan includes access to the First Health Network, which is more than a PPO Network, it is a full service Managed Care Organization offering savings opportunities on a national, directly contracted basis. It provides access to more than 5,000 Hospitals and 550,000 Physicians and health care professionals nationwide.

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

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

To locate in-network Physicians or Hospitals call **1-800-236-3609** or visit www.providerlocator.com/palicfh to search online

Provider Locator

Home

Provider Lookup

Medical Network

Surgical Centers

Diabetes Care & Supplies

Directory Creator

Locate a Provider

[Nominate a Provider](#)

Specialty:

Provider Type:

First Name:

Last Name:

Facility Name:

Tax ID:

City:

State:

Zip Code:

Type

Specialty:

Provider Type:

Name

First Name:

Last Name:

Facility Name:

Tax ID:

Location (required)

City:

State:

-OR-

Zip Code:

[Search Providers](#)

Follow These Steps

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

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

Telehealth Services

24/7 Physician Care when you need it!

AmeriDoc provides member access to services from participating physicians in a national network of U.S. licensed and based physicians, many of whom are board-certified, who use electronic health records, telephone consultations and online video consultations to diagnose, recommend treatment and write short term prescription for non DEA-controlled medications when appropriate*. Physicians are available 24 hours a day, 365 days a year, allowing members to conveniently access healthcare for their families from their home, work or on-the-go, as opposed to more expensive and time consuming alternatives like the doctor's office or emergency room.

Benefits

- Physicians available anytime, 24/7/365
- Convenience of obtaining medical care at work, home, or on-the-go
- Save money by avoiding in-office doctor's visits
- Quality care from physicians who can provide consultations, diagnose, recommend treatment and write short term prescriptions for non DEA-controlled medications when appropriate*
- Speak to a physician in most cases less than 30 minutes, but within 3 hours guaranteed
- Physician reviews and updates on-line health record when performing a medical consultation
- Secure, personal and portable electronic health records
- Consultations are included in your plan at no additional cost

Ideal to use...

- When you don't have the time to go the doctor's office
- When your primary care physician is not available
- After normal hours of operation
- For non-emergent medical care
- When on vacation or out of town

For common conditions like...

- Sinus Infections
- Respiratory Conditions
- Urinary Tract Infections
- Allergies
- Bronchitis
- Poison Ivy
- Pink Eye
- Cold or Flu & more...



For more information visit www.ameridoc.com or call 1-877-263-7409

*Network physicians are medical doctors (M.D.s) in all states except OK, where they are doctors of osteopathy (D.O.s)
Online video consultations not available in TX.

*Telehealth services are not insurance products and access to them is provided by AmeriDoc, LLC. www.ameridoc.com
Pan-American Life and AmeriDoc, LLC are not affiliated.*

Member Advocacy

What is a member advocate?

A member advocate is an in-house representative that works exclusively on behalf of our members to reduce medical costs and stressful billing situations. They are able to help members find community programs, hospitals, pharmaceutical companies, and provider offices who have affordable treatment costs. Also, they serve as a single point-of-contact to help resolve on-going or challenging billing issues. They're even available to speak with members individually, as well as their physicians and medical facilities, so everyone has a full understanding of how the benefits work and can make the most informed choices with regard to planning medical treatment.

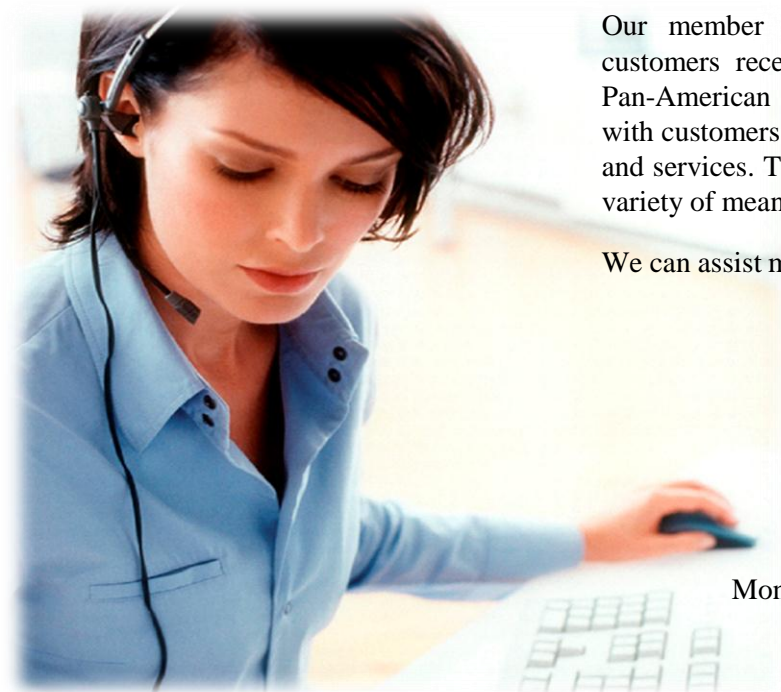
Advocates can assist with:

- Medical bills & Prescription costs
- Lab work & X-rays
- CAT Scans / MRIs
- Scheduling surgical procedures
- Durable medical equipment
- Diabetic supplies
- Complicated claims and billing issues

They help lower costs by:

- Negotiating balances
- Finding providers that offer sliding-scale treatment pricing
- Arranging payment plans for previously incurred bills
- Requesting discounted lump-sum payments to settle balances
- Locating community programs for specialized services or frequently recurring expenses due to chronic conditions
- Contacting discount pharmacies

Member Services



Our member service representatives are responsible for ensuring that customers receive the best assistance with their questions and concerns. Pan-American Benefits Solutions customer service representatives interact with customers to provide information in response to inquiries about products and services. They communicate with administrators and members through a variety of means; by telephone, by e-mail, fax or mail.

We can assist members, companies and providers with:

- Member Advocacy
- ID Cards
- Policy Information
- Member Eligibility
- Verification of Benefits
- Prescription Benefits
- PPO Network Information
- Account Management
- Claims
- And more!

Monday through Friday, 7:30 AM – 5:00 PM, Central Time.



1- 800-999-5382

Full bilingual (English-Spanish) services

OUTLINE OF COVERAGE FOR LIMITED BENEFIT INDEMNITY PLAN

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

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

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

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

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

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

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

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

GENERAL EXCLUSIONS AND LIMITATIONS FOR PANAMED

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

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

1. Charges for medical or dental services of any kind, or any medical supplies or visual aids or hearing aids, or any food, supplement or vitamin, or medicine, it being understood that the Policy shall pay the Indemnity Benefits set forth in the Summary of Benefits for a hospitalization or other covered event, without regard to the actual charges made by a provider or supplier of goods or services.
2. Any claim relating to a hospitalization or other covered event where the hospitalization or other covered event was prior to the effective date of coverage under the Policy, or after coverage is terminated.
3. A claim arising out of insurrection, rebellion, participation in a riot, commission of or attempting to commit an assault, battery, felony, or act of aggression.
4. A claim arising out of declared or undeclared war or acts thereof. For life insurance: As a result of the special hazards incident to service in the military, naval or air forces of any country, combination of countries or international organization, if the cause of death occurs while the insured is serving in such forces, provided such death occurs within six (6) months after the termination of service in such forces.
5. A claim arising out of Accidental Bodily Injury occurring while serving on full time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by Us pro rata for any period of active full time duty).
6. A claim related to an Injury or Illness arising out of or in the course of work for wage or profit or which is covered by any Worker's Compensation Act, Occupational Disease Law or similar law.
7. With respect to a death benefit, a claim related to bodily injuries received while the Covered Person was operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit.
8. A claim arising from services in the nature of educational or vocational testing or training.
9. A claim related to Custodial Care.
10. A claim arising from medical services provided to the Covered Person for cosmetic purposes or to improve the self-perception of a person as to his or her appearance, except for: reconstructive plastic surgery following an Accident in order to restore a normal bodily function, or a surgery to improve functional impairment by anatomic alteration made necessary as a result of a birth defect, or breast reconstruction following a mastectomy.
11. Other than a claim for death benefits, any claim arising out of a surgical procedure for the treatment of obesity or the purpose of facilitating weight reduction.
12. Other than a claim for death benefits, any claim arising out of treatment of infertility.

ACCIDENTAL DEATH AND DISMEMBERMENT EXCLUSIONS AND LIMITATIONS

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

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

Frequently Asked Questions

Preventive Care Plan

- 1. Does the Preventive Care Plan included in PanaBridge Advantage address an employee's obligations to maintain coverage under the "individual mandate?"**

Yes. However, while the employee is a participant in the Preventive Care Plan, the employee will not be eligible for a premium subsidy in connection with any plan offered on an Exchange established under the Affordable Care Act.
- 2. Are Preventive Care Services covered only when performed in-network?**

Yes, preventive services are only covered under the preventive care plan when performed by an in-network provider.
- 3. How does a member determine which providers participate in the network?**

PPO participation may be verified with a simple phone call or online. The toll free number and website link can be found in the PPO Provider Network section of this guide, your ID card, and in our web portal. The insured is responsible for verifying the current PPO participation of their provider.
- 4. Can dependents be insured in this plan?**

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

PanaMed Limited Benefit Indemnity Plan

- 1. Is PanaMed Major Medical coverage?**

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

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

Yes. The member is free to seek the services of any licensed Physician or accredited Hospital. There is no requirement that the Physician or Hospital belong to a PPO network to receive benefits, except for preventive services must be performed in-network.
- 4. What is a PPO and the advantage for using?**

PPO is the abbreviation for Preferred Provider Organization. This organization of providers (referred to as a "network") has agreed to provide their services as a negotiated discount, reducing your out of pocket cost. While PanaMed may be used at any hospital or physician's office, members are encouraged to utilize the PPO network for discounted provider prices.
- 5. Is there a pre-existing condition exclusion on the plan?**

Because this is a limited benefit indemnity plan there are no pre-existing condition exclusions. However there are certain circumstances where pregnancy is not covered if conception occurred prior to the insured's effective date of coverage. This exclusion does not apply to residents and groups of California, Idaho, Montana, and Texas, or to North Carolina groups.
- 6. Are Medicare and Medicaid recipients eligible for this plan?**

Yes. However, under Medicare and Medicaid policies, PanaMed is considered primary coverage. As a result, with PanaMed, Medicare and/or Medicaid coverage may be reduced or discontinued.
- 7. Can the PanaMed plan be used if the insured has separate health insurance?**

Yes. The specified benefits pay irrespective of any other private group coverage.
- 8. Does the PanaMed Plan address an employee's obligations to maintain coverage under the "individual mandate?"**

No.



Bi-Weekly Rates

Preventive Only Plan*	Bi-Weekly Rate
Member	\$24.96
Member + Spouse	\$48.92
Member + Child(ren)	\$48.14
Family	\$77.61

PanaMed Limited Benefit Indemnity Plan*	Basic Plan	Enhanced Plan	Premium Plan
Member	\$27.86	\$35.86	\$47.44
Member + Spouse	\$52.02	\$69.22	\$93.69
Member + Child(ren)	\$42.80	\$56.37	\$77.29
Family	\$69.85	\$94.11	\$129.12

PanaMed + Preventive Plan*	Basic Plan	Enhanced Plan	Premium Plan
Member	\$50.08	\$58.08	\$69.66
Member + Spouse	\$98.19	\$115.39	\$139.86
Member + Child(ren)	\$88.20	\$101.76	\$122.69
Family	\$144.72	\$168.97	\$203.99

*Rates include insurance and non-insurance products. For the cost of the insurance product offered by Pan-American Life, contact your Pan-American Life agent. Certain benefits are not available in all states.

If you reside in Kansas and Massachusetts your plan will include certain mandated benefits.

If you reside in Connecticut, New Jersey, New York and Vermont please enroll by calling our Enrollment Center Dedicated Line or through our online system. See page 2 for those options.

If you reside in Hawaii or Maine coverage is not available.

If you reside in New Hampshire coverage is only available if you work outside of New Hampshire.

If you reside in Massachusetts, please note, this health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance. Refer to the Exclusions and Limitations page.