



INNOVATIVE
PARTNERS



HEALTH BENEFIT PLAN

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As a participant of this plan, you and any beneficiaries you have added to your plan will have access to the following benefits:

MultiPlan Network:

Your plan includes participation in the MultiPlan Network - a flexible provider network offering greater choice and savings for members. We have negotiated discounts with over a million healthcare providers, bringing you significant savings when you choose to see a participating provider. The network includes both practitioners and facilities, such as hospitals and surgical centers, and your provider will file your claim on your behalf and be reimbursed for the plan's portion of covered charges with the applicable discount agreements applied. Any out-of-pocket costs that you are responsible for will also be based on the discounted amount. In order to find out which participating providers in your area are covered, please contact 800-457-1403 or visit MultiPlan.com and select "Find a Provider" to get started. When selecting a network, be sure to select Network >MultiPlan Network > Limited Benefit Plan.



Wellness Services

\$0 Copay. Wellness services are covered 100% up to a maximum of \$1,000 annually per plan participant, per year.

Primary Care, Physician, Specialist, or Urgent Care Visits

\$25 Copay. Eligible outpatient visits with Primary Care Physician, Specialist, or Urgent Care up to a maximum of \$150 per plan, per year.

OPTIMUM 1	Services	Days per plan year	Maximum amount per plan year	Copay
Outpatient Services	Emergency Room	1	\$150	\$25
	Primary Care Physician, Specialist, Urgent Care Visits	4	\$150	\$25
Other Care Services	Ambulance	1	\$150	\$0
	Labs	1	\$150	\$25
	Imaging	1	\$150	\$25
	Wellness	1	\$1000	\$0

PLEASE NOTE: (1) All benefits are payable at most once daily per benefit category; (2) This plan and its benefits are exempt from the Patient Protection and Affordable Care Act and they do not come under the definition of minimum benefits for purposes of the Act.

Waiting Period

All sickness and indemnity benefits provided for in this plan are subject to a 30-day waiting period. This waiting period shall begin on the first day of coverage and terminate 30 days thereafter. The waiting period limitation does not apply to benefits regarding an accident or loss of life.

Wellness Services

\$0 Copay. Wellness services are covered 100% up to a maximum of \$500 annually per plan participant, per year.

Primary Care, Physician, Specialist, or Urgent Care Visits

\$25 Copay. Eligible outpatient visits with Primary Care Physician, Specialist, or Urgent Care up to a maximum of \$100 per plan, per year.

OPTIMUM 2	Services	Days per plan year	Maximum amount per plan year	Copay
Inpatient Services	Hospital Admission	1	\$200	\$100
	Hospital Confinement	10	\$100	N/A
	ICU Admission	1	\$200	\$100
	ICU Confinement	5	\$100	N/A
	Inpatient Surgery	1	\$200	N/A
	General Anesthesia	1	\$100	N/A
Outpatient Services	Outpatient Surgery	1	\$200	\$100
	General Anesthesia	1	\$100	\$25
	Emergency Room	2	\$100	\$25
	Primary Care Physician, Specialist, Urgent Care Visits	4	\$100	\$25
Other Care Services	Ambulance	2	\$200	N/A
	Labs	1	\$200	\$25
	Imaging	1	\$200	\$25
	Wellness	1	\$500	N/A

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Waiting Period

All sickness and indemnity benefits provided for in this plan are subject to a 30-day waiting period. This waiting period shall begin on the first day of coverage and terminate 30 days thereafter. The waiting period limitation does not apply to benefits regarding an accident or loss of life.

Wellness Services

\$0 Copay. Wellness services are covered 100% up to a maximum of \$500 annually per plan participant, per year.

Primary Care, Physician, Specialist, or Urgent Care Visits

\$25 Copay. Eligible outpatient visits with Primary Care Physician, Specialist, or Urgent Care up to a maximum of \$200 per plan, per year.

OPTIMUM 3	Services	Days per plan year	Maximum amount per plan year	Copay
Inpatient Services	Hospital Admission	1	\$400	\$100
	Hospital Confinement	10	\$200	N/A
	ICU Admission	1	\$400	\$100
	ICU Confinement	5	\$200	N/A
	Inpatient Surgery	1	\$400	N/A
	General Anesthesia	1	\$200	N/A
Outpatient Services	Outpatient Surgery	1	\$200	\$100
	General Anesthesia	1	\$100	\$25
	Emergency Room	2	\$200	\$25
	Primary Care Physician, Specialist, Urgent Care Visits	6	\$200	\$25
Other Care Services	Ambulance	2	\$200	N/A
	Labs	1	\$200	\$25
	Imaging	1	\$400	\$25
	Wellness	1	\$500	N/A

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Waiting Period

All sickness and indemnity benefits provided for in this plan are subject to a 30-day waiting period. This waiting period shall begin on the first day of coverage and terminate 30 days thereafter. The waiting period limitation does not apply to benefits regarding an accident or loss of life.

Wellness Services

\$0 Copay. Wellness services are covered 100% up to a maximum of \$1,000 annually per plan participant, per year.

Primary Care, Physician, Specialist, or Urgent Care Visits

\$25 Copay. Eligible outpatient visits with Primary Care Physician, Specialist, or Urgent Care up to a maximum of \$300 per plan, per year.

OPTIMUM 4	Services	Days per plan year	Maximum amount per plan year	Copay
Inpatient Services	Hospital Admission	1	\$800	\$100
	Hospital Confinement	10	\$400	N/A
	ICU Admission	1	\$800	\$100
	ICU Confinement	5	\$400	N/A
	Inpatient Surgery	1	\$800	N/A
	General Anesthesia	1	\$400	N/A
Outpatient Services	Outpatient Surgery	1	\$400	\$100
	General Anesthesia	1	\$200	\$25
	Emergency Room	2	\$400	\$25
	Primary Care Physician, Specialist, Urgent Care Visits	8	\$300	\$25
Other Care Services	Ambulance	2	\$400	N/A
	Labs	1	\$400	\$25
	Imaging	1	\$800	\$25
	Wellness	1	\$1,000	N/A

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Waiting Period

All sickness and indemnity benefits provided for in this plan are subject to a 30-day waiting period. This waiting period shall begin on the first day of coverage and terminate 30 days thereafter. The waiting period limitation does not apply to benefits regarding an accident or loss of life.

Wellness Services

\$0 Copay. Wellness services are covered 100% up to a maximum of \$1,000 annually per plan participant, per year.

Primary Care, Physician, Specialist, or Urgent Care Visits

\$25 Copay. Eligible outpatient visits with Primary Care Physician, Specialist, or Urgent Care up to a maximum of \$200 per plan, per year.

OPTIMUM 5	Services	Days per plan year	Maximum amount per plan year	Copay
Inpatient Services	Hospital Admission	2	\$3,000	\$500
	Hospital Confinement	30	\$500	N/A
	ICU Admission	1	\$1,000	\$500
	ICU Confinement	5	\$500	N/A
	Inpatient Rehabilitation	10	\$500	\$500
	Skilled Nursing Facility	10	\$500	\$500
	Hospice Facility	10	\$500	\$500
	Inpatient Surgery	3	\$1,000	N/A
	General Anesthesia	3	\$500	N/A
Outpatient Services	Outpatient Surgery	3	\$1,000	\$250
	General Anesthesia	3	\$500	N/A
	Emergency Room	4	\$500	\$250
	Observation Room	2	\$500	\$500
	Primary Care Physician, Specialist, Urgent Care Visits	6	\$200	\$25
	Occupational, Physical Therapy	5	\$100	\$25
Other Care Services	Ambulance	3	\$500	N/A
	Chiropractic Care	5	\$25	N/A
	Home Health Care	10	\$25	N/A
	Labs	1	\$250	\$25
	Imaging	1	\$500	\$25
	Wellness	1	\$1,000	N/A

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Waiting Period

All sickness and indemnity benefits provided for in this plan are subject to a 30-day waiting period. This waiting period shall begin on the first day of coverage and terminate 30 days thereafter. The waiting period limitation does not apply to benefits regarding an accident or loss of life.

Wellness Services

\$0 Copay. Wellness services are covered 100% up to a maximum of \$1,000 annually per plan participant, per year.

Primary Care, Physician, Specialist, or Urgent Care Visits

\$25 Copay. Eligible outpatient visits with Primary Care Physician, Specialist, or Urgent Care up to a maximum of \$300 per plan, per year.

OPTIMUM 6	Services	Days per plan year	Maximum amount per plan year	Copay
Inpatient Services	Hospital Admission	2	\$4,000	\$500
	Hospital Confinement	30	\$1,000	N/A
	ICU Admission	1	\$2,000	\$500
	ICU Confinement	5	\$1,000	N/A
	Inpatient Rehabilitation	10	\$1,000	\$500
	Skilled Nursing Facility	10	\$1,000	\$500
	Hospice Facility	10	\$1,000	\$500
	Inpatient Surgery	3	\$2,000	N/A
	General Anesthesia	3	\$1,000	N/A
Outpatient Services	Outpatient Surgery	3	\$2,000	\$250
	General Anesthesia	3	\$1,000	N/A
	Emergency Room	4	\$1,000	\$250
	Observation Room	2	\$1,000	\$500
	Primary Care Physician, Specialist, Urgent Care Visits	8	\$300	\$25
	Occupational, Physical Therapy	5	\$150	\$25
Other Care Services	Ambulance	3	\$1,000	N/A
	Chiropractic Care	5	\$50	N/A
	Home Health Care	10	\$50	N/A
	Labs	1	\$500	\$25
	Imaging	1	\$750	\$25
	Wellness	1	\$1,000	N/A

PLEASE NOTE: (1) All benefits are payable at most once daily per benefit category; (2) This plan and its benefits are exempt from the Patient Protection and Affordable Care Act and they do not come under the definition of minimum benefits for purposes of the Act.

Waiting Period

All sickness and indemnity benefits provided for in this plan are subject to a 30-day waiting period. This waiting period shall begin on the first day of coverage and terminate 30 days thereafter. The waiting period limitation does not apply to benefits regarding an accident or loss of life.

Wellness Services

\$0 Copay. Wellness services are covered 100% up to a maximum of \$1,000 annually per plan participant, per year.

Primary Care, Physician, Specialist, or Urgent Care Visits

\$25 Copay. Eligible outpatient visits with Primary Care Physician, Specialist, or Urgent Care up to a maximum of \$400 per plan, per year.

OPTIMUM 7	Services	Days per plan year	Maximum amount per plan year	Copay
Inpatient Services	Hospital Admission	2	\$5,000	\$500
	Hospital Confinement	30	\$2,000	N/A
	ICU Admission	1	\$3,000	\$500
	ICU Confinement	5	\$2,000	N/A
	Inpatient Rehabilitation	10	\$1,500	\$500
	Skilled Nursing Facility	10	\$1,500	\$500
	Hospice Facility	10	\$1,500	\$500
	Inpatient Surgery	3	\$3,000	N/A
	General Anesthesia	3	\$1,500	N/A
Outpatient Services	Outpatient Surgery	3	\$3,000	\$250
	General Anesthesia	3	\$1,500	N/A
	Emergency Room	4	\$1,500	\$250
	Observation Room	2	\$1,500	\$500
	Primary Care Physician, Specialist, Urgent Care Visits	10	\$400	\$25
	Occupational, Physical Therapy	5	\$200	\$25
Other Care Services	Ambulance	3	\$1,500	N/A
	Chiropractic Care	5	\$75	N/A
	Home Health Care	10	\$75	N/A
	Labs	1	\$750	\$25
	Imaging	1	\$1,000	\$25
	Wellness	1	\$1,000	N/A

PROGRAM COMPARISONS

PROGRAM COMPARISONS	Optimum 1	Optimum 2, 3, 4	Optimum 5, 6 , 7
Primary Care Physician, Specialist, Urgent Care Visits	✓	✓	✓
Emergency Room	✓	✓	✓
Ambulance	✓	✓	✓
Laboratory	✓	✓	✓
Imaging	✓	✓	✓
Wellness and Preventative	✓	✓	✓
Telemedicine	✓	✓	✓
Hospitalization		✓	✓
Inpatient and Outpatient Surgery		✓	✓
Chiropractic Care			✓
Occupational, Physical, Cardiac Rehab, Speech Therapy			✓

Accidental Medical

ADDITIONAL BENEFITS

Optimum participants have access to an additional accidental benefit. This benefit is designed to assist with expenses that you, or a covered person may incur as a result of an accident.

ELIGIBLE ACCIDENTAL MEDICAL	Allowed Amount
Nonsurgical Physician Care, inpatient or outpatient	\$75
X-rays, Ultrasounds, and other Medical Imaging	\$250
Anesthesia	\$2500
Hospital room & General Nursing Care	\$2500
Hospital Emergency Room Care	\$500
Physician's Fees for Surgery	\$2500
Ambulance Service	\$250
Prescription Drugs	\$500
Dental Surgery for Injury to Sound Natural Teeth	\$500
Physical Therapy	First Visit \$60, Subsequent Visits, \$30

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Waiting Period

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TELADOC

Teladoc Health is one of the largest telemedicine companies in the United States. Your plan allows you to have a consultation with a physician, or other healthcare providers, licensed in your individual state. You will be able to talk to a doctor virtually anytime, anywhere by either telephone or video. You can contact your doctor through your landline telephone, your cellular telephone, the Teladoc app, or through the website. After your consultation, your doctor will diagnose your symptoms and send a prescription if necessary. All of this is provided for you with a \$0 Co-Pay! Yes, you will not be charged for your medical consultation!

Get Started In Minutes!

To get started, download the app or get started online. You can also call 1-800-Teladoc. Then fill out a brief medical history like you would at a doctor's office

Teladoc Advantages

Get connected with the right medical care. Don't wait weeks for an appointment. Our doctors, therapists, and specialists can help you with:

- The flu
- Infections
- Anxiety
- Stress
- Skin conditions
- Advice on serious medical conditions.

No matter what you're facing, we're available from wherever you are by phone, video or app.

Teladoc
HEALTH

Get Peace of Mind

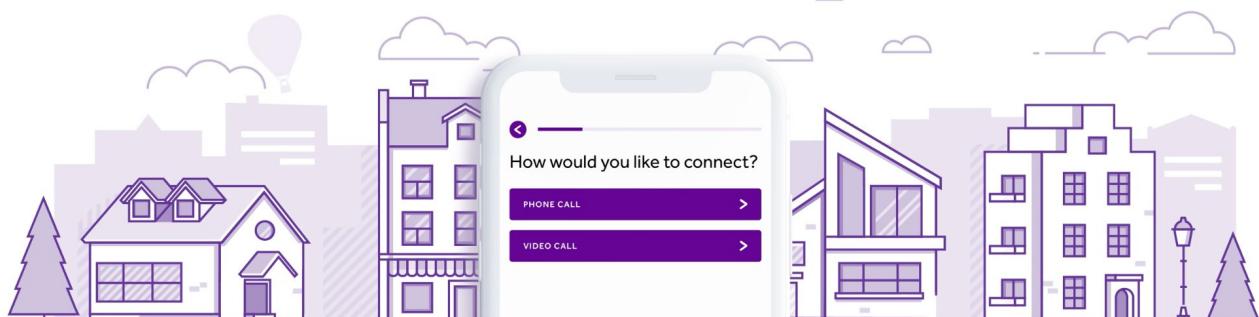
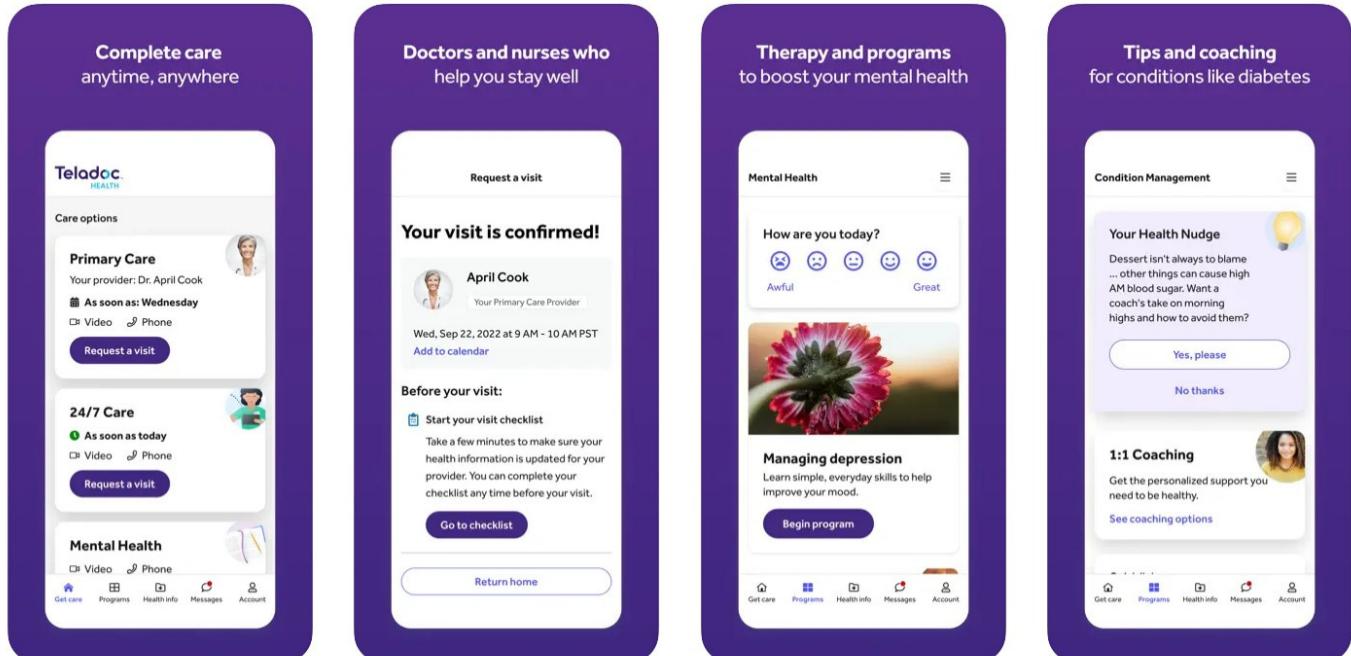
Whether it's a prescription sent to the pharmacy of your choice, the guidance to move forward, or a review of your condition from a medical expert, Teladoc is ready to help.

Get Started Now

https://member.teladoc.com/registrations/get_started

Download The App

<https://apps.apple.com/US/app/id656872607?mt=8>



SINGLE CARE

Save up to 80% on your prescriptions with SingleCare!

Just show one of these cards to the pharmacist next time you fill a prescription.

 SingleCare®

PHARMACY SAVINGS CARD

AUTHORIZATION NUMBER
001 000 029

BIN 610378
GRP BK0029
PCN SC1

UP TO 80% OFF YOUR PRESCRIPTIONS

This card is not insurance.

Customer Support: 1-844-234-3057

This SingleCare pharmacy savings card entitles you to up 80% off 10,000+ prescription medications.

The card is pre-activated and ready for immediate use at any participating pharmacy nationwide.

SingleCare cards work whether you have health insurance or not, and our prices often beat insurance cost-share. A typical person that regularly fills prescriptions saves an average of \$37 a script and hundreds of dollars per year.

Using SingleCare is easy: just show our card to the pharmacist when you fill your next prescription.

Savings are automatically applied at checkout.

To access your SingleCare card, please log in to your member portal account and download or print your card.

SingleCare is not insurance. There are no claim forms, deductibles, limitations, or maximums.

SingleCare can be used by anyone. No one is excluded from this program for any reason.



PROGRESSIVE NUTRACARE

Progressive Nutracare specializes in professional grade Nutraceuticals offering a wide arrangement of science backed formulas to support your healthy lifestyle. From Fish Oils and Probiotics, to Thyroid and Adrenal Support, our team of medical experts weigh in on each formula to ensure we exceed industry quality standards.

Members can go to www.progressivenutracare.com and enter the code MEMBERSSAVE15 at checkout to receive 15% off your entire purchase.

Benefits:

Supplements and Vitamins

- Amino Acids
- Antioxidants
- Fish Oils and Omegas
- Homeopathics
- Probiotics and Enzymes
- Protein

Health Concerns Supported

- Adrenal
- Cardiovascular
- Gut Health
- Joint and Inflammation
- Immune Health
- Weight Loss Support
- Men's Health
- Women's Health
- Yeast and Fungal



GUARDIAN

ANCILLARY BENEFITS

\$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$35,000 | \$50,000

Optimum participants may enroll in our Guardian plan to add coverage for accidental death and dismemberment.

These plans are optional add-on benefits at an additional monthly cost for you and are available for additional family members.

COVERED PERSONS	Percentage of Principal Sum
Primary Insured	100%
Spouse	50%
Dependent Children	25%

COVERED LOSSES	Primary Insured Benefit of Principle Sum
Life	100%
Both Hands, feet, or sight of both eyes	100%
One hand and one foot	100%
One hand or one foot and sight of one eye	100%
Both speech and hearing	100%
One hand or one foot or sight of one eye	50%
Speech or hearing in both ears	50%

ESSENTIAL

ANCILLARY BENEFITS

\$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000

Optimum participants may enroll in our Essential plan to help with their critical illness needs.

These plans are optional add-on benefits at an additional monthly cost for you and are available for additional family members.

COVERED PERSONS

Percentage of Principal Sum

Primary Insured 100%

Spouse 50%

Dependent Children 25%

ELIGIBLE ADULT CRITICAL ILLNESS

Primary Insured Benefit of Principle Sum

Invasive Cancer

100%
If the Diagnosis is more than 90 days after both
the Plan and Policy Effective Date

Invasive Cancer

10%
If the Diagnosis is during the first 90 days after
the Plan or Policy Effective Date

Cancer in Situ

25%
If the Diagnosis is more than 90 days after both
the Plan and Policy Effective Date

Cancer in Situ

5%
If the Diagnosis is during the first 90 days after
the Plan or Policy Effective Date

Heart Attack

100%

Stroke

100%

Major Organ Transplant
(Only one Major Organ per Lifetime)

100%

Coronary Artery Bypass Surgery

25%

Angioplasty

25%

Aortic Surgery

25%

Heart Valve Replacement/Repair Surgery

25%

Coma
(Lasting more than 15 consecutive days)

100%

Paralysis

100%

End-Stage Renal Failure

100%

DENTAL

Centennial participants may enroll in a Innovative Partners Dental Plan to add coverage for their oral health needs. These plans are optional add-on benefits at an additional monthly cost for you and are available for additional family members.

Please contact 866.949.3581 to confirm participating providers and copays.

Covered Services and Procedures:

- Diagnostic Services
- Preventive Services
- Restorative Services
- Endodontic Services
- Periodontic Services
- Prosthodontic Services
- Prosthodontic Services (removable)
- Implant Services
- Prosthodontic Services
- Oral Surgery Services
- Orthodontic Services
- Adjunctive Services

Procedures and services not included will be discounted 20% of Dentist's normal fee at time of service





INNOVATIVE
PARTNERS

