



LATITUDE™

For Groups with 2-50 Employees

The world isn't flat—your healthcare plan shouldn't be either.

LATITUDE™: The Smart, Flexible Solution



Chart Your Own Course with **LATITUDE™**

Today more than ever, businesses are looking for the ability to choose a healthcare plan offering the right balance between cost and value for their employees' needs. Latitude™ gives your company the freedom to build a customized plan with the benefits that your employees want at a price that you can afford. With multiple plan designs, a wide array of covered services, varied benefit choices, and an option for a Health Reimbursement Arrangement (HRA), you can customize a health plan that will enable you to navigate between employee healthcare needs and your budget.

LATITUDE HIGHLIGHTS

- ❖ Multiple custom plan options available—choose your deductible, benefit percentage, office visit copayment (copay) and out-of-pocket maximum
- ❖ Prescription drug discounts and options
- ❖ Provider networks that include leading hospitals and doctors in your area
- ❖ National travel network for coast-to-coast coverage
- ❖ Preventive care benefits
- ❖ Accident benefit that waives the deductible
- ❖ Family security benefit
- ❖ \$5 million medical lifetime maximum
- ❖ Optional dental, vision, weekly income, dependent life and life/AD&D coverage
- ❖ Options for deductible carry-over, 24-hour occupational coverage, accident benefit removal, hospital copay and maternity buy-down
- ❖ Option for a Health Reimbursement Arrangement (HRA)

Please refer to the state-specific benefit chart, or the policy/certificate for additional information.

FREEDOM OF CHOICE

Latitude is a Preferred Provider Organization (PPO) plan. A PPO is a network made up of physicians, hospitals, and other providers that offer healthcare services at a reduced fee. PPOs offer more choice and flexibility by allowing for visits to out-of-network professionals. An employee's share of their individual healthcare costs can be minimized by selecting a physician who has contracted with the PPO network. PPO plans also offer the freedom to see a specialist without having to obtain a referral. Please speak to your American Community agent for information on other American Community PPO plans available in your state.

NATIONWIDE COVERAGE

In addition to our comprehensive regional PPO networks, American Community has contracted with a national travel network to provide access to providers when employees and covered dependents travel out of their network area. This includes long-term travel situations, such as part-time residents of another state or children at college.

FAMILY SECURITY BENEFIT

If an insured employee's insurance ends because he or she dies, the medical insurance benefits of any insured dependents will continue for six (6) months without payment of premium. This benefit only applies if you are not required to provide continuation of coverage under COBRA or under a state-mandated continuation of insurance provision.

CALENDAR YEAR OR PLAN YEAR DEDUCTIBLE

Employers can choose a calendar year or plan year deductible. With the calendar year deductible, the group's benefit period is January 1 – December 31. With the plan year deductible, the group's benefit period runs 12 months beginning with the group's actual policy effective date. For example, if the policy effective date is July 1, the plan year benefit period is July 1 – June 30.



DUAL PRODUCT OFFERING

Latitude can be offered alongside our Next Generation HSA™ and Triple Tier™ products. Two different Latitude plans may also be offered together. Please speak to your American Community agent for more details.

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CUSTOM PLAN OPTIONS

PLAN DESIGN CHOICES

With Latitude, you choose a deductible, benefit percentage, office visit copay and out-of-pocket maximum to customize a plan that fits your company's particular needs. The following chart outlines the Benefit Period Deductible, Benefit Percentage and Out-of-Pocket Maximum options for network and non-network services for each covered individual. The family deductible is two times the individual deductible listed on the chart. Copays apply for network coverage only; office and urgent care visits to non-network providers are subject to the non-network deductible and benefit percentage within each plan design.

COVERED EXPENSES

- ✧ Allergy testing
- ✧ Ambulance
- ✧ Chemotherapy
- ✧ Durable medical equipment
- ✧ Emergency room
- ✧ Home healthcare
- ✧ Hospice care
- ✧ Hospital charges
- ✧ Intensive care
- ✧ Mammograms
- ✧ Maternity
- ✧ Miscellaneous tests, services and medical supplies
- ✧ Nursing care
- ✧ Organ transplants
- ✧ Oxygen, blood and plasma
- ✧ Physician visits
- ✧ Inpatient Prescription drugs
- ✧ Preventive care
- ✧ Radiation treatment
- ✧ Second surgical opinions
- ✧ Semi-private room
- ✧ Skilled nursing facilities
- ✧ Speech, physical and occupational therapy
- ✧ Surgery and anesthesia
- ✧ Vision Exams¹
- ✧ X-rays and lab tests

¹Vision Basic Coverage not available in Missouri.

Benefits		Network Services	Non-Network Services
Benefit Period Deductible Options			
Benefit Period Deductible (choose one) Network charges only apply towards the Network Deductible and out-of-pocket maximum. Non-Network charges only apply towards the Non-Network Deductible and out-of-pocket maximum. Family Deductible is 2 times the individual Deductible. Both calendar year and plan year Deductibles are available.	Option 1	\$500 ²	\$1,000 ²
	Option 2	\$1,000	\$2,000
	Option 3	\$1,500	\$3,000
	Option 4	\$2,000	\$4,000
	Option 5	\$2,500	\$5,000
	Option 6	\$3,500	\$7,000
	Option 7	\$5,000	\$10,000
	Option 8	\$7,500	\$15,000
	Option 9	\$10,000	\$20,000
	Option 10	\$15,000	\$20,000
Benefit Percentage Options			
Benefit Percentage (choose one)	Option 1	100% ²	70% ²
	Option 2	90%	60%
	Option 3	80%	50%
Out-of-Pocket Maximum Options			
The Out-of-Pocket Maximum does not include the Deductibles, Copays, charges for sleep study tests or charges for emergency ambulance other than ground ambulance. There is a separate \$2,500 out-of-pocket maximum per person, per Benefit Period for specialty drugs.			
100% Plan² Family out-of-pocket maximum is 2 times the individual out-of-pocket maximum.		\$0	\$5,000
90% Plan (choose one) Family out-of-pocket maximum is 2 times the individual out-of-pocket maximum.	Option 1	\$1,000	\$2,000
	Option 2	\$2,000	\$4,000
	Option 3	\$3,000	\$6,000
	Option 4	\$4,000	\$8,000
	Option 5	\$5,000	\$10,000
80% Plan (choose one) Family out-of-pocket maximum is 2 times the individual out-of-pocket maximum.	Option 1	\$1,000	\$2,000
	Option 2	\$2,000	\$4,000
	Option 3	\$3,000	\$6,000
	Option 4	\$4,000	\$8,000
	Option 5	\$5,000	\$10,000
Office Visit Copay Options			
Office Visit Copay (choose one)	Option 1	\$20	Subject to Non-Network Deductible and Benefit Percentage
	Option 2	\$30	
	Option 3	\$40	
	Option 4	No Copay ³	

² \$500 Network/\$1,000 Non-Network Deductible Option is not available with 100% Plan

³ No Office Visit/Urgent Care Center Copay (all charges subject to Network Deductible and Benefit Percentage)

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MEDICAL BENEFITS

PREVENTIVE CARE

The key to good health is preventive care and all Latitude plans provide coverage for physical exams, well-child care, immunizations, lab tests, PAP smears, pelvic exams, PSA tests, screening mammograms, bone density tests and colonoscopies. The benefit period maximum per person is \$1,000. Coverage may vary according to state-mandated benefits. Please see your state-specific benefit chart for details.

ACCIDENT BENEFIT

Accidents are upsetting enough without adding the stress of the associated medical bills. American Community provides coverage for those unfortunate occurrences. For covered employees and family members, the deductible is waived and a benefit percentage is applied for covered services incurred within 30 days of an injury. The deductible for the injured family member will not apply until the 31st day after the accident. Copays still apply. This unique feature protects employees from high medical bills in the event of an accident.

Refer to your state-specific benefit chart for details on the following benefits:

- ✧ Maternity
- ✧ Mental Health
- ✧ Substance Abuse
- ✧ Transplant Benefit



PRESCRIPTION DRUGS

DISCOUNT CARD

Included with the base plan is a discount card that employees can use at retail pharmacies to purchase their prescription medications at discounted prices.

PRESCRIPTION DRUG COVERAGE OPTIONS

Your group also has the option to purchase (buy up to) one of six prescription drug plans. If this benefit is selected for your group, all employees enrolled for medical coverage must participate. An employee who waives medical coverage cannot choose the prescription drug benefit.

The first three plans include copays only; there is no front-end deductible on these plans. With options 4, 5 or 6, employees pay the indicated copays after satisfying a \$250 prescription drug deductible, per person.

Options 2, 3, 5 and 6 include split-generic copays where the lower copay amount applies to a specific list of low-cost generic drugs; a list of these drugs is available on our website at www.american-community.com. Generic drugs not included on this list are subject to the higher copay amount.

Please refer to your state-specific benefit chart for complete details on Latitude's six prescription drug coverage options.

Prescription Drugs at Retail Pharmacies

When a prescription drug benefit is selected, prescription medications may be purchased at any pharmacy. If a prescription is filled at a non-participating pharmacy, the employee pays the entire cost of the prescription, and then submits a claim to the Prescription Drug Administrator for reimbursement. Coverage at non-participating pharmacies is limited to the plan cost. Prescriptions filled at a participating pharmacy are subject to the copays of the selected plan. A list of participating pharmacy chains will be provided with the prescription drug benefit card.

Prescription Drugs by Mail

When a prescription drug plan is selected, your employees also have the option to order the medications they will be taking long-term through the mail. The prescription drug mail service program is available for all groups who choose a prescription drug coverage option. A 90-day⁴ supply of a prescription is dispensed subject to a copay and will arrive within two weeks from the date of the order.

If your employee would like to use this program and the medication is needed immediately, but will also be used on an ongoing basis, two prescriptions are required: one prescription to be filled at a retail pharmacy and a second prescription for the balance of the 90-day⁴ supply, to be filled by the mail-service pharmacist.

⁴60-day supply in Nebraska

Latitude Step Therapy Program

Latitude is designed to help your employees hold down their medical expenses, including their prescription drug costs. For that reason, Latitude has its own drug formulary, which includes a Step Therapy program for certain drug classes. Step Therapy ensures that insured individuals use clinically appropriate drugs in a cost effective manner. Step Therapy requires the use of one or more prerequisite drugs prior to the use of another drug. Step Therapy protocols are based on established national treatment guidelines. Certain drugs are not covered unless a plan participant tries and fails a prerequisite drug first. Drugs that are subject to Step Therapy are shown in the Formulary. For more information on Step Therapy, please refer to our website at www.american-community.com, select "Prescription Drugs," then click on the link for "Latitude Step Therapy."

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OPTIONAL BENEFITS

DEDUCTIBLE CARRY-OVER

Covered charges incurred during the last three months of a calendar year which are applied to that year's deductible will also be applied to the next year's deductible. This option may be selected only at the time a new group is enrolled and if the group selects a calendar year deductible. It will apply throughout the duration of the group policy.

24-HOUR OCCUPATIONAL COVERAGE

This option covers certain employee's medical expenses resulting from a work-related injury. This benefit is available to owners, sole proprietors, partners, or corporate officers of the employer group who are not eligible for worker's compensation or eligible for worker's compensation coverage but have legally chosen to opt out; it does not apply to dependents. This benefit is not intended to replace or duplicate benefits which would have been provided by worker's compensation.

WAYS TO FURTHER REDUCE YOUR PREMIUM

To help further reduce your premium and control healthcare costs, American Community offers the following options with Latitude:

Maternity Buy Down^{5, 6}

Latitude includes the option to add a \$15,000 maternity-specific deductible. Employees receive coverage for maternity claims, including prenatal care all the way through delivery subject to a \$15,000 deductible and benefit percentage.

The main advantage of the Latitude maternity buy down is that employees still receive network discounts on maternity expenses when they use providers in your PPO network. These discounts result in savings for your employees.

Should the employee's costs for a routine pregnancy and birth exceed that deductible amount, Latitude coverage

pays the excess at the plan-specified benefit percentage. This option is available to the employee or the spouse, as long as the spouse is covered under the policy. Maternity buy down is available during new enrollment or at renewal. Complications of pregnancy are covered under the major medical benefit. Refer to your state-specific benefit chart for differences.

Federal law requires employers with 15 or more employees to cover expenses for pregnancy the same as any other illness. Various state laws may also require employers to cover pregnancy. Check with your benefits consultant for details.

⁵Maternity Buy Down is not available in Iowa, Michigan and Ohio.

⁶In Missouri the Maternity Buy Down removes all maternity benefits except complications of pregnancy.

Accident Benefit Removal

With this premium-reducing option, the deductible will not be waived; accidents are treated the same as any other illness.

Hospital Copay Option (Inpatient and Outpatient)

You also have the option to add a \$500 inpatient and a \$250 outpatient hospital-specific front-end copay to further reduce your premium. Both inpatient and outpatient must be selected.



ANCILLARY BENEFITS

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (OPTIONAL)

Life insurance protects everyone; however, most employees lack sufficient coverage. With American Community, you not only offer your employees convenient medical coverage, you can also make it possible for them to protect and provide for family members when they are no longer able to.

Life Options:

Flat Plan

Life and AD&D minimum amount is \$15,000. Amounts can be selected in \$5,000 increments.

GROUP SIZE	PLAN LIMIT
2-24	\$15,000 – \$50,000
25-50	\$15,000 – \$75,000

Classed Plan

Up to 5 classes can be established — not to exceed 2½ times the next lower bracket. Plan maximums are the same as the flat plan.

Earnings Plan

1, 2, or 3 times earnings (rounded to the next highest \$1,000) with the same maximums as the flat plan.

Accidental Death and Dismemberment:

Accidental Death and Dismemberment benefit is equal to the life benefit with an additional 24-hour coverage included. Life and Accidental Death and Dismemberment benefits are available for employees age 65 and older at reduced amounts:

- ✧ **For groups with 2-19 employees,** Life and Accidental Death and Dismemberment will reduce by 33⅓ percent at 65 and terminates at age 70 or retirement — whichever comes first.
- ✧ **For groups with 20 or more employees,** coverage

reduces 33⅓ percent of the original amount at age 65. At age 70, coverage is reduced again by 33⅓ percent. At age 75, coverage is reduced again by 33⅓ percent. All amounts are rounded to the next \$1,000. Coverage terminates at retirement.

DEPENDENT LIFE (OPTIONAL)

Provides life coverage to dependents as follows:

SPOUSE BENEFIT	
Under age 40	\$7,500
Age 40 to 50	\$5,000
Age 51 to 55	\$3,500
Age 56 and over	\$2,500

CHILD BENEFIT	
Birth to 6 months	\$1,000
6 months to 19 years	\$5,000

If Dependent Life is selected for your group, all employees with dependents must enroll, regardless of dependent status for medical benefits.



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WEEKLY INCOME (OPTIONAL)

Employees need a way to protect their income and to help provide for their families while recovering from an accident or illness. The weekly income option provides the income protection employees need. If selected for the group, all eligible employees must enroll.

Plan Options:

Flat Plan

\$100 to \$700 per week up to a maximum of 65 percent of income (in \$10 increments)

Classed Plan

Same classes as the Life and AD&D

- ✦ Classes selected by the employer (\$700 per week maximum)
- ✦ Percent of Earnings Plan: 65 percent (\$700 per week maximum)

Waiting Period Options:

- ✦ 1st day accident; 8th day sickness
- ✦ 8th day accident; 8th day sickness
- ✦ 15th day accident; 15th day sickness

Benefit Duration Options:

- ✦ 13 weeks or 26 weeks

DENTAL COVERAGE (OPTIONAL)

American Community offers affordable, comprehensive dental coverage for employees and their families. Whether it's a simple checkup or complicated oral surgery, our plans provide superior coverage.

A one-year waiting period applies to major and orthodontic procedures. This waiting period will be waived for initial enrollees if this plan is replacing a group dental plan which included major or orthodontic benefits. The insured individual is responsible for the deductible amounts, his/her portion of the co-insurance, and charges in excess of usual, customary and reasonable.

Diagnostic and Preventive—Includes: office visits, cleanings, x-rays, fluoride treatments, sealants, space maintainers, oral exams, and lab tests.

Basic—Includes: fillings, root canals (endodontics), extractions, including surgical extractions of teeth.

Major—Includes: restorative and prosthodontics including crowns, full or partial dentures, bridges, inlays, onlays and maintenance of bridges and crowns.

Orthodontics (optional)—For dependent children to age 19, includes: treatment and procedures for the correction of malposed teeth including diagnostic procedures, fixed or removable appliances and full-banded treatment.

	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Preventive Services				
Deductible	\$0	\$0	\$0	\$0
Coverage	100%	80%	80%	50%
Basic Procedures				
Deductible	\$50	\$50	\$50	\$50
Coverage	80%	80%	50%	50%
Major Procedures				
Deductible	\$0	\$0	\$0	\$0
Coverage	50%	50%	50%	50%
Plan Maximum	\$1,500 benefit period maximum		\$1,000 benefit period maximum	
Orthodontics (optional)				
Deductible	\$50	\$50	\$50	\$50
Coverage	50%	50%	50%	50%
Plan Maximum	\$1,000 or \$2,000 lifetime maximum			



VISION COVERAGE

Vision Basic is a vision plan automatically included with PPO medical coverage at no additional charge unless one of the enhanced vision benefits is purchased*. Vision Basic pays for services at a VSP member doctor only. Two optional enhanced plans are also available. With the enhanced plans, copays apply when using member doctors and a reimbursement schedule applies when using a non-member doctor.

Vision Basic (Included)⁷

- ✧ **\$20 copay per exam.** One exam every 12 months.
- ✧ **20 percent discount on lenses/frames** when a complete pair of eyeglasses is purchased.
- ✧ **15 percent discount on the physician services** when contact lenses are purchased.

⁷Vision Basic Coverage not available in Missouri.

Enhanced Plan—Vision Plus 12 (Optional)

- ✧ **\$20 copay per exam.** One exam every 12 months.
- ✧ **\$20 copay for prescription eyeglass materials.**
- ✧ **One set of lenses every 12 months.** One pair of frames every 24 months. Includes a \$150 allowance for the frame of your choice and 20 percent off the amount over your allowance.
- ✧ **Contact Lens Care.** Includes a \$105 allowance for contacts and the contact lens exam once every 12 months. If you choose contact lenses, you will be eligible for a frame 12 months from the date the contact lenses were obtained.

Enhanced Plan—Vision Plus 24 (Optional)

- ✧ **\$20 copay per exam.** One exam every 12 months.
- ✧ **\$30 copay for prescription eyeglass materials.**
- ✧ **One set of lenses every 24 months.** One pair of frames every 24 months. Includes a \$130 allowance for the frame of your choice and 20 percent off the amount over your allowance.
- ✧ **Contact Lens Care.** Includes a \$105 allowance for contacts and the contact lens exam once every 24 months. If you choose contact lenses, you will be eligible for a frame 24 months from the date the contact lenses were obtained.

Out-of-Network Reimbursement Amounts

The following out-of-network reimbursement amounts apply to the enhanced plans Vision Plus 12 or Vision Plus 24 when a non-VSP provider is used. Before seeing a non-VSP provider, contact VSP for additional details.

- ✧ Exam: up to \$35
- ✧ Single vision lenses: up to \$25
- ✧ Lined bifocal lenses: up to \$40
- ✧ Lined trifocal lenses: up to \$55
- ✧ Lenticular lenses: up to \$80
- ✧ Frame: up to \$35
- ✧ Contacts: up to \$105



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HEALTH REIMBURSEMENT ARRANGEMENT OPTION

You can choose to set up a health reimbursement arrangement (HRA) with your Latitude insurance plan. With this type of arrangement, you fund reimbursement accounts for your employees to use on qualified medical expenses. The HRA option offers many advantages for both you and your employees.

- ✧ You can reduce premium costs by combining an HRA with a higher deductible plan.
- ✧ Contributions to employee accounts are tax-deductible for you; distributions for qualified medical expenses are tax-free for your employees.
- ✧ Funds can roll over from one plan year to the next.
- ✧ HRAs help employees plan for their healthcare while controlling their own costs.
- ✧ Freedom to choose your own HRA fund administrator.



AMERICAN COMMUNITY

With beginnings dating back to 1938 and headquartered in Livonia, Michigan, American Community Mutual Insurance Company offers the experience of a solid history as well as a strategic focus on the future health insurance needs of our customers. For over seven decades, we've been insuring people in America's communities with an entire range of quality, affordable health insurance products. As a mutual company, American Community is owned by our policyholders who guide our products and processes, ensuring a collective understanding and focus.

In addition to quality products, American Community offers:

Dedicated Customer Service

- ✧ Our policyholders and agents have access to a well-trained and knowledgeable customer service staff, whose first priority is to provide exceptional service.
- ✧ American Community agents are independent and dedicated to their clients.

Prompt Payment of Claims

- ✧ On average, we process claims within 14 business days of receipt.

Flexible Products

- ✧ We offer a diverse suite of affordable healthcare products for individuals and employer groups, including: short term, traditional PPO, HSA, HRA and consumer-choice products. (Not all products are available in all states.)
- ✧ Our coverage is adaptable to your needs; we offer the choice of multiple benefit options.

If you're interested in charting a new healthcare benefits course for your company and employees, contact your American Community agent today and ask how Latitude can help you reach your destination.

This brochure provides a summary of benefits and guidelines for Latitude. Please refer to the state-specific benefit chart for more detailed information.

This brochure is not intended to be a full description of coverage. Latitude Policy Form Number SGRP09-CONT-OH is the master policy issued to a trust in the state of Ohio. The master policy is the governing document in all situations. Should an employee apply for coverage and be accepted, a Certificate of Insurance will be issued with a complete description of benefits and exclusions. The policy includes complete details of all plan provisions.





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