

Medalist Plan

Health Insurance for Individuals and Families

Convenient and affordable, American Community's Medalist Plan features healthcare coverage that fits the needs of all age groups.

About the Plan

The Medalist is an economical Preferred Provider Organization (PPO) plan with a sensible benefit structure intended to minimize your out-of-pocket expenses while maximizing your coverage by using the PPO network, use of generic drugs when available and eliminating costly emergency room visits. You can design your health plan to meet your needs and fit your budget with five deductible choices, two benefit percentage selections, and four optional benefits.

Deductibles

Choose from five network deductible amounts. For services performed outside of the network, the deductible amount is two times the network deductible.

- ☒ **Family maximum** — After two family members meet their deductibles in a calendar year, the deductible for all remaining family members is waived for the remainder of the year.
- ☒ **Accident benefit** — Your deductible is waived and benefit percentage is applied for 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.

Benefit Percentage

After the deductible has been met, you and American Community begin sharing expenses. The benefit percentage will determine the proportion of the expenses American Community pays and the amount you are responsible to pay.

After the deductible and benefit percentage are met, American Community pays 100% of covered charges for the rest of the calendar year up to a lifetime per person maximum of \$5,000,000.

Refer to the benefit chart for coverage details.



Warning:

If you or your family members are covered by more than one healthcare plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all the rules very carefully and compare them with the rules of any other plan that covers you or your family.

MEDALIST PLAN

The Medalist Plan offers the choice of five deductible amounts for network services, with separate deductible amounts for non-network services. After your yearly deductible is met, you choose the plan benefit percentage of either 80% or 70% of the first \$5,000 or \$10,000, then American Community pays 100%.

The Medalist Plan offers a lifetime maximum of \$5,000,000 for each family member's healthcare coverage.

Plan Details

Benefits

- Physician Services
- Hospital Services
- Preventive Care Benefit
- Prescription Drug Program
- Emergency Room Services
Paid at Network Benefit Level
- Well Child Care Benefit
- Deductible Waived for Injury

Optional Benefits

- Doctor Office Visit Copay
- Dental Coverage
- Maternity Coverage
- Front-end Prescription Drug Deductible

The **deductible** is the amount of covered charges a family member must incur in a calendar year before the plan begins to pay benefits for that person.

Network refers to the group of hospitals and physicians that contract with us to provide comprehensive healthcare services to our policyholders at discounted fees. The group of physicians and hospitals is called the PPO, or Preferred Provider Organization.

Ohio's network is SuperMed Plus. For a list of available providers, visit American Community's website, www.american-community.com and click on "Provider Locator."

PLAN CHOICE	NETWORK	NON-NETWORK
Choice A		
Yearly Deductible	\$500	\$1,000
Benefit Percentage	80% or 70% after deductible is met	50% after deductible is met
Choice B		
Yearly Deductible	\$1,000	\$2,000
Benefit Percentage	80% or 70% after deductible is met	50% after deductible is met
Choice C		
Yearly Deductible	\$1,500	\$3,000
Benefit Percentage	80% or 70% after deductible is met	50% after deductible is met
Choice D		
Yearly Deductible	\$2,500	\$5,000
Benefit Percentage	80% or 70% after deductible is met	50% after deductible is met
Choice E		
Yearly Deductible	\$5,000	\$10,000
Benefit Percentage	80% or 70% after deductible is met	50% after deductible is met

Benefit Chart

MEDALIST PLAN

PLAN CHOICE	NETWORK	NON-NETWORK
Benefit Percentages Following fulfillment of the calendar year deductible, benefit percentage applies to the next \$5,000 or \$10,000 in network covered charges (\$10,000 or \$20,000 of non-network covered charges), then 100% thereafter. The network and non-network benefit percentage amounts are separate and benefits paid under one will not be applied to the other.	80% 70%	50% (of the usual, customary, and reasonable charges) 50% (of the usual, customary, and reasonable charges)
Calendar Year Deductibles (Per Family Member) Network charges apply only to the network deductible. The non-network charges apply to both.	\$500 \$1,000 \$1,500 \$2,500 \$5,000	\$1,000 \$2,000 \$3,000 \$5,000 \$10,000
Maximum Deductible to Be Met per Family	2	
Lifetime Maximum (Per Family Member) • Combined total for all network and non-network services	\$5,000,000	
PHYSICIAN SERVICES	NETWORK	NON-NETWORK
In Physician's Office and Urgent Care Centers • Office visits • X-rays • Visits for injury* • Office Surgery • Laboratory tests	Network calendar-year deductible and benefit percentage*	Non-network calendar-year deductible and benefit percentage*
In Hospital Visits by a Physician	Network calendar-year deductible and benefit percentage*	Non-network calendar-year deductible and benefit percentage*
Preventive Care \$320 maximum calendar year per family member • Immunizations • Routine mammograms • Prostate testing • Routine physical exams, including x-rays and lab services	Deductible waived, 80% benefit percentage applies	
Well Child Care Benefit (Maximum) • 1st year of life (\$500) • 2nd-9th years (\$150/year)	100% (up to benefit maximum)	Non-network calendar-year deductible and benefit percentage
Allergy Testing, Serums and Injections • \$500 calendar year maximum per family member	Network calendar-year deductible and benefit percentage	Non-network calendar-year deductible and benefit percentage
HOSPITAL SERVICES	NETWORK	NON-NETWORK
Inpatient Services	Network calendar-year deductible and benefit percentage*	\$500 copay per confinement (not applied to calendar-year deductible or benefit percentage), then non-network calendar-year deductible and benefit percentage*

NOTE: Some hospital physicians, radiologists, anesthesiologists and pathologists rendering services at network hospitals may not be members of the network. In this situation, hospital charges would be covered at the network benefit level and physician charges at the non-network benefit level.

* Deductible waived for expenses incurred within 30 days of an injury. After 30 days, normal plan benefits apply.

Benefit Chart

MEDALIST PLAN

HOSPITAL SERVICES (cont.)	NETWORK	NON-NETWORK
Outpatient Surgery	Network calendar-year deductible and benefit percentage*	\$500 copay per confinement (not applied to calendar-year deductible or benefit percentage), then non-network calendar-year deductible and benefit percentage*
Diagnostic Services <ul style="list-style-type: none"> • X-rays • Nuclear medicine • Ultrasounds • Pre-admission testing • Laboratory tests • MRIs • Mammograms 	Network calendar-year deductible and benefit percentage*	Non-network calendar-year deductible and benefit percentage*
Emergency Room Services	Emergency Injuries: Deductible waived, then network benefit percentage only* Emergency Sickness: \$50 copay, then network calendar year deductible and benefit percentage. (copay waived if admitted) Non-Emergency Sickness: Not covered	Emergency Injuries: Deductible waived, then network benefit percentage only* Emergency Sickness: \$50 copay, then network calendar year deductible and benefit percentage. (copay waived if admitted) Non-Emergency Sickness: Not covered
OTHER COVERED SERVICES	NETWORK	NON-NETWORK
Free Standing Surgery Center Charges for outpatient surgery procedures	Network calendar-year deductible and benefit percentage*	Non-network calendar-year deductible and benefit percentage*
Radiology or Diagnostic Services Outside of the Hospital <ul style="list-style-type: none"> • X-rays • MRIs • Mammograms • Laboratory (including lab work sent by a physician to an independent laboratory) • Nuclear Medicine • Ultrasound • Pap Smear (covered under preventive care, if selected) 	Network calendar-year deductible and benefit percentage*	Non-network calendar-year deductible and benefit percentage*
Outpatient Physical, Occupational and Speech Therapy <ul style="list-style-type: none"> • Limited to 60 visits per calendar year (this is a combined total for all therapies) 	Network calendar-year deductible and benefit percentage	Non-network calendar-year deductible and benefit percentage
Home Health Care <ul style="list-style-type: none"> • Limited to 20 visits per calendar year 	Network calendar-year deductible and benefit percentage	Non-network calendar-year deductible and benefit percentage
Hospice <ul style="list-style-type: none"> • Up to \$200 per day maximum, \$7,500 per Hospice benefit period, support services up to \$500 maximum 	Network calendar-year deductible and benefit percentage	Non-network calendar-year deductible and benefit percentage
Skilled Nursing Facility <ul style="list-style-type: none"> • Limited to \$75 per day, 60 days per calendar year 	Network calendar-year deductible and benefit percentage	Non-network calendar-year deductible and benefit percentage
Prescriptions <ul style="list-style-type: none"> • Drug Card 31-day supply plus refills 	Generic: 20% copay per prescription or refill (minimum \$10) Select brand name drugs: 30% copay per prescription or refill (minimum \$35) Additional brand name drugs: 50% copay per prescription or refill (minimum \$50)	Coverage for each prescription filled at a non-participating pharmacy is limited to the plan cost. In addition to the copayment, the family member is responsible for the cost of each prescription or refill above the plan cost plus a processing fee.
<ul style="list-style-type: none"> • Mail-order 90-day supply 	Generic: \$20 copay per prescription or refill Select brand name drugs: \$50 copay per prescription or refill Additional brand name drugs: \$75 copay per prescription or refill	

* Deductible waived for expenses incurred within 30 days of an injury. After 30 days, normal plan benefits apply.

Benefit Chart

MEDALIST PLAN

OPTIONAL BENEFITS (cont.)	NETWORK	NON-NETWORK
<p>Dental Benefit</p> <ul style="list-style-type: none"> Deductible and benefit percentage are separate from medical deductible and benefit percentage Calendar year maximum benefit is \$1,000 per family member 	<p>Type I procedures: 6-month waiting period, then 80% Type II procedures: 12-month waiting period, \$100 calendar year deductible, then 50%</p>	
<p>Doctor Office Visit Copay</p> <ul style="list-style-type: none"> Office visits Office surgery X-rays Laboratory tests (see Other Covered Services for lab work sent to an independent laboratory) 	<p>\$25 (\$500 deductible) \$30 (\$1,000 deductible) \$35 (\$1,500 deductible) \$40 (\$2,500 deductible) \$40 (\$5,000 deductible) Copay per visit, then 100% up to \$500 per calendar year After \$500 maximum, network calendar year deductible and benefit percentage apply.</p>	<p>Non-network calendar-year deductible and benefit percentage</p>
<p>Maternity Benefit for All Females Covered Under the Policy</p> <ul style="list-style-type: none"> 270-day waiting period from the effective date of the rider. 	<p>Network calendar-year deductible and benefit percentage</p>	<p>Non-network calendar-year deductible and benefit percentage</p>
<p>Front-end Deductible for Prescription Drugs \$1,000 per family member (2 person maximum per family)</p>		

Qualifications for Coverage

Eligibility:

The following are considered eligible to be covered as family members:

- The key applicant and his or her spouse,
- The key applicant's children and his or her spouse's children and adopted children (regardless of whether a final order granting adoption is ultimately issued), provided they are:
 1. Not married
 2. Dependent on the key applicant for at least 50% of their support
 3. Less than 22 years old.

End of Coverage:

Your coverage or your dependent's coverage ends:

- Upon request, if you or your dependent enter the military service, or
- When the maximum lifetime benefit has been paid for you or your dependent.

Your spouse's coverage ends on the first premium due date after your marriage is terminated.

Your child's coverage ends on the first premium due date after the earliest of the following:

- The date the child marries,
- The date the child is no longer dependent upon you for at least 50% of his or her support, or
- The date the child attains age 23.

All coverage ends:

- If you fail to pay the premium when it is due, or
- If we end all policies in your state for this plan.

This is a brief description of the Medalist Plan highlights.

See the benefit chart for a more detailed description. This brochure is not a contract. See policy form #PMED(OH) for complete terms and conditions.

Plan Highlights

Preferred Provider Organization

The Preferred Provider Organization (PPO) gives you the freedom to choose your own physician or hospital. You can minimize your share of the healthcare costs by seeking medical services from physicians and hospitals that have contracted with the network. If your physician or hospital is not a member of the network, you share in more of the costs of your medical expenses. What makes our PPO plan so desirable is that it allows you access to a specialist when you feel it is necessary. A referral is not required. Your primary PPO network will be shown on the front of your medical ID card.

In addition, you can receive the same network level of benefits when traveling outside your policy issue state through a coordinated program with nationwide preferred provider network. There is no additional fee for this value-added benefit and a toll-free number will be provided on the back of your medical ID card to locate network providers within the continental United States.

Inpatient and Outpatient Coverage

Hospital Charges

- Semi-private room
- Intensive care
- Surgery
- Anesthesia
- Miscellaneous tests, services and medical supplies
- Emergency room
- Medication while confined
- Physician visits
- Nursing care
- Other coverages as mandated by state law

Outpatient Charges

- Prescription drugs*
- Well Child Care*
- Pre-admission testing
- Chemotherapy
- Radiation treatment
- Oxygen, blood and plasma
- Ambulance
- Physician services
- Mammogram
- X-rays and lab tests
- Allergy testing*
- Surgery and anesthesia
- Second surgical opinions for surgery
- Rehabilitative speech, physical and occupational therapy*
- Durable medical equipment
- Skilled nursing facilities*
- Hospice care*
- Home healthcare*
- Other coverages as mandated by state law

**Please refer to the benefit chart and/or policy for details.*

Organ Transplants

With prior approval from American Community, the maximum benefit for charges incurred at a designated transplant facility is \$1,000,000. The maximum benefit for charges incurred at a non-designated transplant facility is \$150,000. The combined maximum lifetime benefit is \$1,000,000, which includes charges incurred at a designated transplant facility and non-designated transplant facility. When a designated transplant facility is used, an additional benefit up to \$10,000 is included for travel and lodging expenses for you and one companion. Meals and lodging are limited to \$150 per day.

A **designated transplant facility** is a medically proven, exceptional success rate facility for organ transplants that has agreed to provide approved transplant services to our insureds.

Coverage Details

Prescription Drug Program

- Use of a prescription drug card at participating pharmacies for up to a 31-day supply
- Mail-order program available for up to a 90-day prescription supply
- Your choice of generic, select brand name drugs or additional brand name drugs
- Benefits are subject to applicable copayments (see Benefit Chart).
- Optional front-end prescription drug deductible of \$1,000.

Participating Pharmacy:

The prescription drug card must be presented at the time the prescription is filled at the participating pharmacy. If the prescription drug card is not presented, the maximum amount that will be reimbursed is the plan cost.

Non-Participating Pharmacy:

The family member will have to pay the cost of the prescription each time it is filled, then submit a claim to the prescription drug administrator. Coverage is limited to the plan cost. Benefits are subject to the prescription drug card co-payment, 31-day maximum supply per prescription and a processing fee.

Optional Maternity Coverage

- Available to all females insured under the policy, with a 270-day waiting period from the effective date of the rider.
- Benefits are subject to calendar year network and non-network deductibles and benefit percentage contained in the policy.
- Covered charges include routine pre-natal care, routine delivery services, in-hospital care of well newborn, and inpatient care and associated charges incurred for 48 hours after vaginal delivery and 96 hours after cesarean section.

Insurance under this optional benefit ends at the earliest of the following dates: the date the policy to which the optional rider is attached ends; the end of the period for which premium has been paid; or the monthly renewal date following the date American Community receives written notice from you requesting cancellation.

Optional Dental Coverage

The dental deductible and benefit percentage are separate from the medical deductible and benefit percentage. The maximum benefit per person, per calendar year, is \$1,000 (Type 1 & 2 combined).

Type 1:

- No deductible is required; charges for covered services are covered at 80% after a six-month waiting period.
- Benefits include office visits and examinations, cleanings, x-rays, diagnostics, space maintainers and pathology.

Type 2:

- Charges for covered services are subject to a \$100 calendar year deductible, then covered at 50% after a 12-month waiting period.
- Benefits include fillings, oral surgery, extractions, root canals, endodontics, periodontics, crowns, inlays, bridges and dentures.

A family member's insurance under this optional benefit ends at the same time as coverage under the policy to which this optional rider is attached ends.

Mandatory Generic Prescription Drug Plan

If an Additional Brand Name Drug or Select Brand Name Drug is chosen when a generic equivalent is available, then the insured is responsible for the Generic Drug copayment, plus the difference between the cost of the Additional or Select Brand Name Drug and the Generic Drug.

Pre-Existing Conditions Limitation

The plan does not pay for any expense incurred due to a pre-existing condition during the 12-month period starting on your effective date of coverage.

Pre-existing condition means an illness or disease that:

1. Is diagnosed or treated by a physician within 6 months prior to the effective date of a family member's coverage, or
2. Produced symptoms within 6 months prior to the effective date of a family member's coverage that would cause a reasonably prudent person to seek medical advice, diagnosis, care or treatment.

An illness or disease that appeared prior to the effective date of the family member's coverage, was fully disclosed on the application, and was not excluded from coverage by a rider is not a pre-existing condition.

Third Party Reimbursement, Standard Coordination of Benefits (COB) and Subrogation

Medalist contains a third party reimbursement provision that may reduce benefits under the plan; a full description is contained in the policy.

Medalist also contains standard coordination of benefits (COB) and subrogation provisions that may reduce benefits under this plan; a full description is contained in the policy.

Survivorship

If you die while the policy is in force, American Community will refund the unearned portion of your premium. The refund will be prorated. If your spouse is covered as a family member, then American Community will deem the policy to be issued to your spouse. If your spouse is not a covered family member and other family members are covered by this policy, we will issue a rider naming your spouse or the family member's legal guardian as owner of the policy.

Renewability

Renewability is guaranteed in accordance with state and federal law, as shown in the policy. Renewability is NOT based on your claims experience.

Premium Rates

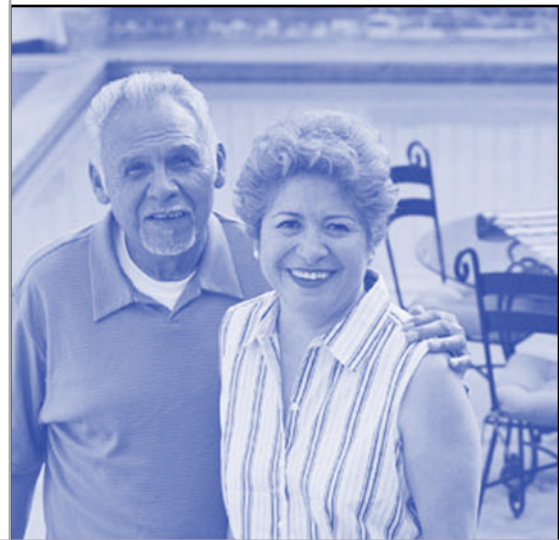
Your premium rate is guaranteed for the first 12 months of coverage. After 12 months, American Community may modify, at any time, the applicable premium rates for all Medalist Plan policies in your state. Modification of premium rates is based on claims experience ALL Medalist policies within the same state, not just your claims experience.

General Exclusions & Limitations

Some of the services that the Medalist Plan does NOT cover include:

Pre-existing conditions for 12 months after the effective date of a family member's coverage; Charges in excess of the usual, customary, and reasonable charges; Charges for unproven procedures or treatments; Charges arising from war, commission of a felony, or participation in a riot or insurrection; Any sickness contracted or injury received while a member of the military; Charges for sickness or injury that are covered by Workers' Compensation Insurance or similar laws; Travel expenses, except for professional ambulance service; Charges for dental services or supplies for treatment of the teeth, gums or alveolar processes, unless the dental benefit rider is purchased; Cosmetic treatment, except as provided in the policy; Care covered under a government program; Services covered by Medicare or eligible for coverage by Medicare, Eyeglasses; Contact lenses; Eye exams; Hearing aids; Outpatient prescription drugs, unless provided through the prescription drug program; Pregnancy, unless the maternity benefit rider is purchased; Sterilization; Abortion; Treatment for hair restoration; Treatment of acne; Treatment for mental or nervous disorders or illnesses, or emotional conditions; Treatment for substance abuse; Treatment for alcoholism, except as provided under covered charges; Examination, diagnosis or treatment of malocclusion or misalignment of the jaw, unless caused by injury; Charges for services which are not medically necessary; Charges for which benefits are not provided in the policy.

A complete list of exclusions and limitations is included in the Medalist Policy.



American Community

American Community Mutual Insurance Company, founded in 1938, is one of the most established insurance companies in America. For over six decades, we've been insuring 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:

Great Customer Service

- ☒ Our customers and agents have access to a well-trained and knowledgeable customer service staff.
- ☒ All American Community agents are independent and dedicated to their clients.

Prompt Payment of Claims

- ☒ On average, claims are processed by American Community within 10 business days of receipt.

Flexible Products

- ☒ Adaptable coverage to fit your needs
- ☒ The choice of several billing options





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