

We are committed to providing valuable coverage and quality customer service. This booklet was designed to help you and your employees get the most from your health insurance plan by outlining the programs available to you.

Maximizing the value of healthcare programs for you and your employees



Your Central Reserve Life Group Health Insurance Benefits

- Professional Multi-Option
- Employer's Choice
- MSAdvantage
- Partnership

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How To Reach Us

Central Reserve Life's (CRL) Customer Service Departments are just a click of your mouse or a phone call away. They can help you and your employees with any questions about your healthcare policy. Our teams are specially trained to assist your needs and they are dedicated to providing you with quick, accurate and up-to date information. For convenience and faster service, please be sure to use the e-mail addresses we have listed.

We're here for you!



Our Websites:

- **www.centralreserve.com.** For comprehensive Customer Service, please visit our website at **www.centralreserve.com**, select the "Consumers" option, and choose "Customer Service." You'll find detailed information about our Customer Service options, including how you can save money on your premiums, Claim and Administrative Customer Service, our 24/7 Care Coordination Services, and answers to your Frequently Asked Questions.

You can also easily locate in-network hospital and medical providers. Simply go to our home page, **www.centralreserve.com**, and click on "Find a Provider in your Network," and then select "CRL" or "First Health" (if you are assigned to the First Health Network). Please note, First Health providers are not listed under the "CRL" button.

- **www.express-scripts.com.** Our pharmacy provider, Express Scripts, allows you easy 24 hour a day access to network pharmacies, as well as complete information about your plan and coverage.

Claims Questions and Support

A Claim Customer Service Representative (CSR) will be able to help you and your employees:

- Verify benefits,
- Check on the status of pending claims, and
- Provide us with any additional information necessary to expedite pending claims.

You can contact a Claim CSR* by e-mail or phone:

All insureds except Ohio:

E-mail: groupclaims@centralreserve.com

Phone: 1-877-575-4201

Ohio insureds:

E-mail: crl.operations@mmoh.com

Phone: 1-800-966-6023

Partnership insureds:

E-mail: groupclaims@centralreserve.com

Phone: 1-877-575-4201

Administrative Questions and Support

Our Administrative Customer Service Representatives can help you:

- Add or remove employees or dependents to or from your healthcare plan,
- Request new ID cards or certificate booklets,
- With continuation of coverage or conversion questions,
- Change your address, and
- Answer questions about your premium statement or premium payments.
- Answer Partnership funding questions

You can contact an Administrative CSR by:

E-mail: groupadmin@centralreserve.com

Phone: 1-877-575-4201

Central Reserve Life
17800 Royalton Road
Cleveland, Ohio 44136



SAVE Program

Share in the savings by keeping a close eye on your medical bills!

Errors on medical bills cost our nation billions of dollars each year and increase insurance premiums for all consumers. That's why we established the SAVE (Self-Audit Value Exam) program.

If you or your employees discover an error that results in savings on your bill, you may share in 25% of the savings! You can receive up to \$1,000 by simply reviewing your medical bills. Here's what to look for:

- Procedures, tests or treatments that were not performed,
- Medications not received,
- X-rays or lab work that was not done,
- Duplicate charges, and
- Other inaccuracies of this nature.

Requesting an itemized bill is also helpful.

- If you find inaccuracies, write to CRL immediately (within 90 days of the payment of your claim) at:

Central Reserve Life
Attn: SAVE Program
17800 Royalton Road
Cleveland, OH 44136

You may also e-mail us at

groupclaims@centralreserve.com, phone us at 1-877-575-4201 or fax us at 440-572-8880.

- Explain the billing error and include a photocopy of your bill, noting areas in question.
- CRL will review the information and determine if a savings exists.
- If the discrepancy results in a claims savings of more than \$200, you will receive a SAVE program bonus check for 25% of the savings up to a maximum of \$1,000.

Preferred Providers

Our Preferred Provider Organization (PPO) program was established so that you and your employees can utilize a wide range of medical providers while saving money. You have access to many selected healthcare providers, including primary care and specialty physicians, hospitals and other medical providers.

When you visit providers in the PPO network shown on your ID card, you are protected from being billed for amounts above the reasonable and customary charge limits of your insurance. Since the PPO providers have agreed to negotiated charges, they will bill you only for your deductible and coinsurance amounts. If you or your employees are obtaining healthcare service from providers who are not in your network, you're probably paying more for these services. We also apply PPO discounts before your deductible and coinsurance amounts are calculated, which can mean significant savings for you!

You'll find that a PPO program offers you freedom and flexibility. You can:

- Choose between all participating providers in your PPO network in order to receive in-network discount rates,
- Select providers who are either in- or out-of-network,
- Visit specialists without referrals.

Non-Network Negotiation and Exception Services

If a PPO provider is not available within a reasonable distance from the insured's home, or if there is no provider within our network who performs the required service, you can call 1-877-575-4207 or e-mail nonnet-exempt@ceresgp.com for assistance. We will help locate a non-network provider and attempt to negotiate the cost to help save you money. Our goal is to eliminate or reduce any balance billing to you.

In order to provide our customers with the best service possible, when we receive requests for non-network exceptions we relay this information to our PPO networks. This information helps the network determine where they may want to add new providers to their network.

Utilize a wide range of medical providers while saving you money

Provider Locator Service

To locate in-network providers, please visit our website at www.centralreserve.com, and select "Find a Provider in your Network." You can also consult your directory* or call us toll-free at 1-877-575-4207 (available to you 24 hours a day, 7 days a week).

To nominate a provider to your network, you or your employees should complete a Provider Nomination form. These forms are included in your customized provider directory and are available from your agent. You may also send an e-mail to our Customer Service Department at groupadmin@centralreserve.com or call 1-877-575-4201 to request the form.

*Every effort has been made to ensure the accuracy of the information in provider directories, however, participating providers are subject to change. To view the most current list of providers, use our website or call our toll-free provider locator number. Please note that in order to receive in-network benefits, you are responsible for selecting a provider currently participating in your network. To ensure network participation, please check with the provider's office at the time of service.



24-Hour Care Coordination Services

(included in your Group Plan)

Call One Easy Phone Number: 1-877-575-4207

Call ANY TIME, ANY DAY for:

- Ask a Nurse
- Provider Locator Services
- Building Blocks Pregnancy Support Program
- Personalized Case Management Programs
- Cancer Case Management
- Pre-Certification
- Non-Network Negotiation and Exception Services

Ask A Nurse

Our "Ask a Nurse" program provides medical support 24 hours a day, 7 days a week. E-mail us at healthinformation@ceresgp.com or call 1-877-575-4207 and you will be connected to a Registered Nurse (RN), not a receptionist! The RN will provide medical information that can help your employees and their families.

Building Blocks Pregnancy Support Program

We hope all babies are born healthy! That's why we have developed Building Blocks, our pregnancy support program. Expectant mothers will receive an initial confidential interview with a Registered Nurse (RN), as well as valuable educational materials and information. The RN continues to stay in touch after the baby is born to provide ongoing support.

In cases of high-risk pregnancy, the Registered Nurse will coordinate with the patient's physician to provide specialized case management.

This service is available to you as a CRL customer even if you do not have maternity coverage!

For more information on the Building Blocks Pregnancy Support Program, you may e-mail us at buildingblocks@ceresgp.com.

Personalized Case Management

We offer an exceptional benefit to our customers who face catastrophic illness and injury, cancer, or organ transplant through our Personalized Case Management programs. Our specially trained Registered Nurses assist in coordinating care and treatment plans.

Our Registered Nurse (RN) Case Managers work directly with the patient, their doctor and their family to coordinate care, identify the best options, and assure the common goals of quality, cost-effective care. This allows the patient to focus on the important issues – recovery and returning to a healthy and productive lifestyle.

Medical/Catastrophic Case Management Program

Our experienced RN Case Managers are sensitive to the patient's needs when a catastrophic illness or injury occurs. A personal Case Manager will work with the patient and doctor to coordinate a treatment plan and support recovery goals.

We provide a broad spectrum of case management services, from arranging post surgical home healthcare to more complex needs.

For more information on our Medical/Catastrophic Case Management Program, you may e-mail us at medicalcm@ceresgp.com.

Cancer Case Management Program

The best way to recover from cancer is through early detection and medical treatment. The goal of our Cancer Case Management program is to help coordinate the most effective care in a setting that best suits the patient and their doctor. Our Registered Nurse Case Managers, who specialize in oncology, will work closely with the patient and their doctor to assist them in receiving the services they need.

The Case Manager will share helpful information about treatment and can refer insureds to informative cancer websites for additional information and support. We are in touch with nationally recognized oncology specialists, to help provide the patient with up-to-date information.

For more information on our Cancer Case Management Program, you may e-mail us at oncologycm@ceresgp.com.

One easy phone number

1-877-575-4207

Transplant Case Management

For our insureds who need an organ or tissue transplant, we provide RN Case Managers who offer support and guidance. They answer questions, provide information, and communicate with doctors and specialists. The Case Manager will also assist during recovery for one year after the transplant.

In addition, we offer a "Centers of Excellence" Program. If your benefits include this program, the Case Manager will provide information to the patient and their doctor on participating facilities.

For more information on our Transplant Case Management Program, you may e-mail us at transplantcm@ceresgp.com.

Health Support/Disease Management

Our Health Support Program allows us to help our insureds by identifying those at risk for, or who already have, diseases such as cardiac disease, diabetes, and asthma. If you manage these conditions when they are first identified, you can lead a more productive life. Our Registered Nurse Case Manager will provide education and support.

For more information on our Health Support/Disease Management Program, you may e-mail us at diseasemgmt@ceresgp.com.

Pre-certification

Pre-certification is only necessary for inpatient hospital admissions and following emergency admissions. It is not required in all states. Pre-certification will assure that you maximize your medical benefits and have the opportunity to take advantage of our case management services, if appropriate.

Just have your doctor e-mail us at precert@ceresgp.com or call 1-877-575-4207 to initiate the pre-certification process.

LabOne

LabOne is offered* as an additional cost containment program designed to complement your healthcare plan. LabOne does not replace existing benefits.

LabOne is a fully accredited and certified laboratory that performs most lab tests. They offer quality laboratory testing and significant savings over other labs. LabOne is a member-driven program that provides outpatient laboratory testing for covered services when specimens are sent to LabOne.

If your deductible is \$1,000.00 or less, you and your employees are included in the LabOne Program and CRL is able to cover the full cost of lab testing for covered services. Therefore, LabOne provides outpatient lab services and specimens at no charge**. You may pay no deductible, no copayment and no coinsurance for these lab services.

At the time of service, simply show your LabOne ID card and request that your lab work to be sent to LabOne for processing. LabOne will submit claims for services directly to CRL. If a provider is unable to collect the specimen, LabOne has contracted draw sites available. For more information, call LabOne at 1-800-646-7788.

*Not available in all areas.

**You may be responsible for charges related to the [specimen collection](#) if performed in physician's office.





Your Pharmacy Benefits

Prescription costs are on the rise. Expenditures for prescription drugs now outpace all other categories of healthcare spending, including hospital and physician costs. Now more than ever, it is important to increase your employees' awareness of cost-saving alternatives.

Your plan may include a three-tier pharmacy benefit:

Generic – always the most affordable option,

Brand Name Formulary* – offering increased savings over brand name medications not on the Formulary, and

Brand Name Not On the Formulary*– insured will share a larger part of the cost of the brand name medication.

*The formulary is a list of carefully selected medications that can assist in maintaining care, while helping to lower the cost of your prescription drugs

www.express-scripts.com

Our pharmacy provider, Express Scripts, located at www.express-scripts.com, has a program that includes:

- 24 hour, 365-day/year access to the Express Scripts Customer Service Call Center at 1-800-287-4526.
- A national network of over 53,000 pharmacies.
- A nationwide pharmacy locator available by contacting the Express Scripts Customer Service Call Center at 1-800-287-4526, or visiting their website at www.express-scripts.com.
- Convenient home delivery of medications through the mail order service program.**

Express Scripts also offers a personalized pharmacy website that has services designed for you and your employees. The site provides complete pharmacy information, including your benefit plan and coverage, drug costs, drug comparisons and an online pharmacy**– so you can save money and much more!

Your personalized services include:

- **Your Benefit Plan** – a detailed description of your benefit plan and coverage, including pharmacies in your network.
- **Your Prescription History** – a personal record of your prescription history.
- **Online Mail Order Pharmacy** – you and your employees can save money by ordering your prescriptions online through Express Scripts. Fill out and print a mail order form that can be mailed or faxed (from your doctor) along with your prescription to Express Scripts' Mail Order Service.** You can also order refills and view the status of your mail order prescription.
- **Your Formulary** – you and your employees are able to print a copy of the formulary or search for specific drugs indicated on the formulary list.
- **Drug Information** – get answers to your specific questions about medications, including drug interactions, drug comparisons and more.

To register, simply visit <http://member.express-scripts.com> and follow the simple instructions provided.

** May not be available for all employer group benefit plans.





Managing Your Group Plan

When you purchased your CRL group plan, you met certain employee eligibility requirements. In order to maintain these requirements, it is necessary that you monitor them on an ongoing basis. This will allow us to provide you and your employees with continued group health insurance protection and the best service possible.

Eligible Employees

Only full-time, permanent employees working at least 30 hours a week and earning a wage are eligible for group medical coverage (may vary by state). Partners and proprietors are eligible only if they work in the participating employer's business on a full-time basis and are earning a wage.

Temporary employees, non-actively employed corporate directors and officers, personal friends and relatives and any class of employee not expressly approved by the employer and CRL are **ineligible** for CRL group coverage. Seasonal employees will be considered on an individual basis.

It is very important that you **notify** CRL promptly with any changes to your group plan. When you send your group's premium payment each month, you are certifying that all listed employees are actively working 30 hours a week, earning a wage, and are permanently employed in your business.

An employee shall be considered "Actively at Work" if they are working not less than 30 hours per week in performing regular duties at the employer's business. They will also be considered "Actively at Work" if they are, on the date that the coverage would otherwise be effective, on a

regular paid vacation, Family Medical Leave, or absent from work due to a health-related factor (i.e. absent from work due to illness). Employees who do not meet the definition of "Actively at Work" will not have coverage become effective until they return to active work and have been notified in writing by CRL's Home Office of the effective date.

Failure to promptly disclose any terminations, lay-offs, disabilities, approved leaves of absence and the like will result in cancellation and denial of ineligible individuals' benefits. Employers are responsible for any resulting overpayment of claims to ineligible insureds.

You must remove an employee who is no longer eligible for CRL group coverage and notify CRL within 30 days.

New Employees

When new employees join your group, they must submit a completed Group Insurance Enrollment Application. These materials are available in your Employer Administration Kit, or you can order them from a customer service representative.

Your new employees must fully and accurately complete the Application and provide all required information. If health history is undisclosed or incomplete, past, present and future claims may be ineligible for benefit payment. To avoid these issues, please communicate to your employees the importance of **fully completing all forms and disclosing all information to include present and past medical conditions and symptoms, diagnosis, prognosis, and the names and dosage of medications currently being prescribed.**



Managing Your Group Plan (cont'd)

The effect of rescinding coverage will be to cancel the coverage as of the original effective date of this employee.

Please note: your group health insurance premium is based upon the health history of your group and medical information we receive on new employees. If this information is inaccurate, we reserve the right at our discretion to retroactively adjust your rates accordingly or cancel the individual from the group.

New employees will be issued group coverage in accordance with the federal mandated legislation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). New employees added after the eligibility period who do not apply during an established open enrollment period are considered late enrollees.

An employee who does not apply within their eligibility period but who later requests coverage as a result of a change in family status (i.e. marriage, newborn) is eligible for issue if the application is received within 31 days of the change in family status.

Should you need further assistance with adding new employees, please feel free to e-mail an administrative CSR at groupadmin@centralreserve.com or call us at 1-877-575-4201.

New Hires

Coverage for new hires is not in effect until you receive written notification from CRL's Home Office, to include the effective date of coverage. Please note that an employee and/or any eligible dependent(s) will be effective on the date specified by the Home Office. If CRL does not approve the employee's application for coverage, written notification explaining the reason(s) will be sent.

CRL must be notified of any newly acquired subsidiaries in order to properly evaluate the entire group for risk. Subsidiary companies are subject to underwriting review and approval. If approved, a separate policy number will be issued.

Dependent Coverage

Please note that no insurance will be effective for a dependent before the employee's insurance is effective. Dependents are not eligible as a dependent of more than one employee, nor as an employee and a dependent.

When an employee with single or dependent coverage requests coverage for a new family member ("dependent"), CRL must receive a written request from the employee.

When adding a newborn or adopted child, CRL must receive the written request within 31 days after the eligibility date in order to make coverage effective on the eligibility date. The eligibility date is determined as follows:

- Newborn – the newborn's date of birth;
- Adopted Child – the earlier of the date placed for adoption or the date of legal adoption.

If family coverage is in place, the newborn will be covered for the first 31 days, regardless of when written notification is received. Such a request will be processed upon receipt of the written notification. In order to continue coverage beyond 31 days, notification must be received within 31 days of the date of birth. If CRL is not notified within 31 days after the eligibility date, the employee must complete an application for the dependent and the dependent will be considered a late enrollee.

When adding other dependents, the dependent will be automatically covered if the Home Office receives the written request prior to the eligibility

Managing Your Group Plan (cont'd)

date (i.e. the date of marriage). The effective date of coverage will be the eligibility date.

If the Home Office receives written request after the eligibility date, but within 31 days after the eligibility date, coverage will be effective the first day of the month following receipt of the written request.

If CRL is not notified within 31 days after the eligibility date, the employee must complete an application for the dependent. Such dependent will be considered a late enrollee.

The additional premium charge for the new dependent, if any, will be added to the employer's next premium statement and must be paid when that payment is due.

For dependents who are enrolled on the plan and are between the age of 19 and 23, it is the employee's responsibility to notify CRL within 31 days from the date that they are no longer eligible as a dependent. The employee must notify CRL if the dependent is no longer a full-time student, if they marry, or if they are no longer financially supported by the employee since they would no longer meet the eligibility requirements of a dependent, as defined in the employee's certificate booklet.

Coverage During Approved Leave of Absence

■ Family and Medical Leave Act of 1993

Employers subject to the Family and Medical Leave Act¹ should contact CRL if an employee requests leave. Under FMLA, employees may be eligible for up to twelve weeks of unpaid leave during which the employer must keep the health insurance coverage in place. Please note, if the employee contributes to the premium, they must continue to do so. CRL should be notified when the individual returns to full-time, active employment.

■ Lay-offs and Rehires

The employer may continue to cover the employee who is laid off with premium payment for a maximum period of 60 days and/or the employee may elect to continue coverage under the "Continuation of Coverage" provisions.

1. If the employee is insured at the time of lay-off (and coverage is not continued), then returns to full-time work within six months of the lay-off date and written communication is received within 31 days, the employee will automatically be covered effective on the first day of the month following completion of the waiting period.
2. If an employee is insured at the time of lay-off and returns to full-time work within six months of the lay-off date and written notification is NOT received within 31 days, a new application is required. The effective date of the employee will be the first of the month following completion of the waiting period or first of the month following receipt of the application, whichever is later.

¹ Generally, employers with 50 or more employees on 50 percent of the working days in the prior calendar year.





3. If an employee is insured at the time of lay-off and returns to full-time work after six months, the employee will be treated as a new hire.
4. An individual returning from military service must return to work within 31 days of discharge or be considered as a new employee.
5. If coverage was continued under a "Continuation of Coverage" provision, and the employee returns to work with no lapse in coverage, the employee will automatically be added back to the billing statement.

Existing Employees

Your group plan was issued and premiums were based on the employees' health information provided at the time of the original application. If your employees' health information was undisclosed or incomplete at the original date of your group plan issuance, past, present and future claims may be adjusted for payment or your group premiums may be adjusted retroactively at our discretion. The effect of rescinding coverage will be to cancel the coverage as of the original effective date of this employee.

Short-Term Major Medical

If you have a newly hired employee who does not currently have health insurance or does not yet qualify for your CRL group medical plan, you may want to have that employee apply for CRL's Short-Term Major Medical Insurance. This plan provides immediate coverage for a duration of 1-12 months. Note: Pre-existing conditions are not covered. Contact your CRL agent for additional information on this plan. You may also visit our e-commerce website at www.qqlink.com or call our Customer Service Representatives at 1-866-477-5465.

Continuation of Coverage

An employee and/or dependent may be eligible for continuation of coverage, based on applicable state or federal (COBRA) laws. It is the employer's responsibility to notify employees of all continuation and conversion privileges. There is a limited amount of time after termination of insurance to elect conversion or continuation; therefore, the employee or dependent(s) must be notified of their options at the time of the qualifying event (i.e., termination of employee).

Please refer to the instructions for Continuation of Coverage included in your Administration Kit.

If you are a COBRA eligible employer, please refer to your COBRA Kit for more information. Federal law mandates certain employers make continuation of coverage available to their employees in compliance with the Combined Omnibus Budget Reconciliation Act of 1985 (COBRA). Typically this would apply to employers with at least 20 or more employees for at least 50% of the preceding calendar year. If you are required to provide these benefits and do not have a COBRA Kit, you can contact an Administrative Customer Service Representative at 1-877-575-4201 or e-mail us at groupadmin@centralreserve.com. If you are not certain about whether or not you are a COBRA eligible employer, please contact your corporate counsel.



Conversion of Benefits

An employee and/or dependent may be eligible to convert their medical insurance, and employees may also be eligible to convert their life insurance upon termination of employment or membership in all eligible class.

To apply for conversion, eligible employees/dependent(s) must complete the proper application forms which are included in your Administration Kit. You may also e-mail us at groupadmin@centralreserve.com or call 1-877-575-4201.

Eligible Individuals

Effective June 1, 1997, due to the enactment of a federal health reform law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, and similar laws enacted by the majority of states, certain employees and dependents who were covered under an employer plan and who lose that coverage within 63 days of the date they lost coverage, may be eligible to purchase other health insurance coverage. In general, the person must request coverage within 63 days of the date they lost coverage under the employer health plan; have had continuous health insurance coverage for the previous 18 months, and have not lost coverage due to fraud or nonpayment of premium. The person must also not be eligible for Medicare, an employer plan, or be covered under another health insurance plan. If the person had the option of electing continuation of coverage under COBRA, or under a similar state program, the person must have elected and exhausted that coverage.

Depending on the state of residence and the applicable law, the type of coverage available to the "Eligible Individual" may be a state-run risk pool, or a health insurance plan offered through CRL. If eligible for the coverage, it will be

guaranteed issue (no medical underwriting) to the Eligible Individual and no pre-existing condition limitation will be applied. For more information regarding the options available in your state, please contact your insurance agent or a CRL Customer Service Representative.

Employer Continuing Contribution & Participation Requirements

- Employer groups with less than five (5) full-time eligible employees must meet 100% participation.
- Employer groups with five (5) or more full-time employees must also meet 100% participation when the employer is paying 100% of the cost of the employee premium.
- Employer groups with five (5) or more full-time employees who contribute to the cost of the employee's premium must meet 75% participation.
- Employers must pay at least 25% of the cost of the employee's premium.
- Employees may share or pay the entire cost of the premium for dependents.
- All full-time employees must be accounted for by an enrollment application or authorized waiver.
- Employer groups with 51 or more employees may exclude employees by class. Authorized waivers and class exclusions do not count towards participation.
- CRL reserves the right to terminate coverage of a participating Employer if fewer than the total eligible employees are enrolled in the plan or if the number of insured employees falls below the number required by the plan.

Note: Eligibility and participation requirements vary by state.



Group Premium Billing Information

A premium billing statement will be sent to you approximately 7-10 days before the due date. The due date is the first calendar day of the month. Your billing statement may contain an administrative fee for our services, which is considered part of the total amount due. This charge helps cover the cost of administering the plan for health insurance such as preparation of billing statements, rating and actuarial studies, underwriting, claims processing, certificate materials and computer services.

Payment of Premium

To avoid delays in posting your payment or terminating benefits, the total amount due must be submitted with the correct payment coupon and envelope. If payment has not been received within two weeks of the due date, CRL will send you a reminder notice explaining that payment has not been received. A payment coupon and envelope will also be included for your convenience.

If payment is still not received by the time the next billing statement is generated, the billing statement will also include a reminder message.

Coverage will automatically terminate at the end of the last billing period you paid if payment is not received by the end of the grace period. A letter will be sent to you explaining your termination date and will contain information about applying for reinstatement. For more information, please refer to the "Reinstatement" section. As a courtesy, CRL will attempt to send letters to all employees who were insured on the date of termination, advising them of the termination of coverage. However, it is the employer's responsibility to notify employees of the loss of coverage. If a check is received and deposited after the grace period has expired, application for reinstatement will be initiated.

Our Underwriting department will request any additional application requirements through your agent and review the information based on our guidelines. If coverage is not approved, or if you choose not to apply for reinstatement, a refund for the amount remitted will be sent to you.

Removing a Dependent or Dependent Coverage

To remove a specific dependent from an insured employee's coverage, or to remove all dependents, written notification from the insured is required. Requests will be processed with an effective date that is the first of the month following the date notification is received in CRL's Home Office. If a dependent is no longer eligible for coverage, written notification must be provided within 31 days after the date of ineligibility. Please refer to the section in this guide entitled "How to Make Changes."

Removing or Adding Optional Benefits

Optional benefits may be removed or added with a signed, written request from the employer. Optional employee deductible, maternity and adding/changing prescription benefits can only occur on renewal. Requests to increase benefits are subject to underwriting for rating purposes by CRL's Home Office.

Billing Adjustments

When additional premium is due or credit is due for coverage changes, an adjustment will be included on a future billing statement. The adjustment will describe the reason and the amount due or credit being issued (for example, premium to add new dependents, premium to add new employees, credit for a plan change, credit for removing dependent coverage, etc).

How to Make Changes

There are several convenient ways you may request changes:

1. Visit our website at www.centralreserve.com, select the "Consumers" tab, then choose "Customer Service" to locate the policy change form. You may use the policy change form to:
 - Change the company address,
 - Change any insured employee's home address, or
 - Remove employees from your group insurance plan. (Please include date of termination).
2. Fax your signed request to our Policy Services department at 440-572-8385 to:
 - Correct information (i.e. spelling of a name, social security number, etc.),
 - Change your address or an insured employee's address,
 - Remove optional benefits from your group plan,
 - Remove employees from your group insurance plan (please include termination date),
 - Remove dependents or dependent coverage from an employee's plan,
 - Add a newborn dependent,
 - Change your PPO network, or
 - Confirm student status for an employee's covered dependent(s).
3. Mail your request to:
Policy Services
Central Reserve Life
P.O. Box 368027
Cleveland, OH 44136
4. Note the change on the back of your payment coupon—Please use this **ONLY** to remove employees from your group plan or

to remove dependent coverage for one of your employees.

5. Call our Customer Service Representatives at 1-877-575-4201.

Minimum Group Size

Subject to eligibility, the minimum number of participating employees required to maintain your CRL group plan is two (2) or more.

Reinstatement

If insurance coverage terminates due to late payment or non-payment of premium, the employer may apply for reinstatement of the plan. All requirements must be met within 90 days from the termination date, including details requested during the application process. A current quarterly wage and tax report is required.

To initiate the application for reinstatement process, the employer may contact a CRL Group Customer Service Representative. If an employer terminates due to late payment, the application for reinstatement process will be initiated based on receipt of the late payment. In this case, a letter will be sent to the employer confirming that the application process has been started.



If reinstatement is approved, CRL will send the employer written notification regarding the approval. Premium billing statements for all past due payments, the current payment due, and a reinstatement fee will be included with the approval letter. Payment is due upon receipt of the approval notice.

Any questions regarding premium payment or reinstatement should be directed to a CRL Group Customer Service Representative.

Employer Relocation to a Different State

If an employer moves to a state in which CRL is not licensed to transact business, or does not actively market its products, insurance coverage will be terminated. CRL will send notification 90 days in advance of the termination date.

If the employer group moves to a state where CRL markets products but does not actively market the type of plan under which the employer group is covered, the employer's plan will be terminated. However, the employer group may be offered other coverage that is currently marketed, when applicable.

Limited Authority of Agent

The agent has no authority to bid coverage. Only CRL's Home Office has the right to decide if and when coverage occurs, either for the group or for an individual.

The agent has no authority to give an opinion or judgment whether a condition or illness is covered or whether a claim will be paid. These questions can only be answered by authorized CRL Home Office personnel.

The agent has no authority to waive any term or condition of coverage of the insurance policy. A waiver can only be made by an officer of CRL and only in writing.

The agent has no authority to collect any premium on CRL's behalf other than the initial premium. The check for the initial premium is to be made payable to "Central Reserve Life."





Your MSAdvantage Employer Group Health Insurance Plan

Your MSAdvantage Employer plan offers you and your employees many benefits. Premiums are lower than traditional low-deductible plans, and you and your employees enjoy tax benefits by using Medical Savings Accounts (MSAs) while maintaining and controlling the funds in your accounts. What you don't spend, you keep in your MSA.

Deposits

Deposits to your MSA may be added anytime during the year and up to April 15 of the following year. You can make deposits over “the course of the year” or in one lump sum. The annual maximum contribution to an MSA is 65% of an individual's deductible and 75% of a family's deductible.

For any given year, only the employer OR the employee can contribute to the MSA—not both.

Withdrawals

Withdrawals for qualified expenses can be made at any time. Although MSA funds cannot be used to pay your health insurance premium, the funds can be used to pay for COBRA premiums.

Tax Benefits

The money withdrawn from your MSA is tax-free if it is used to pay qualified medical expenses. Dollars that you do not use grow with tax-deferred earnings, which roll over year after year. After age 65, you can withdraw funds from your MSA

for any purpose without a penalty, paying only ordinary income taxes. Medical payments, nursing home insurance premiums and nursing home charges after age 65 remain tax exempt.

If you use the money for non-medical purposes before age 65, you are responsible for regular tax plus a 15% penalty.

Qualified MSA contributions can be deducted from your gross income on your federal tax return even if you do not itemize deductions. Many states also allow the deduction from state income taxes. Please speak with your financial advisor or accountant about the tax benefits of your MSA.





Your Partnership Employer Group Health Insurance Plan

We have specialized Customer Service Representatives who will provide immediate service and answer questions regarding your Partnership Plan. To reach this dedicated team call 1-877-575-4201, including Ohio.

How Your Plan Works

As the employer, you establish a claims reserve account to pay the employer deductible you have selected. When a claim is presented for payment, it is processed first from the claims reserve account. If the insured employee's covered charges during the year exceed the employee and employer's deductible and coinsurance, CRL will pay the remainder of the covered charges according to the terms of the policy.

Claims Administrator

Western Reserve Administration Services (WRAS) is the CRL claims administrator that will calculate the insured employee's claim and work with you to ensure that the correct level of benefits is paid. WRAS will calculate all claims for the plan in strict accordance with the provisions and limitations of the plan.

If you have selected the monthly cap option, we will provide you with a refund in July for any unused portion of funds in your reserve account. If you terminate your account, any unused funds will be held for 12 months in order to cover any

claims you may be responsible for. At that time all surplus will be paid to you, the employer.

Claims Reserve Account

Your claims reserve aggregated account is established for you by WRAS to pay claims and to cover incurred but unreported claims. This non-interest bearing account is with The Huntington Bank in Cleveland, Ohio.

Financial Reports

You will receive a monthly accounting of your shared claims activity. This report provides information as to how your Partnership Plan is working for you. Please refer to your Administrative Services Agreement for details.

The monthly report includes:

- Total claim reserve accumulation balance or account balance
- Monthly employer-funded claims activity
- Amount to be deposited to bring employer-funded claims account to claims reserve amount.*

WRAS also provides quarterly and year-to-date employer claims experience.

*A check in this amount must be forwarded to WRAS within 10 working days of receipt of the monthly financial statement. This check will be credited to your account, thus returning your employer-funded account to the minimum required reserve amount.

Benefit Design Department Offering You Cost-Saving Benefit Options

While healthcare costs are on the rise, our CRL voice on the phone can help you save money and maintain your company's budget. CRL's Benefit Design Department is comprised of specially trained individuals who may help you modify your coverage to reduce your costs whenever possible.

There are a number of ways our specialized department can help you save money, including:

- Changing your deductible,
- Changing your coinsurance level,
- Modifying your optional benefits,
- Changing to a PPO plan
- Changing to a new or more current plan if available, and
- Changing to the **First Health Network®** (where available)

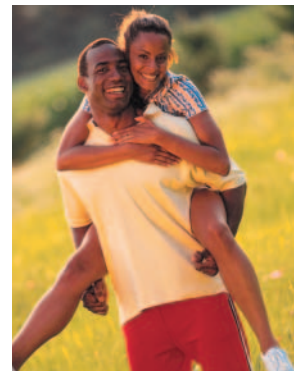
Our Customer Service Representatives are skilled at assisting you with various options. If your health coverage needs have changed since you first purchased your plan, or if you have budget requirements that necessitate changes, we can help.

E-mail us at service@centralreserve.com, call 1-800-924-6022 to discuss your options or visit our website at www.centralreserve.com. You can also contact your CRL agent for assistance.

Quality service...valuable healthcare products—that's the Central Reserve Life continuing commitment to you!

Offering you cost-saving benefit options

You could save approximately 5% to 25% or more through these changes—and still maintain valuable healthcare coverage.



Central Reserve Life is committed to caring for you by providing you valuable insurance coverage and superior service at affordable prices.



CENTRAL RESERVE LIFE INSURANCE COMPANY
17800 Royalton Road, Cleveland, Ohio 44136-5197
440-572-2400 • www.centralreserve.com