

Central Reserve Life's

HS Advantage GROUP PLAN

Single deductible health insurance

- Available as stand alone plan
- Or, qualifies for use with a Health Savings Account

Major Medical
Health Insurance



Group Insurance for Employer Groups



Central Reserve Life's (CRL) HSAdvantage Plan

Reduce your healthcare costs and help your employees manage their medical spending.

Central Reserve Life's HSAdvantage is a healthcare plan that offers comprehensive coverage, lower premiums through higher deductible options and savings as healthcare expenses, deductibles and coinsurance can be paid with tax-free dollars from an accompanying Health Savings Account (HSA).

No need to start over with deductibles when you switch to CRL's HSAdvantage plan. Initially insured employees and dependents who are replacing coverage will receive credit for the deductible amount satisfied under a prior group plan during the same calendar year the HSAdvantage plan becomes effective.

What is an HSA?

Health Savings Accounts (HSAs) combine a tax favored account with high-deductible health insurance. HSAs offer the following tax advantages:

- Tax-deductible—contributions to the HSA are tax-deductible—just like an IRA
- Tax-deferred—Interest earnings accumulate tax-deferred
- Tax-favored—distributions from an HSA for qualified medical expenses are tax-free

What are qualified medical expenses that allow for tax-free distributions from an HSA?

Qualified medical expenses include:

- Out-of-pocket medical expenses such as amounts applied to your deductible and coinsurance amounts
- Certain expenses such as:
 - COBRA coverage
 - Qualified long term care insurance
 - When individuals reach age 65 and over: Any health insurance (such as Medicare) premium, other than Medicare supplement insurance, premiums for individual health insurance other than a Medicare Supplement and retiree medical premiums under an employer plan

The maximum annual HSA contribution is the lesser of 100% of the annual deductible under the high deductible health plan or an indexed amount which in 2004 is \$2,600 for an individual and \$5,150 for family coverage.

HSA's offer:

- **Financial Savings** – high deductible plans are typically less expensive and deductibles can be paid with tax-free dollars.
- **Choice** – the funds remain under the employee's complete control and what is not spent, builds. Funds follow the owner upon a change in employment.

- **Financial Growth** – your employees keep what they don't spend and there are many investment options for HSA funds.

Who is eligible to set up an HSA?

Eligible individuals must:

- Be covered under a high deductible health plan

Who can not set up an HSA?

You can not set up an HSA if:

- You do not have a high deductible health plan
- You can be claimed as a dependent on another person's tax return
- You are entitled to Medicare benefits
- You have other insurance that does not qualify as a high deductible health plan [exceptions include coverage for accidents, disability, dental care, vision care, long term care, specified disease or illness and insurance paying a fixed amount per day (or other period) of hospitalization].

CRL Administers the Health Insurance Plan

Central Reserve Life is not engaged in rendering tax, investment or legal advice. Federal and state tax regulations are subject to change. If tax, investment or legal advice is required, seek the services of a licensed professional.

Insureds need to establish their own HSA and maintain that account with a financial institution or financial advisor as the HSA administrator. Questions or inquiries regarding HSA funding need to be directed to the HSA administrator, not the insurance company.

Here's how CRL's

Health

Plans work



- 1. When you choose a Preferred Provider Plan (PPO), your employees can realize out-of-pocket savings on deductibles and coinsurance by using network providers.**
- 2. Employees pay for covered expenses—up to the annual deductible amount.**
- 3. Then, costs are shared between employees and Central Reserve Life based on the coinsurance amount selected, until the annual out-of-pocket limit is reached.**
- 4. Once your out-of-pocket limit is reached, Central Reserve Life pays 100% of the covered eligible charges for the rest of the year, up to a lifetime maximum.**

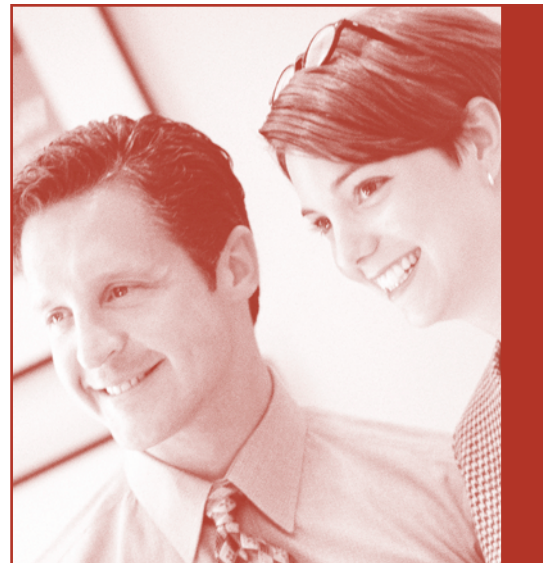
Lifetime Maximum Benefit

The lifetime maximum benefit for each person covered is \$2,000,000. This may be increased to \$5,000,000 with optional coverage.

Initial 12-Month Rate

To help control your costs, Central Reserve Life will maintain your initial rate for medical benefits during the first 12 months of coverage. Exceptions that may affect your rate during the first 12 months are: (1) moving to a different location; (2) changing your benefit levels; (3) changing your optional coverage; (4) changing your PPO network; and (5) administrative charge adjustments.

The Calendar Year Deductible(s) and Maximum Out-of-pocket Limit(s) will be adjusted as needed each January 1st, in compliance with the cost of living adjustment provided for in federal Health Savings Account laws.



Important Features to help control your healthcare costs

Deductible

Your deductible is the amount you pay for covered expenses during a Calendar Year before your health insurance begins paying benefits. The higher your deductible, the lower your premium. For family coverage, there is a common deductible. Covered medical expenses for all covered family members apply toward the same deductible. In order to be in compliance with the federal HSA laws, the deductible is subject to increase from year to year in compliance with the cost of living adjustment.

Coinsurance

This is the expense you share with the insurance company after you've met your deductible, up to your maximum out-of-pocket limit. Then, Central Reserve Life pays 100% of all covered charges for the balance of the year. The higher your coinsurance, the lower your premium.

PPO Network

A Preferred Provider Organization (PPO) network is comprised of physicians, hospitals and other health care providers who have agreed to work with Central Reserve Life and provide quality health care at pre-negotiated rates. Using PPO providers is one of the most effective ways to minimize out-of-pocket costs, receive appropriate medical care and eliminate any balance billings.

24-Hour Coverage for the Self-Employed

Benefits will be paid for covered charges resulting from an on-the-job injury or illness of an insured person who is (1) self-employed; and (2) exempt under any applicable state or federal workers' compensation statutes or any other similar laws. This coverage is not being sold as workers' compensation coverage nor is it intended to be a substitute for workers' compensation coverage. Self-employed is defined as an individual who works for himself or herself, such as a sole proprietor, partner, shareholder, farmer or independent contractor and who is exempt from state or federal workers' compensation statutes.

Family Security Benefit

(To help the family when an insured employee dies)

The pain of losing a loved one should not be compounded by worry about the family's loss of medical coverage. CRL keeps the insurance in place for an extended time so that the spouse has a chance to make new arrangements. Medical insurance will continue for covered dependents without premium payment for up to a maximum of six months. Coverage will terminate before the six-month maximum (1) for a spouse, if he/she remarried or becomes eligible for Medicare or other group insurance, or (2) for a dependent child, if he/she reaches the age of 10 (age 23 if unmarried, and a full-time student attending an accredited college or university and wholly dependent on family financial support.)

LabOne Select

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

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

At the time of service, simply request that lab work 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.

The **LabOne Select** Program is available with all deductible plans. You will receive discounts for your lab testing and specimens for covered services. Claims are subject to deductible and coinsurance.

HSAdvantage Plan

	PPO 100	PPO 75	Indemnity 100	Indemnity 75
Your Deductible Options*	In-Network			
	\$1,000 Single or \$2,000 Family \$1,700 Single or \$3,350 Family \$2,500 Single or \$5,050 Family			
	Out-of-Network			
	\$1,000 Single or \$2,000 Family \$1,700 Single or \$3,350 Family \$2,500 Single or \$5,050 Family			
Your Covered Benefit %	In-Network			
	100%	75%	No Network	No Network
	Out-of-Network			
	80%	55%	100%	75%
Your Out-of-Pocket Maximums	In-Network			
	Selected Deductible Only	\$3,350 single or \$6,150 family (includes deductible)	No Network	No Network
	Out-of-Network			
	\$3,350 single or \$6,150 family (includes deductible)	\$3,350 single or \$6,150 family (includes deductible)	Selected Deductible Only	\$3,350 single or \$6,150 family (includes deductible)

Basic Benefits Included

Physician Office Visits

In-Network and Out-of-Network

After deductible is satisfied, subject to selected coinsurance.

Preventive Medical (Wellness Benefits)

Subject to the deductible and coinsurance.

Up to \$150 per Benefit Year for physical exams, immunizations, colon/prostate screening, breast exams and pap smears.

Up to \$300 per child up to age 1 for immunizations, tests and pediatric exams.

Prescription Drugs Retail Pharmacy Mail-in Pharmacy

Subject to the deductible and coinsurance.

Managed Indemnity Drug Card, which offers preferred prices for both retail and mail-in pharmacy drugs. After paying the preferred pricing at the pharmacy when the card is used, the insured or the pharmacist can submit prescription drug receipts to CRL and they will be processed under the major medical plan.

Lifetime Maximum coverage per Person

\$2,000,000

Life Insurance

Employee

- \$15,000 Term Life
- \$15,000 Common Carrier Death Benefit
- \$15,000 Accidental Death and Dismemberment
- \$10,000 Orphan's Benefit

Pregnancy Expense Benefit

Paid same as any other illness

Optional Benefits

Increased Lifetime Maximum and Centers of Excellence (COE) Coverage

\$5,000,000 lifetime maximum per person and \$1,000,000 COE maximum

* An additional \$75 deductible will apply to all covered charges for each emergency room visit due to a sickness, if the insured is not immediately admitted as an inpatient. This amount is applied toward the out-of-pocket maximum.



Centers of Excellence Program

Central Reserve Life health plans pay benefits for medically necessary organ and tissue transplants that are not considered experimental or investigational. They give you access to the Centers of Excellence Program, a special network of physicians and medical facilities located throughout the United States that specialize in transplant services and procedures. If you are accepted into the program, covered charges will be paid subject to deductible and coinsurance up to a \$500,000 lifetime maximum. You have the option of increasing your Centers of Excellence coverage to \$1,000,000.

The Centers of Excellence Program also includes up to \$10,000 for reasonable travel and living expenses incurred by the insured person and one companion; or, if the insured person is a child, expenses incurred by the child and two parents; or, for expenses incurred by a live donor if applicable. If you elect not to participate in the Centers of Excellence program or are denied a transplant procedure by a Centers of Excellence provider, benefits are reduced. Please refer to your certificate booklet for your available coverage.

Additional Benefits

Covered by Central Reserve Life Group Health Coverage*

Inpatient Hospital and Facility Expenses

- **Hospital Services.** Pre-admission testing, semi-private room, intensive care, anesthesia, operating room, drugs, medical supplies and diagnostic, nursing and therapy services.

Surgical Provider Services

- Surgeon's services
- Assistant surgeon's services
- Anesthesia

Outpatient Hospital/Ambulatory Care

- Facility services
- Emergency Room services

Outpatient Therapy Services

- Radiation, chemotherapy, renal dialysis services

Radiology/Pathology Services

- X-rays and other radiology services
- Lab and pathology services
- Diagnostic services

Other Benefits

- Blood, plasma and derivatives
- Cataract contact lens, immediately following surgery
- Casts, splints, trusses, braces and crutches
- Dialysis equipment
- Oxygen
- Ambulance services

*Note: see Certificate Booklet for complete benefit details

More About Your Valuable Central Reserve Life Health Coverage

Benefits for Specialized Situations*

Mental Illness and Alcoholism

(inpatient and outpatient)

If hospitalized, we will pay 50% of covered charges up to a maximum benefit of \$2,000 per calendar year for inpatient expenses. We allow \$20 per office visit to the doctor's office and pay 50% of that, which means that we pay \$10 a visit up to a maximum of \$550 for a calendar year. Treatment for drug abuse is not covered. All benefits are subject to the deductible.

For employers with 51 or more employees (large employers), any calendar year or lifetime maximum described in the limitation does not apply to benefits paid for mental illness. Benefits for inpatient confinements are paid at the level stated in the limitation for mental illness up to a maximum of 30 days in any one (1) twelve-month period.

Treatment for Spinal Subluxation

Plans pay up to \$15 a day for manipulation of spinal subluxation and associated treatment or services with a \$300 maximum benefit per calendar year, or a \$600 maximum benefit per family per calendar year. In addition, x-ray charges are payable up to a \$75 maximum benefit per individual per calendar year or a \$150 maximum benefit per family per calendar year. All benefits are subject to the deductible and coinsurance.

Sterilization

Benefits are provided up to a lifetime maximum benefit of \$1,000 for sterilization. All benefits are subject to the deductible and coinsurance.

Allergy Testing

Benefits are provided up to a maximum benefit of \$500 per calendar year for the employee and \$1,000 for the employee and dependents combined, for allergy testing and allergy injections, including, but not limited to, injectable antigens and extracts. All benefits are subject to the deductible and coinsurance.

Growth Disorder

Benefits are provided up to a lifetime maximum benefit of \$25,000 for the treatment of growth disorder or abnormally short stature, including, but not limited to, growth hormone deficiency therapy (GHDT). All benefits are subject to the deductible and coinsurance.

Surgery of the Foot

We will pay for surgery of the foot according to the Foot Surgery Schedule, a portion of which is located in the certificate booklet. All benefits are subject to the deductible and coinsurance.

Occupational, Speech and Physical Therapy

We will pay up to \$50 of allowable expenses per visit, with a maximum of 25 visits each calendar year, for occupational, speech and physical therapy, and for related diagnostic testing. These services must be performed by licensed occupational, speech and physical therapists under the supervision of a doctor. All benefits are subject to the deductible and coinsurance.

Hospice Benefit

(inpatient and outpatient)

We help pay for hospice care and services that are provided by a hospice care program or other hospice care provider approved by us. If inpatient hospice care is received, we pay up to \$200 a day for a room and board up to a lifetime maximum of \$10,000. A \$100 a day benefit for outpatient hospice care is allowed up to a lifetime maximum of \$3,500. All benefits are subject to the deductible and coinsurance.

Cosmetic Surgery/Treatment

We will pay for cosmetic surgery/treatment if required to restore a part of the body which has been altered as a result of accidental bodily injury or surgery for which benefits are payable. All benefits are subject to the deductible and coinsurance.

Accidental Injury to Teeth

We will pay for repair of injury to sound natural teeth (including their replacement), as a result of an accidental bodily injury. Treatment must be given within ninety (90) days of the date of the accident. All benefits are subject to the deductible and coinsurance.

*Benefits vary by state.

24-Hour Care Coordination

For 24-7 Medical and Benefit Support Call 1-877-575-4207 ANY TIME, ANY DAY.

- Gain assistance in finding the physician, specialty or medical provider you need
- Locate preferred providers near you
- Receive advice on maximizing your benefits
- Initiate inpatient pre-certification
- Receive general medical information. Should you need information for a specific medical condition, a medical professional will provide helpful information.

Enhanced PPO Referral Service

Whether you are home or travelling, one convenient number (877-575-4207) connects you with customer service representatives who work closely with you to locate and direct you to a PPO provider.

Using a PPO provider is your best way to keep more money in your pocket:

- Protection from charges above reasonable and customary amounts
- Gives you the comfort of knowing that your PPO benefits travel with you while you are vacationing or away from home
- When you obtain medical services from a Travel PPO provider outside your state of residence, covered charges will be paid in accordance with in-network benefits as outlined in your Central Reserve Life PPO plan

Non-Network Negotiation Service

If there is no provider within our network who performs the service you require, we will help locate a non-network provider and attempt to negotiate the cost with this provider to help save you money.

Our purpose is to eliminate or reduce any balance billing you will receive from these providers. We will be your advocate with these medical providers!

Case Management – Special Care for Special Cases

A Registered Nurse Case Manager is available to work with you and your doctor to facilitate quality cost-effective care. This service applies to catastrophic illnesses and injuries as well as other medical conditions to monitor and coordinate care, from hospitalization through rehabilitation.

“Building Blocks” High Risk Pregnancy Program

Our Registered Nurse Maternity Specialist helps identify pregnancy risks, answer questions and provide valuable information and support. If you are a high-risk mother, we offer a personal case manager to work with you and your doctor. This service is available, even if you do not have maternity coverage with us.

Cancer Case Management Program

Our Registered Nurse Oncology Case Manager answers questions, provides educational information and discusses treatment options with you. In addition, the Case Manager maintains contact with you and your physicians to assist in coordinating your care and maximizing your medical benefits.

Disease Management Early Identification Program

We know that if you manage certain conditions when they are first identified, you can lead a more productive life. Our Registered Nurse Case Managers provide education and support to you and your doctor to help manage these conditions.



Additional Information

Concerning CRL Employer Health Plans

Eligible Employees

Only full-time, permanent employees working at least 30 hours a week and earning a wage are eligible for coverage. Partners and proprietors are eligible provided they work in the participating employer's business on a full-time basis and are earning a salary. Temporary employees and non-actively employed corporate directors and officers are ineligible.

To Apply for Health Insurance Coverage

The following must be completed in full and given to your authorized Central Reserve Life insurance agent for submission to CRL's Home Office:

1. Participation Request and Agreement form.
2. Group Insurance Enrollment Application, which must be completed in full by each eligible employee.
3. Health History Questionnaire (AEF-G125), if applicable, which must be completed in full by each eligible employee.
4. Waivers fully completed for any eligible employee not applying for coverage.
5. If credit for prior coverage is being requested, copies of any Certification of Creditable Coverage or comparable materials for each employee and dependent should be attached to their application. If any applicant has prior coverage but does not have a Certification of Creditable Coverage, CRL may be able to assist the individual in obtaining this information.
6. Employer's check for first month's premium, made payable to Central Reserve Life.
7. Current carrier's most recent billing statement.
8. Schedule of benefits from current carrier for employer groups in the states of Missouri and Nevada (25+ groups only).

Agent: Please submit a copy of the quote with each group application sent to CRL's Home Office.

NOTE: A separate application process and checks will be needed to establish the optional health savings account.

Employer Contributions

The employer must pay at least 25% of the cost of the insurance for all employees. The employee may not pay the entire cost. Employees may share or pay the entire cost of the insurance for dependents.

Applications are Subject to Underwriting and CRL Approval

Upon receipt of the enrollment material at CRL, the employees and employer will receive a verification telephone call to make sure the application is completed correctly. The enrollment application will then be underwritten by CRL's underwriters to establish premium and benefits. No insurance for the employees or dependents will become effective unless and until written notice of approval specifying the effective date of coverage is received from CRL's Home Office.

All full-time employees must be accounted for by an enrollment application or authorized waivers (Non-participating Employee Waivers). CRL reserves the right to terminate the employer's coverage should fewer than 75% of the total eligible employees be enrolled in the plan. Small employers (2-50 employees) are guaranteed issue for CRL's group health plans, if they meet all eligibility and participation requirements of the plans and are subject to underwriting to establish actual rates.

Large employers (51 or more employees) will be subject to medical underwriting on an accept or reject basis, in addition to the eligibility and participation requirements. Employees hired after the initial effective date (subsequent hires) are guaranteed issue.

CRL reserves the right to rescind, cancel or terminate coverage for any individual who is found to have intentionally misrepresented any answer or information during verification

or on an insurance application or Health History Questionnaire.

Hospital Pre-admission

Unless varied by state law, your doctor or hospital must contact us, at the phone number on your insurance card, at least 72 hours before a scheduled admission to the hospital or within 48 hours following an emergency admission. There is no need to precertify outpatient services.

Precertification will assure that you maximize your medical benefits and have the opportunity to take advantage of our Case Management services, where appropriate.

Failure to Obtain Certification:

A precertification penalty of \$500 or 20% of covered charges, whichever is greater, up to \$1,000 for each treatment will apply where precertification is required but not obtained. The penalty will apply before the deductible and coinsurance but will be applied to the out-of-pocket maximum.

Obtaining precertification does not assure that benefits will be paid for the hospitalization. CRL will make the final determination whether benefits are payable based on the terms of the Policy, following submission of the claim.

Please Note:

This brochure is not an insurance certificate booklet. Not all policy provisions, exclusions and limitations are listed. The certificate booklet, which is issued upon approval of coverage, will contain a summary of the coverage with a complete list of covered charges, exclusions and limitations. To review a sample copy of the certificate booklet, just ask your authorized agent. Your state laws may mandate that the coverage described in this brochure be changed. Please refer to the insert accompanying this brochure for a description of these changes, if applicable.

No agent has the authority to change any benefits, to bind coverage with Central Reserve Life, or to promise a specific effective date.

Exclusions and Limitations

No benefits will be paid for charges:

- For transportation, except local transportation to or from a hospital by ambulance.
- For fertility or infertility treatment.
- For replacement of artificial limbs and eyes.
- For blood or blood plasma which has been replaced.
- For donation of any body organ by an Insured Person.
- For services performed by a person who ordinarily resides in the Insured Person's home or is a Close Relative of the Insured Person or by the Insured Person's Employer or partner.
- For any Cosmetic Surgery/Treatment, unless required to restore a part of the body which has been altered as a result of the following events and for which benefits would be payable:
 - 1) accidental bodily injury, 2) surgery.
- For Custodial Care.
- Applied to a Deductible or Coinsurance amount.
- For services or Treatment not prescribed by a Doctor or for services or Treatment not shown as covered.
- For any sickness or injury that is subject to and paid or payable under any state or federal workers' compensation law or other similar statute or occupational disease law.
- For expenses incurred after the insurance terminates, except as may be provided under an Extended Benefits provision.
- For Treatment or services Experimental or Investigational in nature.
- For services in a nursing or convalescent home or Extended Care Facility.
- For eye refractions, eye glasses, or contact lens, including fittings and examinations, or eye Surgery, when the primary purpose is to correct myopia (nearsightedness), hyperopia (farsightedness) or astigmatism (blurring), including, but not limited to radial keratotomy.
- For Treatment, services or supplies furnished by a department or agency of the United States Government.
- For services and supplies eligible for payment by a governmental or charitable program, except as required by law.
- For hearing aids, including fittings and examinations.
- Which are not Necessary to the care or Treatment of a sickness or injury.
- Which would not have been made if no insurance existed.
- For recreational or educational therapy or vocational rehabilitation.
- Except as allowed under Covered Charges Subject To Limitations, for speech or occupational therapy and related diagnostic testing.
- For which the Insured Person is not legally obliged to pay.
- For Treatment or services which are not generally accepted medical practices in the United States for a given Illness.
- For Treatment of obesity, morbid obesity or for weight reduction purposes.
- For sickness or injury that results from participation in any assault, strike, civil disorder or riot.
- For the Treatment of sexual dysfunction or inadequacies.
- For routine physical or premarital examination, except as otherwise provided under the Preventive Medical benefit.
- For preexisting illness (refer to page 11).
- For a private room in excess of the average semi-private Room and Board rate.
- In excess of Reasonable and Customary charges.
- For services or supplies prohibited by law.
- For sex changes.
- For reversal of sterilization.
- For Treatment of controlled or prohibited substance abuse, including any conditions caused by, or related in any manner to, such abuse.
- Resulting from any suicide, attempted suicide or intentionally self-inflicted Injury or Sickness unless resulting from an act of domestic violence or a covered medical condition including mental illness.
- For examination, Treatment or Surgery of the teeth, gums or direct supporting structure except for repair of Injury to sound natural teeth within ninety (90) days of the date of the accident.
- For a sickness or injury caused by any act of war, whether or not declared.
- For surrogate pregnancy.
- For Surgery of the jaw or for any Treatment of temporomandibular joint (TMJ) disorder. Treatment of jaw fractures and removal of tumors of the jaw will not be subject to this exclusion.
- For breast reconstruction, unless due to a Medically Necessary mastectomy or to produce a symmetrical appearance of the other breast related to a mastectomy.
- For the Treatment of complications with a surgical or medical Treatment that is not a covered surgical or medical Treatment.
- Services and supplies that are covered under an extension of group health benefits provision by a previous employer-related health plan.
- For sickness or injury that results either directly or indirectly from the Insured Person's participation in a hazardous activity.
- For sickness or injury resulting either directly or on directly from the Insured Person's Intoxication or being under the influence of alcohol, drugs, controlled substances, or any other substance capable of mental or physical impairment, unless prescribed on the advice of a Doctor.
- For sickness or injury that results either directly or indirectly from the Insured Person's committing or attempting to commit or participation in a felony.



Disclosure

There may be some variation in the Disclosure, depending on state law. Please refer to your state-specific insert and/or sample certificate booklet for detailed information.

A. Premium rates:

Among the factors that may affect changes in premium rate are: medical and provider costs, advances in technology, medical inflation, price inflation, deductible leveraging, changes in utilization, cost shifting, underwriting and changes in case characteristics. According to the contract issued to the trust, Central Reserve Life Insurance Company has the right to change (increase, decrease or modify) premium rates with thirty (30) days advance written notice to the employer. Rates are generally maintained for an initial period of time, which is determined by the plan selected, and are periodically reviewed thereafter.

B. Renewability:

CRL will renew or continue in force coverage at the option of the employer, except as follows:

1. nonpayment of premiums;
2. intentional misrepresentation or fraud;
3. violation of participation (including eligibility) or contribution rules;
4. termination of coverage. CRL is ceasing to offer coverage in accordance with the policy provision entitled "Renewal of Insurance"; or
5. movement outside of service area.

C. Preexisting Illness:

Preexisting Illness is a condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care, or treatment was recommended or received within the six (6) month period ending on the enrollment date.

Pregnancy, or any condition relating to pregnancy, shall not be considered a Preexisting Illness. Genetic information shall not be considered a Preexisting Illness in the absence of a diagnosis of the condition related to such information.

Benefits will be paid for such covered charges incurred after the end of a period of twelve (12) consecutive months (or eighteen (18) months in the case of a late enrollee), which period begins on the insured person's enrollment date. For the purposes of this definition, the enrollment date is an individual's effective date or, if earlier, the first day of the waiting period, if applicable.

In determining whether the Preexisting Illness provision applies to an insured employee, dependent, or late enrollee, credit will be given for the time the person was covered under Creditable Coverage, provided CRL has received, in its Home Office, proof of time covered (e.g. Certification of Creditable Coverage.) CRL utilizes the Standard Method of crediting coverage, as defined by federal law.

The Preexisting Illness exclusion generally does not apply to newborns or adopted children.

D. Plans and rates available:

Information about the benefits and premium available under all health insurance coverage for which the employer is qualified is available from your agent.

Our Commitment



At Central Reserve Life, we are committed to providing valuable service and health insurance products at affordable prices. Our mission is to fully serve the needs of all those associated with our company.

CRL administers the health insurance plan. Insureds need to establish their own HSA account and maintain that account with a financial institution or financial advisor. Questions or inquiries regarding HSA funding need to be directed to the HSA administrator, not the insurance company.



CENTRAL RESERVE LIFE INSURANCE COMPANY

17800 Royalton Road, Cleveland, Ohio 44136-5197

440-572-2400 • www.centralreserve.com