



Association

Mandated Benefits

WARNING: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE 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 OF THE RULES VERY CAREFULLY AND COMPARE THEM WITH THE RULES OF ANY OTHER PLAN THAT COVERS YOU OR YOUR FAMILY.

The benefits stated below are only those which differ from benefits described in this sales brochure and may not include all mandated state benefits.

HEALTH AND WELLNESS BENEFITS

For Elite Advantage and CRL HSAdvantage Plus plans, out-of-network benefits for preventive medical care will be payable subject to the out-of-network deductible and coinsurance.

CHILD WELLNESS BENEFIT:

For plans other than Elite Advantage and CRL HSAdvantage Plus: For children under age 9, we pay for physical and developmental exams, immunizations, lab tests and other preventive services which are provided by one doctor during the course of any one visit. For children from birth to age 1, the maximum benefit payable is \$500, including benefits for hearing screening not to exceed a maximum limit of \$75. For children age 1 through 8, the maximum benefit payable is \$150 per year. For plans other than HSA qualified plans, the Child Wellness Benefit will not be subject to the deductible, but will be subject to any applicable coinsurance. For HSA qualified plans, the Child Wellness Benefit will be subject to the deductible and coinsurance.

For Elite Advantage and CRL HSAdvantage Plus Plans: For children under age 9, we pay for physical and developmental exams, immunizations, lab tests and other preventive services which are provided by one doctor during the course of any one visit. For children from birth to age 1, the maximum benefit payable is \$500, including benefits for hearing screening not to exceed a maximum limit of \$75. For children age 1 through 8, the maximum benefit payable is \$150 per year. The Child Wellness Benefit will first be payable under the selected Preventive Medical Benefit, but will not be subject to the deductible, if any. Any balance remaining will be payable as a Covered Charge under the Major Medical Expense Benefit, but will not be subject to the deductible.

SCREENING MAMMOGRAPHY BENEFIT:

For plans other than Elite Advantage and CRL HSAdvantage Plus: (Not subject to deductible or coinsurance) For persons age 35 and over, we will pay for a screening mammography exam. The maximum covered charge in any calendar year will be the lesser of 130% of the Medicare reimbursement rate or the actual fee. Ohio law provides that 130% of the Medicare reimbursement rate must be accepted as payment in full for the mammogram. No provider shall seek or receive compensation in excess of the payment made.

For Elite Advantage and CRL HSAdvantage Plus plans: Screening mammography will be payable under the Preventive Medical Benefit selected. The maximum covered charge in any calendar year will be the lesser of 130% of the Medicare reimbursement rate or the actual fee. Ohio law provides that 130% of the Medicare reimbursement rate must be accepted as payment in full for the mammogram. No provider shall seek or receive compensation in excess of the payment made, except for any applicable deductible and coinsurance.

PAP SMEARS: Benefits for routine pap smears will first be payable under the Preventive Medical Benefit, if included in the plan. Any balance remaining will be payable as a Covered Charge under the Major Medical Expense Benefit, subject to the following: for plans other than HSA qualified plans, coverage for routine pap smears will be payable on the same basis as for any other Illness and will not be subject to the deductible, but will be subject to any applicable coinsurance; and, for HSA qualified plans, coverage for routine pap smears will be payable on the same basis as for any other Illness and will be subject to the deductible and coinsurance.

PREVENTIVE MEDICAL OR PREVENTIVE CARE (if applicable): For plans other than Elite Advantage and CRL HSAdvantage Plus, for persons age 9 years or older, we pay a limited annual benefit for physical exams, including such tests as prostate, pap smears and pediatric exams, and preventive immunizations, such as Polio, DPT, Rubella, Measles, Mumps, Tine CRL offers all of its currently marketed association plans, by distribution system, to federally defined Eligible Individuals. Contact your agent for further information. test and Flu.

COVERED CHARGES SUBJECT TO LIMITATIONS

MENTAL ILLNESS OR ALCOHOLIC ILLNESS: Treatment of a diagnosed mental illness or alcoholic illness, including conditions caused by or related in any manner to, such mental or alcoholic illness for:

1. Inpatient hospital charges.
2. Doctor charges for psychiatric services up to \$20 per visit.

Allowable expenses are subject to the deductible but are not included in the calculation of the maximum out-of-pocket limit. Benefits are paid at 50% to a maximum per calendar year of \$2,000 for inpatient expenses and \$550 for outpatient expenses. In any event, the maximum benefit payable for the treatment of alcoholic illness, including any conditions caused by or related in any manner to such illness, will be no less than \$550 per calendar year (includes inpatient, outpatient and intermediate care).

ELIGIBLE INDIVIDUALS

Federally defined Eligible Individuals may apply for CRL's Basic, Standard, or Standard PPO plans. Refer to the brochure, PRB-0053, for a description of these plans.