

Professional Multi-Option



**Central
Reserve
Life
Insurance
Company**

**Major
Medical
Health
Insurance**



Insurance for Employer Groups





Central Reserve Life

Valuable Health Insurance begins with the Fundamentals. Central Reserve Life specializes in valuable, affordable health insurance for employers and their employees. With over 35 years experience, we listen carefully to your concerns. We provide you with the solid reliable health coverage you've told us your employees need.

You have a variety of choices!

We recognize that each customer is different. You, as an employer, have available a significant choice of plans and benefit options. These options can be used to design a benefit package to meet the needs of your employees while staying within your budget. You can tailor your health plan to what works best for you and your employees, and adjust it as your needs change.



Select the Coverage that's Right for Your Employees!

Central Reserve Life lets you customize your coverage by selecting the deductible, coinsurance amount and options that meet your needs. No matter which plan you choose, you'll be able to stretch your health care dollars even further when you take advantage of the doctors, hospitals and other providers in our extensive Preferred Provider networks (PPO).

Professional Multi-Option (PMO)

This is our top-of-the-line major medical plan for employees and their families.

With the Professional Multi-Option Plan, you select from a variety of deductibles and coinsurance levels, along with physician office visit copays as low as \$20. The plan pays benefits for a broad range of medical services, as well as for inpatient hospital care, physician services and outpatient care. Your employees can use any doctor or hospital of their choice, or they can select a provider from one of our PPO networks and realize significant out-of-pocket savings!

Employees Like CRL's Professional Multi-Option Plan Because...

- **No need to start over with deductibles when switching to CRL's Professional Multi-Option 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 Professional Multi-Option Plan becomes effective.
- **Save money with CRL's deductible carry-over credit.** While insured under CRL's Professional Multi-Option Plan, covered charges incurred in October, November and December that are applied toward the insured person's deductible are also carried forward and credited to the next calendar year deductible (Carry-over credit applies to the individual deductible only).
- **No confusing claim forms.**



Here's How CRL's Health Plans Work

1. When you choose a PPO Network Plan, you and your employees can realize savings prior to satisfying the deductible by using network providers and the applicable copays.
2. Second, insureds pay for covered expenses—up to an annual deductible amount.
3. Then, costs are shared between insureds and Central Reserve Life in accordance with the coinsurance amount selected, until they reach the annual out-of-pocket limit.
4. Once the out-of-pocket limit is reached, Central Reserve Life pays 100% of the covered charges for the rest of the year, up to a lifetime maximum.

Lifetime Maximum Benefit

The lifetime maximum benefit for each person covered is \$5,000,000.

Initial 12-Month Rate

To help control costs, we will maintain your initial rate for medical benefits during the first twelve months of coverage. Exceptions that may affect your rate during the first 12 months are:

- moving to a different location
- changing your benefit levels
- changing your optional coverage
- changing your network.

PPO Network

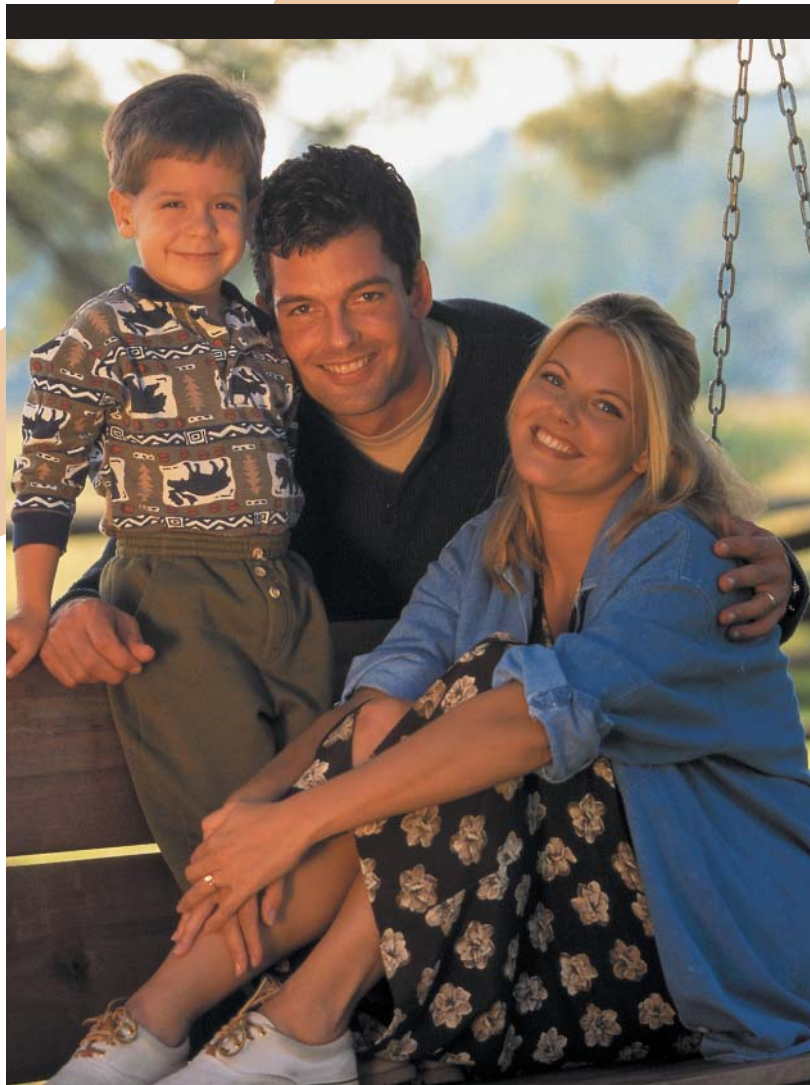
A Preferred Provider Organization (PPO) network is comprised of physicians, hospitals and other health care providers who have agreed to work with Central Reserve Life to provide quality health care at pre-negotiated rates. Using PPO providers is one of the most effective ways to minimize out-of-pocket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

Deductibles

The deductible is the amount an insured pays for covered expenses during a calendar year before health insurance begins paying benefits. **The higher the deductible, the lower the premium.**

Coinsurance

This is the expense an insured shares with the insurance company after he or she has met the deductible, up to the maximum out-of-pocket limit. Then, Central Reserve Life pays 100% of all covered charges for the balance of the year. **The higher the coinsurance, the lower the premium.**





Additional Features for Added Value

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-months maximum (1) for a spouse, if he/she remarries or becomes eligible for Medicare or other group insurance, or (2) for a dependent child, if he/she reaches the age of 19 (age 23 if unmarried, and a full-time student attending an accredited college or university and wholly dependent on family financial support).



LabOne

If you have a deductible of \$250, \$500 or \$1,000, LabOne 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. Because they offer quality laboratory testing at significant savings over other labs, CRL is able to cover the full cost* of lab testing for covered services. LabOne is a member-driven benefit that provides outpatient laboratory testing for covered services at no charge* 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. Insureds pay no deductible, no copayment and no coinsurance for these lab services.

If a provider is unable to collect the specimen, LabOne has contracted draw sites available.

* May be responsible for charges related to the draw if performed in physician's office.

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. A complete explanation of coverage relating to on-the-job injuries or illness is provided in the certificate booklet. Self-employed is defined as an individual who works 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.

Prescription Drug Card Program

Our innovative 3-tier drug benefit design, Generic, Formulary and Non-Formulary, reduces the overall cost of prescription drugs by managing the rush of brand name medications. Additional savings are realized when medications on the Formulary or generics are chosen.

What is a Formulary?

The formulary is an expansive list of prescription medications that have met strict clinical criteria for safety and quality. This list is updated annually based on a drug's safety and efficacy, therapeutic advantages, impact on patient outcomes and cost effectiveness. Our prescription drug vendor, Express Scripts, works in conjunction with medical directors, physician providers and pharmacists to update the list.

Identifying and supporting the use of formularies helps manage prescription costs without affecting the quality of care. Insureds receive the greatest value from their prescription drug benefit when they receive generic or brand name medications that are on the formulary.

Aggregate Deductible and Coinsurance

(a plus for larger families)

With the Professional Multi-Option Plan, each family member has his or her own individual deductible and coinsurance. However, a family has a maximum out-of-pocket expense not to exceed an aggregate of two times the individual deductible and coinsurance amounts.

Copay

This is the amount the insured pays for a specific procedure, physician office visit, medical service or any other covered item that is not subject to a deductible. Copay is only applicable when in-network (PPO) providers are used.

Professional Multi-Option Plan

Basic Benefits

Your Deductible Options*	In-Network \$250, \$500, \$1,000, \$1,500, \$2,500, \$5,000		Out-of-Network Double the selected In-Network deductible			
Your Covered Coinsurance Options	PPO 90/70 In-Network 10% of \$5,000 or \$10,000	PPO 80/60 In-Network 20% of \$5,000 or \$10,000	PPO 60/50 In-Network 40% of \$5,000 or \$10,000			
	Out-of-Network 30% of double the selected in-network coinsurance	Out-of-Network 40% of double the selected in-network coinsurance	Out-of-Network 50% of double the selected in-network coinsurance			
Physician Office Visit	In-Network: Co-pay is \$20		Out of Network: Subject to double deductible and coinsurance			
Preventive Medical (Wellness Benefits)	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. Not subject to the deductible and coinsurance.					
Prescription Drugs	RETAIL (30-day maximum supply): Generic: \$15 copay Brand Formulary: \$25 copay plus 20% coinsurance Brand Non-Formulary: \$35 copay plus 30% coinsurance		MAIL ORDER (90-day maximum supply): Generic: \$30 copay Brand Formulary: \$50 copay plus 20% coinsurance Brand Non-Formulary: \$70 copay plus 30% coinsurance			
	Mental Illness Drugs 50% of cost both retail pharmacy and mail-in pharmacy, \$550 per calendar year maximum					
Pregnancy	Expenses due to pregnancy will be paid the same as any illness					
Lifetime Maximum Coverage	\$5,000,000 per person					
Progressive Dental	A dental benefit which encourages regular check-ups and continued care. Pays a percentage of the amount in the Schedule of Dental Procedures, based on the number of years insured. The longer you are insured, the higher the percentage paid, up to a maximum of 100% of the schedule for most procedures. See chart below. There is a maximum of \$3,000 of benefits payable per insured person per benefit year.					
	SCHEDULE A					
	Benefit Year	1	2	3	4	5
Maximum Payment	20% of Schedule	40% of Schedule	60% of Schedule	80% of Schedule	100% of Schedule	
Beginning with the fifth (5th) consecutive benefit year of being insured, bridgework, dentures and crowns are also covered. The benefit paid is 50% of the amount in the Schedule of Dental Procedures.						
The certificate booklet includes a partial listing of covered dental procedures and scheduled benefits, as well as the applicable limitations and exclusions.						
Life Insurance	Employee \$15,000 Term Life \$15,000 Accidental Death and Dismemberment \$15,000 Common Carrier Death Benefit \$10,000 Orphan's Benefit		For Covered Dependents: Spouse \$2,000 Child 6 months and older \$1,000 Child younger than 6 months . . . \$500			
	Group Term Life, AD&D, Common Carrier and Orphan's benefits are as follows: under the age of 65 (100%), 65-69 (65%), 70-74 (45%), 75-79 (30%), 80 and over (20%)					

Charges applied to the out-of-network deductible and coinsurance will be applied toward meeting the in-network deductible and coinsurance; however, charges applied to the in-network deductible and coinsurance will not be applied toward the out-of-network deductible and coinsurance.

* 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.

Professional Multi-Option Plan

Optional Benefits

<p>Prescription Drug Upgrade</p>	<p>This is an optional copay drug card program</p> <p>RETAIL (30-day maximum supply): Generic: \$15 copay Brand Formulary: \$25 copay Brand Non-Formulary: \$35 copay</p> <p>MAIL ORDER (90-day maximum supply): Generic: \$30 copay Brand Formulary: \$50 copay Brand Non-Formulary: \$70 copay</p> <p>Mental Illness Drugs 50% of cost both retail pharmacy and mail-in pharmacy, \$550 per calendar year maximum</p>																		
<p>Progressive Dental Schedule Upgrade</p>	<p>This optional benefit upgrade pays a higher percentage of the amount in the Schedule of Dental Procedures than the standard Progressive Dental benefit. See chart below. There is a maximum of \$3,000 of benefits payable per insured person per benefit year.</p> <table border="1" data-bbox="464 716 1567 894"> <thead> <tr> <th colspan="6">SCHEDULE B</th> </tr> <tr> <th>Benefit Year</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td>Maximum Payment</td> <td>60% of Schedule</td> <td>70% of Schedule</td> <td>80% of Schedule</td> <td>90% of Schedule</td> <td>100% of Schedule</td> </tr> </tbody> </table> <p>Beginning with the third (3rd) consecutive benefit year of being insured, bridgework, dentures and crowns are also covered. The benefit paid is 50% of the amount in the Schedule of Dental Procedures.</p>	SCHEDULE B						Benefit Year	1	2	3	4	5	Maximum Payment	60% of Schedule	70% of Schedule	80% of Schedule	90% of Schedule	100% of Schedule
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Benefit Year	1	2	3	4	5														
Maximum Payment	60% of Schedule	70% of Schedule	80% of Schedule	90% of Schedule	100% of Schedule														
<p>Supplemental Accident Expense</p>	<p>Choice of \$300 or \$500 for charges incurred within 90 days of accident</p>																		
<p>Vision Service Plan (VSP)</p>	<ul style="list-style-type: none"> • \$10 copay eye examination • \$15 copay for lenses and/or frames 																		
<p>Supplemental Life Insurance and AD & D</p>	<p>Available in \$5,000 increments</p>																		
<p>Short-Term Disability</p>	<p>Weekly income amounts of \$100, \$200, \$300, \$400, \$500 or \$600</p> <p>Coverage Commences: 1st day for accident and 8th day for sickness, 13 week maximum or 1st day for accident and 8th day for sickness, 26 week maximum</p>																		
<p>Employee Optional Deductible</p>	<p>Employees may choose any one of the deductibles available if the Employer selects a non-composite rate. Can only be changed on the group's anniversary date.</p>																		

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 also give 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 an insured person is accepted into the program, covered charges will be paid subject to deductible and coinsurance up to a \$1,000,000 lifetime maximum. 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. A Registered Nurse Case Manager will assist with access to the Centers of Excellence Program.



More About Your Valuable Central Reserve Life Health Coverage

Additional Benefits Covered by Central Reserve Life*

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.
- **Extended Care Facility.** Up to 60 days following hospital confinement.

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.

CRL's SAVE Program—Saves Money!

It is easy for insureds to receive up to \$1,000 through CRL's **SAVE (Self-Audit Value Exam) Program**.

If they discover an error that results in savings on their bill, they may share in 25% of the savings! Simply review medical bills carefully looking for: procedures, test or treatments that were not performed; medications not received; x-rays or

lab work that they did not have done; other inaccuracies of this nature.

If they find a billing error or questionable situation, simply send it to us for review. We will review the information and determine if a savings exists. If the discrepancy was more than \$200, they will receive a **SAVE Program** bonus check for 25% of the savings up to a maximum of \$1,000.

It's that simple!

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 per covered individual 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

Dedicated Customer Service Representatives for Fast Answers

When insureds call Central Reserve Life, they will be speaking with a Customer Service Representative who understands their needs and who can access their file promptly to provide them with the answers they need. For 24-7 Medical and Benefit Support, call **1-877-575-4207 ANY TIME, ANY DAY to:**

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

Enhanced PPO Referral Service

Whether insureds are home or travelling, one convenient number (877-575-4207) connects them with customer service representatives who work closely with them to locate and direct them to a PPO provider. Using a PPO provider is the best way to keep more money in their pockets:

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

Non-Network Negotiation Service

If there is no provider within our network who performs the service required, we will help locate a non-network provider and attempt to negotiate the

cost with this provider to help save money. Our purpose is to eliminate or reduce any balance billing that may occur from these providers. We will be an advocate with these medical providers!

Case Management— Special Care for Special Cases

A Registered Nurse Case Manager is available to work with the patient and 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 an insured is a high-risk mother, we offer a personal case manager to work with her and her doctor.

Cancer Case Management Program

Our Registered Nurse Oncology Case Manager answers questions, provide educational information and discuss treatment options. In addition, the Case Manager maintains contact with insureds and their physicians to assist in coordinating care and maximizing 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 help manage these conditions.





Additional Information

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 or provisions 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.

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.

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.

Applications are Subject to CRL Approval

Upon receipt of the enrollment material at CRL, the employees and employer will receive a verification telephone call. The enrollment application will then be underwritten by CRL's underwriters to establish premium. No insurance will become effective 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 or if the minimum group size of 2 is not maintained.

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, but are subject to underwriting to establish actual rates.

Large employers (51 or more employees) are not guaranteed issue, and are subject to medical underwriting on an entire group accept or reject basis. These groups must also satisfy other 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 not fully disclosed any answer or information during verification on an insurance application or Health History Questionnaire.

Hospital Pre-admission Certification

A doctor or hospital must contact us, at the phone number on the 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 insureds maximize their medical benefits and have the opportunity to take advantage of our Case Management services, where appropriate.

Failure to Obtain Certification: A 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 copay, deductible and coinsurance and will not be applied to the out-of-pocket maximum.

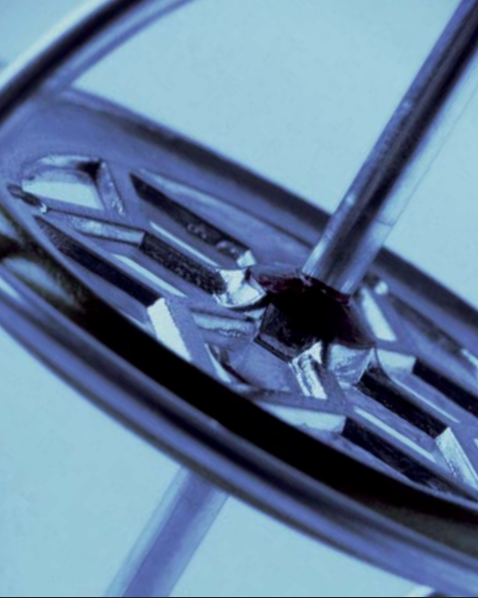
Obtaining precertification does not assure that benefits will be paid for the hospitalization. CRL will make the final determination whether benefits are payable based on the terms of the Policy, following submission of the claim.



General Exclusions

No benefits will be paid for charges:

- For transportation, except local transportation to or from a Hospital by a professional ground or air ambulance service if determined to be medically necessary.
- For treatment of fertility or infertility.
- For replacement of artificial limbs and artificial eyes.
- For storage of 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 cosmetic surgery/treatment (except under certain circumstances).
- For custodial care.
- Applied to a deductible or coinsurance.
- For services or Treatment not prescribed by a Doctor or for services or Treatment not shown as covered.
- 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 any Illness that is subject to and paid or payable under any state or federal workers' compensation law or other similar statute or occupational disease law (except when self-employed and exempt from worker's compensation).
- 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 (unless the optional vision benefit is elected).
- 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 an Illness.
- 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 Illness that results from participation in any assault, strike, civil disorder or riot.
- For the Treatment of sexual dysfunction or inadequacies regardless of the reason.
- For routine physical or premarital examination, except as covered under the Preventive Medical benefit.
- Due to a preexisting condition. (See page 12).
- 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: as may be provided under a Progressive Dental Benefit; or 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.
- For an Illness 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 the Treatment of complications arising from or connected in any way with a surgical or medical Treatment or procedure that is not a covered surgical or medical Treatment or procedure under the terms of the Policy.
- For Illness that results either directly or indirectly from the insured person's participation in a hazardous activity.
- For Illness resulting either directly or indirectly 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 it has been administered or prescribed on the advice of a Doctor.
- For Illness that results either directly or indirectly from the insured person's committing or attempting to commit or participation in a felony.
- For Outpatient prescription drugs under the medical plan.



Our Commitment

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

Disclosure

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. Central Reserve Life Insurance Company has the right to change (increase, decrease or modify) premium rates providing thirty (30) days advance written notice to the employer.

Renewability

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

1. nonpayment of premiums;
2. fraud;
3. violation of participation (including eligibility) or contribution rules;
4. discontinuance of either a particular type of group health insurance or all group health insurance in the state;
5. movement outside of service area.

Preexisting Conditions

A Preexisting Condition 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 Condition. Genetic information shall not be considered a Preexisting Condition in the absence of a diagnosis of the condition related to such information.

Benefits will be paid for preexisting conditions 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 Condition 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 Condition exclusion generally does not apply to newborns or adopted children.

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 an authorized agent.