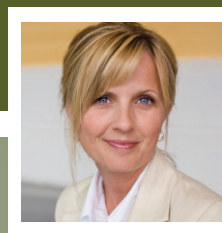
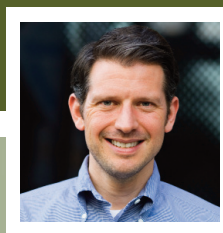


IAC Group Health Plans

Premium Advantage Plan



Budget Relief for Small Group Employers



**Note: Plan overview complements the IAC Group Health Plans brochure.
See Certificate of Coverage for details.**

IAC PA 0509



As a small business owner, providing affordable, quality health insurance to your employees is one of the biggest challenges you face today. You may even be considering eliminating your employer-sponsored health insurance due to rising costs.

That's why IAC has created Premium Advantage.

Premium Advantage offers the benefits your employees want, with the **premium savings you need, up to 42 percent less** than a traditional small group medical plan.*

Why are premiums lower?

Premium Advantage works like a traditional plan, but is unique in that **benefits are separated into three distinct categories**. Each category is subject to a separate calendar-year deductible, which helps to lower the premium.

- **Outpatient Medical Services and Supplies**
This category encompasses physician office visits, lab tests, x-rays and other outpatient services.
- **Surgery and Hospitalization**
The services in this category are typically utilized less frequently, yet cost more. By grouping them into a separate category, your employees save money if they don't use these services.
- **Outpatient Prescription Drugs**
This is an optional category. If selected, employees pay a copay for generic drugs and specialty drugs. Brand-name prescription drugs are subject to a copay after the deductible is met.



How do I get started?

- **Choose one deductible amount.**

Each of the three benefit categories is subject to this deductible amount. For example, if the \$1,000 deductible is chosen, this amount must be satisfied separately for each benefit category. Like the deductible, the out-of-pocket maximum must also be satisfied separately for each benefit category, with the exception of outpatient prescription drugs.

- **Decide on prescription drug coverage.**

Outpatient prescription drug coverage is optional. If selected, the separate deductible and copay must be satisfied for brand-name prescription drugs. Generic and specialty drugs are subject to a copay; the deductible does not apply.

Please review the benefits grid on the next page.

Then, consult your insurance agent for a quote and additional details about Premium Advantage from IAC!

Did You Know?

- More than 50% of Americans visit their doctor only 1-3 times per year*
- Annual out-of-pocket health care expenses total less than \$1,000 for 79% of Americans*
- Surgery and hospitalization accounted for less than 25% of IAC's claims last year**

*Data taken from National Center for Health Statistics, *Health, United States, 2008 with Chartbook*, Hyattsville, MD: 2009

**IAC internal reports, 2008

*Compared to the IAC Traditions Plan, a plan within the IAC Group Health Plans portfolio, with \$40 copay, \$1,000 in-network and \$3,000 out-of-network deductible, 90%/70% coinsurance and discount Rx drug card.

Premium Advantage Plan

Choose **one** deductible amount.

\$1,000 \$1,500 \$2,000 \$5,000

The selected deductible will apply separately to each benefit category listed below.

Three Benefit Categories:	Outpatient Medical Services & Supplies	Inpatient Surgery & Confinement Outpatient Surgery	Outpatient Prescription Drugs (Optional)
In-Network Individual Calendar-Year Deductible ¹ <i>Non-Network is 3x In-Network Family Max is 3x Individual</i>	Selected Amount Above	Selected Amount Above	Selected Amount Above
In-Network Individual Out-of-Pocket Maximum ¹ <i>Non-Network is 3x In-Network Family Max is 2x Individual</i>	\$3,000	\$3,000	N/A
Coinsurance Options Network/Non-Network	80% / 50%	80% / 50%	N/A
Outpatient Medical Services & Supplies Calendar-Year Maximum Per Insured	\$20,000 (Optional)		
Calendar-Year Maximum Per Insured Lifetime Maximum Per Insured	\$100,000 ² or \$2 Million \$5 Million		

Plan Benefits	In-Network	Out-of-Network
OUTPATIENT Physician Office Visit or Urgent Care Facility Visit	Deductible and Coinsurance or \$40 Copay (limit 2 per calendar year)	Deductible and Coinsurance
Routine Mammography and Routine Pap Smear ³	100% of Covered Charges	100% of Covered Charges
Diagnostic Lab, X-ray and Tests Performed by LabOne ³	100% of Covered Charges	N/A
Diagnostic Lab, X-ray and Tests Not Performed by LabOne	Deductible and Coinsurance	Deductible and Coinsurance
MRI, CT and Nuclear Imaging	Deductible and Coinsurance	Deductible and Coinsurance
Ambulance (all services)	\$100 Copay, then Deductible and Coinsurance	\$100 Copay, then Deductible and 80% Coinsurance
Emergency Room <i>(ER copay waived if admitted)</i>	\$100 Copay, then Deductible and Coinsurance	\$100 Copay, then Deductible and Coinsurance
Surgery	Deductible and Coinsurance	Deductible and Coinsurance
Non-Surgical Back Treatment ⁴	Deductible and Coinsurance	Deductible and Coinsurance
Mental, Nervous, and Chemical Dependency Care ⁴	Deductible and 50% Coinsurance	Deductible and 50% Coinsurance
INPATIENT Surgical Services and Confinement	\$250 Copay, then Deductible and Coinsurance	\$250 Copay, then Deductible and Coinsurance

PRESCRIPTION DRUGS

Discount Drug Card	Discount Only. <i>This is not an insurance benefit.</i>		
Outpatient Prescription Drugs	Not subject to deductible: Generic \$15 copay Specialty \$90 copay		Selected deductible above, then: Preferred Brand \$45 copay Non-Preferred Brand \$60 copay

1. Amount excludes any provider copays. Out-of-pocket maximum also excludes calendar-year deductible. Once the out-of-network deductible has been satisfied, the in-network deductible is deemed satisfied. Once the out-of-network maximum out-of-pocket has been satisfied, the in-network deductible and maximum out-of-pocket are deemed satisfied.

2. If the optional \$100,000 calendar-year maximum per insured is selected, the lifetime maximum benefit for covered transplants in a Center of Excellence is \$500,000, not \$2 million. This includes the \$5,000 travel expense allowance.

3. Deductible, coinsurance and copay waived.

4. See page 9 of the IAC Group Health Plan brochure for benefit limitations.

Note: Plan overview complements the IAC Group Health Plans brochure. See Certificate of Coverage for details.

IAC PA 0509

CONSULT THE CERTIFICATE OF COVERAGE FOR A COMPLETE DESCRIPTION OF THE CHARGES, SERVICES AND SUPPLIES EXCLUDED FROM COVERAGE.

Major Medical Exclusions

Except as specifically provided for in the policy, expenses for any of the following are excluded from coverage:

- Equipment, other than durable medical equipment
- Prophylactic treatment, surgery or diagnostic testing
- Human organ or tissue transplant expenses, any surgical removal of an organ or tissue unless medically necessary or any service or supply in connection with the implant of an artificial organ
- Over-the-counter medications and outpatient prescription drugs, including specialty medications
- Any treatment, service, supply or prescription not recommended by a physician, which is not due to a sickness or injury, which is not medically necessary, for which no charge is made, the insured or we are not required to pay, or is provided by a government owned or operated facility or by a government employed health care provider(s)
- Hospital and physician charges for weekend hospital admissions occurring between noon Friday and noon the following Sunday for non-emergency procedures, unless medically necessary or surgery is scheduled for the next day
- An injury or sickness which arises out of or in the course of any employment for wage or profit unless the optional 24-hour Occupational Rider is elected or is payable under any Workers' Compensation or occupational disease law
- An injury or sickness incurred while on active duty with the military of any country or international organization, resulting from war or any act of war (declared or undeclared), participating in a riot or insurrection, or during the commission or attempted commission of a crime or felony or while engaged in an illegal act, or while imprisoned
- Treatment, services or supplies for a loss sustained, incurred due to, or contracted as a consequence of an Insured (a) being intoxicated or (b) being under the influence of any illegal narcotic, barbiturate, hallucinatory or other drug, unless administered by a Physician and taken in accordance with the prescribed dosage
- Treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause
- Treatment, services or supplies for temporomandibular joint (TMJ) dysfunction, or for retrognathism, micrognathism, to reposition the maxilla (upper jaw), mandible (lower jaw), or both maxilla and mandible, unless due to an Injury, which occurs while covered under the Policy, to Sound Natural Teeth, provided that such treatment is received within 12 months following the date of Injury
- Cosmetic surgery which does not restore bodily function or complications of such surgery unless the surgery applies to Charges for or related to the correction of a congenital anomaly
- Treatment, services or supplies for (a) breast augmentation; (b) the removal of breast implants unless medically necessary and related to surgery performed as reconstructive surgery due to a sickness; and (c) breast reduction surgery unless medically necessary due to a sickness
- Corrective eye surgery, routine eye exams, glasses, visual therapy, contact lenses, routine hearing exams and the purchase, fittings or adjustments of hearing aids
- Contraceptive devices, including injectable, implantable or intradermal patch contraceptives, and any professional service fees related to the insertion or removal of such contraceptives
- Pregnancy unless the Optional Pregnancy Benefit Rider is elected
- Penile implants, fertility and sterility studies, impregnation techniques, treatment, services or supplies: (a) to restore or enhance fertility; or (b) to reverse sterilization; sexual reassignments or sexual dysfunctions or inadequacies
- Voluntary abortion; except if the life of the mother would be in danger if the fetus were carried to term, except for complications of a voluntary abortion
- Attempted suicide or intentionally self-inflicted Injury or sickness, while sane or insane
- Treatment, services or supplies for mental, nervous or chemical dependency disorders
- The voluntary taking of poison; or the voluntary inhaling of gas
- Treatment, services or supplies to eliminate or reduce a dependency on or an addiction to tobacco or nicotine
- Marriage or family counseling, recreational therapy, equine therapy, educational therapy, social therapy, sex therapy, physical, speech and occupational therapy, meridian therapy (acupuncture), except when used in lieu of an anesthetic
- Treatment, services or supplies related to paring or removal of corns, calluses, bunions or toenails (other than partial or complete removal of nail roots), except for a metabolic disease or a peripheral-vascular disease
- Orthotics or treatment, services or supplies related to the feet by means of posting or strapping, or range of motion studies
- Treatment, services or supplies for obesity or weight reduction, including all forms of surgery
- Treatment, services or supplies received from a physician, nurse or other provider if such person: (a) is a close relative of the insured or is an employee of the same employer as the insured, or (b) lives in the same household as the Insured, except for charges rendered while a hospital inpatient
- Treatment, services or supplies that are experimental or investigational
- Private duty nursing and custodial care
- Treatment, services or supplies received or purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, for a period not to exceed 90 days, and the charges are incurred for emergency care, provided the treatment, services or supplies used in connection with the emergency care are approved for use in the United States
- Any education or training materials or inpatient personal convenience items
- Telephone consultations, missed appointment fees, fees for completing claim forms, fees related to obtaining hospital pre-certification, and fees related to the provision of medical records
- Treatment, services or supplies for complications of conditions that are not covered under the policy except for complications of a voluntary abortion
- Hypnosis
- Therapeutic release of nuclear energy