

Imprint *One*

Leave a lasting impression

A premier PPO health insurance plan with flexibility and options for small businesses with two to 50 employees



Underwritten by Madison National Life Insurance Company, Inc., a Wisconsin insurance company, and Standard Security Life Insurance Company of New York. Madison National and Standard Security Life are members of The IHC Group, an insurance organization composed of Independence Holding Company (NYSE:IHC) and its operating subsidiaries. The IHC Group has been providing life, health and stop loss insurance solutions for over 25 years. For information on Independence Holding Company and The IHC Group, visit www.ihcgroup.com.

Note: This plan overview must be presented with the Imprint group health insurance brochure.



Why Imprint One?

No two small businesses are alike, and neither are their employees. Imprint One provides flexibility and options, allowing small business owners to provide the right benefits—and at the right price.



Leave a lasting impression

Benefits

Physician visit copay

If selected, the copay applies to the in-network physician's consultation charge at an urgent care center or physician's office.

- D \$30
 - D \$40
 - D No copay – covered charges apply to deductible and coinsurance
- If a copay is selected, it applies per in-network visit. After the copay, the plan pays 100% of the balance of the physician office or urgent care center visit charge. Other covered services performed during the visit are subject to deductible and coinsurance.
- Out-of-network visit: deductible and coinsurance

Deductible¹

The deductible options listed apply per calendar year to in-network covered charges. A covered family has a maximum of two individual deductible amounts.

In-network and out-of-network deductibles accumulate separately. However, when the out-of-network deductible is satisfied, the in-network deductible will be considered satisfied for the remainder of the calendar-year.

- D \$0
 - D \$250
 - D \$500
 - D \$1,000
 - D \$1,500
 - D \$2,000
 - D \$4,000
 - D \$6,000
 - D \$8,000
- Out-of-network deductible: two times the in-network deductible on deductibles of \$500 or greater; \$1,000 on the \$0 and \$250 deductibles

Coinsurance¹

After the deductible has been satisfied, the plan will pay the selected percentage of covered in-network charges.

- D 100%
 - D 90%
 - D 80%
 - D 50%
- Out-of-network coinsurance: For the 100% and 90% in-network options, the out-of-network coinsurance is 70%; for the 80% or 50% in-network options, the out-of-network coinsurance is 50%.

Out-of-pocket maximum²

In addition to the deductible, the insured person is responsible for the selected out-of-pocket amount per calendar year for in-network covered charges. A covered family has a maximum of two individual out-of-pocket amounts.

In-network and out-of-network out-of-pocket amounts accumulate separately. However, when the out-of-network out-of-pocket is satisfied, the in-network out-of-pocket will be considered satisfied for the remainder of the calendar year.

- D \$1,500
 - D \$2,000
 - D \$3,000
 - D \$4,000
 - D \$5,000
 - D \$10,000
- Out-of-network out-of-pocket: two times the in-network out-of-pocket amount

Lifetime maximum benefit

\$5 million

¹ Not all benefit selection combinations are available in all markets.

² Expenses incurred for the following charges do not accumulate toward the out-of-pocket maximum: outpatient treatment of mental, nervous or chemical dependency disorders; precertification deductibles; copays; deductible amounts; and charges excluded under the policy.

Prescription drug coverage

Option 1 <i>Included in plan unless an option below is selected</i>	Generic: \$10 copay Brand name prescription deductible: \$5,000 then, Formulary: \$50 copay; Non-formulary: \$100 copay; Specialty drugs: \$150 copay Maximum three prescription deductibles per calendar year, per family
Option 2	Generic: \$10 copay Brand name: subject to the major medical plan deductible and coinsurance
Option 3	All covered prescription drugs apply to the major medical plan deductible and coinsurance
Option 4	Generic: \$10 copay Brand name formulary: \$50 copay Brand name non-formulary: \$100 copay Specialty drugs: \$150 copay
Option 5	Generic: \$10 copay Brand name formulary: \$50 copay and 30% coinsurance of the remaining charge Brand name non-formulary: \$100 copay and 50% coinsurance of the remaining charge Specialty drugs: \$150 copay

Optional benefits

Enhanced wellness coverage

Increase the calendar-year wellness maximum from \$500 to \$1,000 with this optional benefit. Covered services include well-child care, routine adult physicals, colorectal screenings and flu shots. Mammograms, prostate cancer screenings and cytological screenings are all covered at 100 percent and are not subject to the calendar-year wellness maximum.

Maternity coverage

Coverage is available for routine pregnancy and delivery subject to the plan deductible and coinsurance. Maternity coverage is optional for groups of two to 14 employees and required for groups of 15 or more employees, unless otherwise specified by state law. If purchased, maternity services are covered subject to deductible and coinsurance for the insured employee and dependents.

Supplemental accident coverage

In-network and out-of-network covered charges incurred as the direct result of an accident are paid at 100 percent up to the selected maximum of \$500, \$1,000 or \$2,000. Covered services must be received within three months after the date of the accident. After the per accident benefit maximum has been reached, additional covered charges are subject to copays, deductible and coinsurance.

24-hour occupational coverage

Available to eligible business owners, partners, sole proprietors or corporate officers not covered by workers' compensation or similar legislation. This option provides coverage for work-related injuries and sickness; it is not intended to replace workers' compensation coverage.

Term life insurance and AD&D insurance coverage

The minimum amount of term life insurance is \$10,000 and the maximum is \$100,000. Benefits reduce beginning at age 65.*

Dependent life insurance

Optional for a covered spouse and children, dependent life insurance is available in the following amounts:

Spouse: \$2,000

Children 14 days to six months: \$100

Children six months to 19 years (up to age 25 for a full-time college student): \$1,000

Dental coverage

Dental insurance coverage is available with numerous plan options, including many without waiting periods. See separate dental plan overview for information.

* The selected life insurance benefit amount is reduced as follows: age 65–69: 65%; age 70–74: 40%; age 75–79: 25%; age 80–84: 15%; age 85+: 10%.

Features

All benefits listed apply per insured individual

Wellness	100% up to \$500 per calendar year after the selected physician visit copay; if a visit copay is not selected, a \$40 copay will apply to covered wellness charges
Routine mammography, prostate cancer screening and cytological screening	100% – covered charges are not subject to the plan copay, deductible, coinsurance or the wellness calendar-year maximum benefit
Outpatient diagnostic tests, lab and X-ray	In-network charges are paid at 100% up to \$150 per visit, then deductible and coinsurance. Out-of-network charges are subject to deductible and coinsurance.
Air, ground and water ambulance	After \$100 copay, subject to deductible and coinsurance
Emergency room	After \$100 copay, subject to deductible and coinsurance (copay is waived if admitted) In an emergency, as defined by the certificate, out-of-network covered charges will be paid at the in-network deductible and coinsurance benefit level.
Inpatient facilities and surgical services	Subject to deductible and coinsurance
Outpatient physical, occupational or speech therapy	Subject to deductible and coinsurance up to a maximum benefit of 30 treatments per calendar year for any one type of therapy and 60 treatments per calendar year for any combination of therapies
Mental, nervous and chemical dependency disorders	Covered charges for all mental, nervous and chemical dependency disorders are subject to deductible and coinsurance, and a combined \$10,000 lifetime maximum benefit. Inpatient mental and nervous care: calendar-year maximum benefit of 10 days and \$2,500 Outpatient mental, nervous or chemical dependency care: 50% coinsurance after deductible, combined calendar-year maximum benefit of 25 visits and \$1,250, and limited to a \$50 daily maximum Inpatient chemical dependency care: not a covered benefit
Organ transplant Covered human organ and tissue transplants include those for bone marrow, cornea, heart, heart-lung, lung, pancreas, pancreas-kidney, kidney, liver and small bowel.	Center of Excellence provider: subject to deductible and coinsurance up to a lifetime maximum benefit of \$2 million In-network provider: subject to deductible and coinsurance up to a lifetime maximum benefit of \$400,000 Out-of-network provider: subject to deductible and coinsurance up to a lifetime maximum benefit of \$200,000
Non-surgical back treatment	Subject to deductible and coinsurance up to a maximum benefit of \$1,000 per calendar year
Oral surgery	Subject to deductible and coinsurance up to a lifetime maximum benefit of \$5,000
Skilled nursing care	Subject to deductible and coinsurance up to a calendar-year maximum benefit of 60 days
Home health care	Subject to deductible and coinsurance up to a calendar-year maximum benefit of 60 visits
Hospice care	100% – up to a lifetime maximum benefit of six months; covered charges are not subject to deductible or coinsurance

This plan overview is intended as a summary only. Provisions and availability may vary by state. For complete details, refer to the group policy (MNL MMP 0205 or SSL MMP 0205). Imprint is underwritten by Madison National Life Insurance Company, Inc. and Standard Security Life Insurance Company of New York.

