

DriverCare Elective Benefits



Families in high-deductible medical plans must pay more than \$2,600 out of pocket, \$4,332 on average, according to the Kaiser Family Foundation.¹

Limited Medical Plans

Most people pay a greater percentage of medical costs than ever before. On average a family with a high deductible plan will pay more than \$4,000 out-of-pocket just for medical expenses and in the case of hospitalization, it could be even more.¹ And consider the possibility of having to hire help at home, additional child care expenses or any other unexpected expenses while hospitalized.

The Limited Medical Plan (the plan)* is designed to pay cash benefits when an member is hospitalized or receives other medical treatment covered under the plan. The plan was created with members' needs in mind – providing convenient cash benefits with streamlined flexibility from day one.

Why this coverage makes sense

The plan is designed to be a strong supplement to existing medical coverage by filling the gaps created by rising “deductibles, increasing co-payments, and higher out-of-pocket maximums. Benefits under the plan are paid directly to the employee or medical service provider and are not coordinated with any other form of insurance.

Members enjoy the freedom to use the cash benefits as needed – to cover out-of-pocket medical expenses, everyday living expenses, or other unexpected expenses.

Plan Coverage Benefits Benefits may vary based on plan selected	
<ul style="list-style-type: none">• Hospitalization• Trips to the Emergency Room• Ambulance services• Hospital admission (Child birth only)• Confinement to an Intensive Care Unit• Hospitalization due to mental illness and substance abuse• Physicals and other well-care exams• Pharmacy benefits (available as either a discount or indemnity program)	<ul style="list-style-type: none">• Outpatient doctor office visits• Surgical benefits• Diagnostic lab work, X-ray and radiology services• Durable medical equipment• Physical, occupational, and rehabilitative therapy• Chemotherapy & dialysis treatments• Private duty nursing• Home healthcare• CT scan• MRI

¹May vary by state.

This Policy provides Limited Benefits. Policy Form SL-VERSEP-14 is not available in all states and benefits may vary. The policy has specific terms and conditions relating to coverage, including limitations and exclusions. Not available in the following states: /IK, CO, CT, HI, IO, KS, MA, MN, MT, ND, SD, VT, WA

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums vary according to the selection made.



Plan A

Outpatient

Benefit Description	
Physician Office - Injury	\$100 per day 1 per calendar year
Physician Office - Sickness	\$60 per day 2 per calendar year
Wellness Benefit	\$80 per day 1 per calendar year
Emergency Room - Injury	\$150 per day 1 per calendar year
Emergency Room - Sickness	\$100 per day 1 per calendar year
Lab, EKG and Other Diagnostic Tests	\$20 per test day 3 per calendar year
X-Ray, Echocardiography and Cardiovascular Ultrasound	\$70 per test day 2 per calendar year
Advanced Studies ¹	\$1,000 per day 1 per calendar year
Ambulatory Surgical Center - Injury	\$200 per day
Ambulatory Surgical Center - Sickness	\$100 per day
Surgery	\$700 per day
Anesthesia	\$175 per day
Ambulance Services Ground - Injury	\$100 per day 1 per calendar year
Ambulance Services Ground - Sickness	\$100 per day 1 per calendar year
Ambulance Services Air - Injury	\$1,000 per day 1 per calendar year
Ambulance Services Air - Sickness	\$500 per day 1 per calendar year
Accidental Death	\$10,000
Accidental Death on Common Carrier	\$20,000

Inpatient

Benefit Description	
Hospital Confinement - Injury 30 day maximum	\$300 per day
Hospital Confinement - Sickness 30 day maximum	\$150 per day
Hospital Admission - Injury Per period of confinement	\$600
Hospital Admission - Sickness Per period of confinement	\$300
Intensive Care - Injury 30 day maximum	\$600 per day
Intensive Care - Sickness 30 day maximum	\$300 per day
Surgery	\$700 per day
Anesthesia	\$175 per day
Continuous Care ² - Injury 30 day maximum	\$100 per day
Continuous Care ² - Sickness 30 day maximum	\$100 per day

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¹Advanced studies tests consist of the following: Magnetic Resonance Imaging (MRI); Magnetic Resonance Angiography (MRA); Computed Axial Tomography (CAT Scans); Positron Emission Tomography (PET Scans); and Computed Tomography (CT scans).

²Continuous Care means care received in a Skilled Nursing Facility, Rehabilitation Facility, Rehabilitation Unit or Home Health Care or Hospice. The Continuous Care must begin within 7 days following discharge from a hospital and be necessary to treat the same condition that caused the hospitalization. Benefits are payable for a period equal to the length of the preceding hospital stay not to exceed 30 days.



Plan B

Outpatient

Benefit Description	
Physician Office - Injury	\$140 per day 1 per calendar year
Physician Office - Sickness	\$80 per day 2 per calendar year
Wellness Benefit	\$100 per day 1 per calendar year
Emergency Room - Injury	\$250 per day 1 per calendar year
Emergency Room - Sickness	\$100 per day 1 per calendar year
Lab, EKG and Other Diagnostic Tests	\$20 per test day 3 per calendar year
X-Ray, Echocardiography and Cardiovascular Ultrasound	\$70 per test day 2 per calendar year
Advanced Studies ¹	\$1,000 per day 1 per calendar year
Ambulatory Surgical Center - Injury	\$200 per day
Ambulatory Surgical Center - Sickness	\$100 per day
Surgery	\$1,200 per day
Anesthesia	\$300 per day
Ambulance Services Ground - Injury	\$100 per day 1 per calendar year
Ambulance Services Ground - Sickness	\$100 per day 1 per calendar year
Ambulance Services Air - Injury	\$1,000 per day 1 per calendar year
Ambulance Services Air - Sickness	\$500 per day 1 per calendar year
Accidental Death	\$10,000
Accidental Death on Common Carrier	\$20,000

Inpatient

Benefit Description	
Hospital Confinement - Injury 30 day maximum	\$500 per day
Hospital Confinement - Sickness 30 day maximum	\$250 per day
Hospital Admission - Injury Per period of confinement	\$1,000
Hospital Admission - Sickness Per period of confinement	\$500
Intensive Care - Injury 30 day maximum	\$1,000 per day
Intensive Care - Sickness 30 day maximum	\$500 per day
Surgery	\$1,200 per day
Anesthesia	\$300 per day
Continuous Care ² - Injury 30 day maximum	\$100 per day
Continuous Care ² Sickness 30 day maximum	\$100 per day

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Plan C

Outpatient

Benefit Description	
Physician Office - Injury	\$150 per day 1 per calendar year
Physician Office - Sickness	\$100 per day 2 per calendar year
Wellness Benefit	\$100 per day 1 per calendar year
Emergency Room - Injury	\$300 per day 1 per calendar year
Emergency Room - Sickness	\$100 per day 1 per calendar year
Lab, EKG and Other Diagnostic Tests	\$35 per test day 3 per calendar year
X-Ray, Echocardiography and Cardiovascular Ultrasound	\$100 per test day 2 per calendar year
Advanced Studies ¹	\$1,000 per day 1 per calendar year
Ambulatory Surgical Center - Injury	\$200 per day
Ambulatory Surgical Center - Sickness	\$100 per day
Surgery	\$1,500 per day
Anesthesia	\$375 per day
Ambulance Services Ground - Injury	\$100 per day 1 per calendar year
Ambulance Services Ground - Sickness	\$100 per day 1 per calendar year
Ambulance Services Air - Injury	\$1,000 per day 1 per calendar year
Ambulance Services Air - Sickness	\$500 per day 1 per calendar year
Accidental Death	\$10,000
Accidental Death on Common Carrier	\$20,000

Inpatient

Benefit Description	
Hospital Confinement - Injury 30 day maximum	\$750 per day
Hospital Confinement - Sickness 30 day maximum	\$375 per day
Hospital Admission - Injury Per period of confinement	\$1,500
Hospital Admission - Sickness Per period of confinement	\$750
Intensive Care - Injury 30 day maximum	\$1,500 per day
Intensive Care - Sickness 30 day maximum	\$750 per day
Surgery	\$1,500 per day
Anesthesia	\$375 per day
Continuous Care ² - Injury 30 day maximum	\$100 per day
Continuous Care ² - Sickness 30 day maximum	\$100 per day

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Monthly Composite Rates Voluntary

With Maternity	Employee	Employee + Spouse	Employee + Child(ren)	Family
Plan A	\$ 83.00	\$167.00	\$139.00	\$239.00
Plan B	120.00	240.00	194.00	337.00
Plan C	154.00	311.00	248.00	431.00