

Imprint

Major medical insurance for
groups of two to 50 employees

No two small businesses are alike. Each uses its own style and mission to make an imprint on its customers and community. Yet, no matter their size, budget or demographic mix, all small businesses rely on the employees that make them successful—and they want to take care of these valued team members.

The Imprint portfolio provides small business owners with features that offer the insurance protection their employees need and options that allow them to create a plan uniquely their own.



Underwritten by Madison National Life Insurance Company, Inc., a Wisconsin insurance company, and Standard Security Life Insurance Company of New York. Madison National Life 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 nearly 30 years. For information on Independence Holding Company and The IHC Group, visit www.ihcgroup.com.





Benefits with the big picture in mind

Whether an employer is established and looking for a plan with specific features, or is offering employees coverage for the first time and seeking a less expensive option, the Imprint portfolio provides straightforward, easy-to-understand solutions.

Imprint *One*

The highest level of benefits with the greatest flexibility, Imprint *One* offers numerous benefit combinations. Choose from nine deductible options, four coinsurance options and six out-of-pocket maximum options.

Imprint *HD*

Tax savings may be achieved when an HSA-qualified Imprint *HD* plan is chosen and paired with a health savings account. It may also be used as a non-HSA qualified plan by adding office visit or prescription drug copayments.

Imprint *Two*

Striking a balance between quality and affordability, Imprint *Two* includes separate out-of-pocket limits for inpatient and outpatient services to keep premiums low.



Offer choice

Groups with four to nine enrolled employees

Select a base plan and up to three benefit combinations, one of which may be an HSA-qualified plan.

For example, ABC Company has nine employees and decides to offer them three different options*:

1 ▶ **Imprint**
One

\$1,500 deductible,
80% coinsurance and
\$2,000 out-of-pocket
maximum

2 ▶ **Imprint**
One

\$500 deductible,
50% coinsurance and
\$5,000 out-of-pocket
maximum

3 ▶ **Imprint**
HD

\$1,500 deductible and
100% coinsurance

Groups with 10 or more enrolled employees

Select up to three different plan choices.

For example, XYZ Company has 12 employees and decides to offer three different plan choices*:

1 ▶ **Imprint**
One

\$1,500 deductible,
80% coinsurance and
\$2,000 out-of-pocket
maximum

2 ▶ **Imprint**
Two

\$1,500 deductible,
50% coinsurance and
\$3,000 outpatient/
\$5,000 inpatient
out-of-pocket maximum

3 ▶ **Imprint**
HD

\$1,500 deductible and
100% coinsurance

* The deductible, coinsurance and out-of-pocket maximums listed all reference in-network benefits.

Plan highlights

All three Imprint plans include the following:

- ▶ **Copay at urgent care centers**

When a physician visit copay option is selected, it applies to the physician's consultation charge at an urgent care center, as well as the physician's office.

- ▶ **Outpatient prescription drugs**

Choose from a wide range of prescription drug coverage options.

- ▶ **Calendar year maximum**

\$5 million calendar year maximum

- ▶ **PPO networks**

With several regional and national networks, Imprint preferred provider organization plans offer employees lower out-of-pocket costs when they utilize in-network providers. Insured employees who need treatment, services or supplies while traveling outside of the in-network service area should call the national toll-free number listed on their ID card to be directed to other in-network providers. Benefits for covered services received from these providers will be paid at the in-network provider benefit level.

- ▶ **Forced providers protection**

Certain providers such as radiologists, pathologists, anesthesiologists and emergency room personnel may have relationships with network facilities but are not included in the network. Understanding that an insured employee is not always able to select these providers when admitted to an in-network facility, Imprint considers covered charges for these "forced providers" at the in-network deductible and coinsurance percentage. The resulting benefit will be based on the Usual, Reasonable and Customary Charge if both the hospital and admitting physician participate in your group's selected primary PPO network.

- ▶ **Out-of-network emergency care**

In an emergency, your employees do not have to worry about which hospital to select. Covered charges for insured employees and dependents taken to an out-of-network hospital for emergency services will be paid at the in-network deductible and coinsurance benefit level based on the Usual, Reasonable and Customary Charge.

- ▶ **Organ transplants**

All plans include access to a national Center of Excellence network for organ transplants. This specialized network consists of top-rated providers in terms of the number of specific transplants performed and their success rate. The network helps to ensure that insured employees who need these complex services will receive the highest level of care through expertise, patient advocacy and care management.

- ▶ **Teladoc***

Teladoc provides 24/7 on-demand access to board certified physicians who can diagnose, recommend treatment and prescribe medication for routine conditions such as a sinus infection, bronchitis, urinary tract infection or pinkeye. Consultation is available online or over the phone with an average response time of 23 minutes, but guaranteed within three hours.

* **Teladoc is not an insurance benefit** and does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. 09012010

Optional benefits

▶ Maternity coverage

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 for the insured employee and dependents, subject to deductible and coinsurance.

▶ Supplemental accident coverage

This benefit pays 100 percent up to the selected maximum of \$500, \$1,000 or \$2,000 for covered charges incurred as a direct result of each accident involving an insured employee or dependent. Covered charges must be received within three months after the date of the accident. After the per accident benefit maximum has been reached, the plan pays the same as any other illness subject to copays, deductible and coinsurance.

▶ 24-hour occupational coverage

This benefit provides coverage for work-related injuries and sickness, and is available to qualifying owners, partners, or corporate officers and sole proprietors that are not required to be covered under workers' compensation and have not elected workers' compensation coverage. This benefit is not intended to replace workers' compensation coverage.

▶ Term life and accidental death and dismemberment (AD&D) insurance coverage

The minimum amount of term life is \$10,000 and the maximum benefit is \$100,000. Benefits reduce at age 65. Dependent life insurance is also available.

▶ Dental coverage

Choose a dental plan from several options. Refer to the Imprint *Dental* overview for details.

Services

▶ Health savings account

Imprint *HD* offers HSA-qualified plan options that help employers and employees maximize health care dollars. An HSA is a tax-advantaged savings account available to those covered by an HSA-qualified high-deductible health plan. Unused funds and the tax-free interest earnings on an employee's HSA are carried over year after year. The account remains with the employee even if they change employment, lose their job or retire. Consult your personal tax adviser regarding the tax implications of an HSA. Visit www.freedomhsa.org for more information.

▶ Health reimbursement arrangement

All Imprint plans may be coupled with an HRA, though HRAs are most commonly paired with a high-deductible health plan. An HRA is an employer-funded medical reimbursement arrangement that allows employers to set aside a specific amount of pre-tax dollars to pay for their employees' qualified medical expenses. All employer contributions to the HRA are 100 percent tax-deductible to the employer and are tax-free to the employees. Pledged money is only used when qualified medical expenses are incurred—unused pledges remain with the employer. Consult your personal tax adviser regarding the tax implications of an HRA.

Plan information

The following provides a brief overview of the Imprint group health plan's guidelines, definitions, limitations and exclusions. This brochure is not the group policy or certificate. Please refer to the Certificate of Insurance under group policy form MNL MMP 0205 (Madison National Life Insurance Company, Inc.) or form SSL MMP 0205 (Standard Security Life Insurance Company of New York), for detailed definitions along with a full explanation of plan guidelines, benefits, exclusions and limitations.

Precertification

Precertification is a screening process that uses established criteria to determine whether a proposed length of inpatient hospital confinement, a proposed treatment plan, or proposed services and supplies are medically necessary and appropriate. Failure to precertify an inpatient confinement will result in an additional deductible amount of \$500 per occurrence. If specified prescription drugs are not precertified, no benefits will be payable toward their cost. Precertification is not required in all states and is not a guarantee that benefits will be paid.

Pre-existing conditions

A pre-existing condition is a condition, whether physical or mental and regardless of cause, for which medical advice, diagnosis, care or treatment was received within the six-month period ending on the enrollment date of the insured person. A pregnancy will not be considered a pre-existing condition. A pre-existing condition will not be covered for a period of 12 months after the enrollment date (18 months for late enrollees).

The pre-existing condition limitation period will be reduced if the insured person is not a late enrollee and has had previous, creditable coverage as defined in the Health Insurance Portability and Accountability Act. The reduction is based on the length of the time the insured was covered under previous coverage without a gap in coverage of more than 63 days.

The pre-existing condition limitation does not apply to any covered person who is under the age of 19.

Premium changes

Premiums may change during an initial rate guarantee period if: 1) the employer adds or deletes covered employees or dependents; 2) the business moves to another geographic area; 3) the employer modifies the plan benefits or selects a different PPO network; or 4) benefits change due to applicable federal or state rules and regulations.

Usual, Reasonable and Customary Charges

This is the usual charge the company determines to be within the range of provider fees charged for treatment, services and supplies generally furnished for sickness or injuries of comparable severity and nature in the geographical area in which the treatment, services or supplies are furnished. Charges above the Usual, Reasonable and Customary amount are not considered a covered expense.

Employee and dependent eligibility requirements

Although eligibility guidelines may vary by state, an employee actively working at least 30 hours per week may enroll for coverage. An eligible employee may also enroll her/his lawful spouse and dependent children.

Renewability of coverage

The insuring carrier may refuse to renew or modify coverage if: premiums are not paid; the employer fails to meet contribution or participation requirements; it is determined that the employer or an employee has committed fraud or has misrepresented material facts under the terms of the group policy; or the insurer elects to discontinue offering this type of group health insurance coverage, elects to discontinue all health insurance or modify the coverage for a product offered to any employee subject to the insurer giving the employer advanced written notice in accordance with applicable state law(s).

Termination of benefits

Coverage for an employee or insured dependent will remain in force until: the required premium is not paid; employment is terminated; the employee or dependent no longer meet the eligibility criteria established by the policy; the employee or dependent enters the armed forces; benefit maximums have been reached; or the employer terminates the group's coverage under the policy.

Group association major medical insurance

(For plans insured through Madison National Life Insurance Company, Inc.)

This group medical insurance plan is available to eligible employers that elect to join the Communicating for America, Inc. association. Employers are considered to be plan administrators, as defined by ERISA, for the insurance plan selected by them for their employees. The association is the policyholder of this plan of insurance.

Communicating for America, Inc. (CA) was established more than 35 years ago to provide benefits and services to individuals, families and small businesses. CA's mission is to promote health, well-being and the advancement of all self-employed Americans and small business owners; give members the right and opportunity to set policies and goals; and deliver valued member benefits at the best price and of the highest quality.

Group major medical insurance

(For plans insured through Standard Security Life Insurance Company of New York)

This group medical insurance plan is available to employers who elect to join the Multiple Unit Security Trust I for the purpose of establishing an employee welfare benefit plan.

Major medical plan exclusions summary

The following is a partial listing of the exclusions of the Imprint plans. Please consult the Certificate of Coverage for a complete description of the charges, services and supplies excluded from coverage.

Except as specifically provided for in the policy, the policy does not provide any benefits for the following charges, treatment, services or supplies for, or related to:

- Treatment that is not medically necessary, is considered experimental or investigational, or is for complications of a condition not covered;
 - An act of war or participation in a riot or insurrection; act or attempt of a crime or felony;
 - Active duty with the military of any country or international organization;
 - Any over-the-counter medication or medication that may be obtained without a prescription;
 - Physical examinations, immunizations and checkups that are not medically necessary for treatment of injury or sickness, except preventive services rated with an "A" or "B" by the United States Preventive Services Task Force;
 - Any injury or sickness that arises out of or in the course of any employment for wage or profit; an injury or sickness for which the employee or dependent has or had a right to recovery under any workers' compensation or occupational disease law;
 - The teeth and gums other than tumors, or any other associated structures;
 - Treatment for temporomandibular joint (TMJ) dysfunction;
 - Treatment, services or supplies for outpatient chemical dependency;
 - Acupuncture except when used in lieu of an anesthetic; hypnosis;
 - Surgery to correct refractive errors; routine eye exams, glasses or contact lenses; or routine hearing exams or hearing aids;
 - Human organ or tissue transplant expenses except as specified in the Certificate of Coverage; implant of an artificial organ;
 - Treatment for which no charge is made or for which the insured person is not required to pay; treatment rendered by a member of the insured's family or by an employee of the same employer as the insured person;
 - Any treatment, service or supply provided by a government-owned or operated facility or government employed health care providers, unless the insured person is legally required to pay charges;
 - Hospital and physician charges for weekend admissions occurring between noon on Friday and noon the following Sunday for nonemergency procedures, unless medically necessary or surgery is scheduled for the following day;
 - Attempted suicide or intentionally self-inflicted injury or sickness, while sane or insane;
 - Any loss sustained or incurred while the insured is intoxicated; or the insured is under the influence of any illegal narcotic or other drugs unless administered by a physician and taken in accordance with the prescribed dosage;
 - Pregnancy of an employee or dependent, unless the optional maternity benefit is selected; voluntary abortion; infertility including impregnation techniques; or reversal of sterilization;
 - Attempted suicide or intentionally self-inflicted injury or sickness, while sane or insane;
 - Obesity or weight reduction including all forms of surgery; tobacco cessation programs and products; exercise equipment; education or training materials; marriage or family counseling; sexual reassignments, dysfunctions or inadequacies;
 - Orthotics; or treatment, services or supplies related to the feet by means of posting or strapping;
 - Private-duty nursing; custodial care;
 - Treatment, services or supplies received or purchased outside the United States (unless charges are incurred while traveling on business or pleasure for no more than 90 days, and are for emergency care, and are approved for use in the United States);
 - Fees for telephone consultations, missed appointments, completing claim forms, obtaining hospital pre-certification or related to the provision of medical records;
 - For the Imprint *HD* plan, outpatient prescription drugs, including specialty medications, are excluded unless an optional prescription drug benefit is selected.
- For Imprint *One*, Imprint *Two*, and Imprint *HD*, when a prescription drug benefit is selected, exclusions and limitations apply. The following exclusion summary is a partial list. Please consult the Prescription Medication Benefit Rider for a complete description of the charges and supplies not covered.
- In addition to all of the exclusions listed above for the major medical plan, the following exclusions apply to outpatient prescription drug coverage:
- Contraceptive devices
 - Immunization agents, biological sera, blood or blood plasma
 - Homeopathic medications
 - Medications purchased outside the United States
- Term life insurance: If elected, coverage is excluded for intentionally self-inflicted injury or suicide while sane or insane.

Madison National Life Insurance Company, Inc.

Madison National Life Insurance Company, Inc. is one of the insurers for health and life insurance benefits described in this brochure. Madison National Life, a member of The IHC Group, is rated A- (Excellent) for financial strength by A.M. Best Company Inc., a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations.

Standard Security Life Insurance Company of New York

Standard Security Life Insurance Company of New York is one of the insurers for health and life insurance benefits described in this brochure. Standard Security Life, a member of The IHC Group, is rated A- (Excellent) for financial strength by A.M. Best Company Inc., a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations.

The IHC Group

For almost three decades member companies of The IHC Group have built a reputation of commitment to the markets they serve. With over one million customers, The IHC Group's focus is to be an innovative partner to small businesses, individuals and families.

Important information

The information included in this brochure is a summary outline of the features, plan provisions, benefits, exclusions, limitations, and other information about the medical and dental insurance policies, underwritten by Madison National Life Insurance Company, Inc. and Standard Security Life Insurance Company of New York. This brochure is not a contract and it is not intended to serve as legal interpretation of the policies. Benefits, exclusions, limitations and availability vary by state and by insurance company. Any provisions of the policies that are in conflict with federal laws, or any applicable state law, are amended to meet the minimum requirements of the law. For complete details about these policies, please refer to the following documents:

Madison National Life Insurance Company, Inc.

Medical Insurance Master Group Policy, issued to Communicating for America, Inc. association in the District of Columbia, Policy form #MNL MMP 0205.

Dental Insurance Master Group Policy, issued to the employer, Policy form #MNL GDEN-POL 0505.

Standard Security Life Insurance Company of New York

Medical Insurance Master Group Policy, issued to the Multiple Unit Security Trust I in Mississippi, Policy form #SSL MMP 0205.

Dental Insurance Master Group Policy, issued to the Multiple Unit Security Trust I in Mississippi, Policy form #SSL TDEN-POL 1005.

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