

SoloPLUS Benefits Program Summary

	<i>Good</i>	<i>Better</i>	<i>Best</i>
Applies to existing GroupHEALTH Global clients only			
EHC	No Medical Questions Required	Medical Questions Required	Medical Questions Required
Lifetime Maximum	\$100,000	\$250,000 per person	\$250,000 per person
Reimbursement	80%	100%	100%
Prescription Drugs:			
Annual Maximums	\$500 per policy year; generic Drugs	\$3,500 per policy year; generic Drugs	\$5,000 per policy year; generic drugs unless Physician specifies "No Substitution"
Dispensing Fee Cap	\$7.50 per Prescription	\$7.50 per prescription	N/A
Pay-direct card	Yes	Yes	Yes
Hospital:			
Room	N/A	semi-private	semi-private
Daily Maximum	N/A	\$150	\$200
Maximum	N/A	\$4,500 per calendar year	\$10,000 per calendar year
Vision Care (after 6 month waiting period)			
Frames / Lenses	N/A	Eye glasses - \$150/24 months	Eye glasses - \$200/24 months
Eye Exams	Eye Examinations - \$50/24 months	Eye Examinations - \$75/24 months	Eye Examinations - \$75/24 months
Paramedical Services (Acupuncturist; Chiropractor; Chiropracist; Naturopath; Osteopath; Podiatrist; Physiotherapist; Podiatrist; Physiotherapist; Registered massage Therapist; Psychologist; Speech Therapist)			
Per Practitioner Max.	\$300 <u>combined</u> Maximum per calendar year	\$500 <u>combined</u> maximum per calendar year	\$750 <u>combined</u> maximum per calendar year
Per Visit Max.	\$25 maximum per visit	\$25 maximum per visit	\$30 maximum per visit
Chiropractic X-Rays	\$35 per year	\$35 per year	\$35 per year
Medical Appliances & Support			
Private Duty Nursing, Durable Medical Equipment & Prosthetics	Combined calendar year maximum of \$1,500 for Home Support & Durable Medical Equipment, and Prosthetics (3 month waiting Period for Durable Medical Equipment)	Combined calendar year maximum of \$3,000 for Home Support & Durable Medical Equipment, and Prosthetics	Combined calendar year maximum of \$6,000 for Home Support & Durable Medical Equipment, and Prosthetics
Orthopedic footwear or Orthotics	Custom Orthotics to \$225 per calendar year as part of above maximum	Combined Custom Orthotics \$300 per calendar year	Combined Custom Orthotics \$400 per calendar year
Ambulance	Ground \$1,000; \$4,000 air ambulance per calendar year.	Ground unlimited; \$4,000 air ambulance per calendar year.	Ground unlimited; \$4,000 air ambulance per calendar year.
Accidental Dental	\$2,500 per calendar year	\$2,500 per calendar year	\$3,000 per calendar year
Hearing Aids	\$300/4 calendar years.	\$400/4 calendar years.	\$500/4 calendar years.
Out-of-Country Travel Insurance	100% up to a maximum of \$2M for trips of up to 45 days	100% up to a maximum of \$2M for trips of up to 45 days	100% up to a maximum of \$2M for trips of up to 45 days
Coverage continues until age 80	plus Emergency Travel Assistance Services	plus Emergency Travel Assistance Services	plus Emergency Travel Assistance Services
Dental			
	Mandatory	Optional	Optional
Limitations	3 month waiting period	3 month waiting period	3 month waiting period
Preventive Services	Co-insurance 80% 6 units scaling, 9 month recall Basic Dental Services only,	Co-insurance 80% 6 units scaling, 9 month recall Oral Surgery	Co-insurance 80% 8 units scaling, 9 month recall Oral Surgery, fillings, x-rays, fluoride, space maintainers, extractions, anesthesia, denture repairs
Endodontic & Periodontics	Not Included	Included	Included
Major Restorative	Not Included	Not Included	Co-insurance 50% Crowns, bridges& dentures
Maximum	\$500 per calendar year	\$750 per calendar year	\$1,000 per calendar year
Optional Benefits			
AD&D	Program in units of \$50,000 to \$300,000 full benefit schedule	Program in units of \$50,000 to \$300,000 full benefit schedule	Program in units of \$50,000 to \$300,000 full benefit schedule
Critical Illness	\$50,000 covering TEN Life threatening conditions	\$50,000 covering TEN Life threatening conditions	\$50,000 covering TEN Life threatening conditions
Disability	Individual Disability Insurance	Individual Disability Insurance	Individual Disability Insurance
Insurance	Program available as an option	Program available as an option	Program available as an option
Catastrophic Drug Coverage	Not Available for guaranteed issue programs	This rider increases prescription drug coverage to \$25,000 per family member/yr.	This rider increases prescription drug coverage to \$25,000 per family member/yr.