

**Midwest Security**

A UnitedHealthcare Company

**Michigan**  
Small Business

# Select Coverage

Product Reference





## Mission Statement

**Midwest Security is committed to being the premier regional provider of managed care benefit plans and administrative services in the small- to medium-sized employer marketplace.**

# Midwest Security Insurance Companies

## Corporate Value Statement

Midwest Security, A UnitedHealthcare Company, is an innovative, action-oriented company committed to a “Customer First” service ethic. We value employees who show dedication to excellence in customer service and who treat customers, both internal and external, with respect and courtesy. We expect the highest standards of honesty and integrity of our employees. We consider hard work, efficiency, productivity and the desire for continuous learning and self-improvement to be normal and reasonable expectations of ourselves as employees, and a necessity for survival in today’s competitive marketplace. Our company believes in the power of an open mind and a positive attitude, and the importance of teamwork, cooperation and consensus. Above all, we believe that success is achievable only through the daily application of these values. We are committed to continuous improvement in customer service and business processes, and we believe that continued success and growth depend upon a personal dedication to that goal on the part of each employee.

## Select Coverage Plans

Midwest Security's Select Coverage plans are managed health care plans that use health care provider networks. Midwest Security and our provider partners mutually strive to provide you with high quality, affordable health insurance coverage.

Select Coverage plans differ by covered services, copayments, deductibles, and coinsurance limits. Included in our Select Coverage plans are Health Savings Account (HSA) eligible high-deductible health plans for consumer driven health benefit solutions. The benefit grids located in the back of this brochure outline the different benefit levels.

Any of the Select Coverage plan designs, including high-deductible health plans, can be used with a health reimbursement account (HRA). When our preferred HRA administrator is used, we provide direct, automatic claim data transfer at no charge for medical claims (data transfer does not include prescription drug claims).

Our Select Coverage Multiple Plan Option offers employers and employees the flexibility of choosing the plan type that best fits their needs. The Multiple Plan Option lets employers offer a combination of different coinsurance limits and/or deductible levels.

Select Coverage plans provide you and your employees with insurance coverage that is both affordable and flexible.

## Paperless Claims!

Your Midwest Security health plan is administered using an ID card system that is recognized by providers throughout our operational territory as a fast and accurate payment method. Plan members will have no claim forms, just the convenience of an ID card!

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### ID card sample



Taking full advantage of the Select Coverage PPO plans is the key to controlling health care costs while still receiving comprehensive benefits. By using PPO network providers and understanding the benefits they will receive under your plan, members will realize improved benefits while enjoying lower health insurance costs. If you have any questions about benefits offered by Midwest Security's Select Coverage plans, contact your independent agent or Midwest Security representative.

# Understanding the Select Coverage PPO Plans

Two PPO health care services are defined below to better explain the benefits available for these services.

## Example service: physician office visit

Charges for PPO physician office visits that include X-rays and laboratory tests performed on the same date and location as the office visit will be treated as one visit. These charges may be subject to a copayment, depending on your plan.

## Example service: routine examination

Charges for PPO routine examinations are subject to a copayment or deductible depending on which PPO plan is elected. Charges exceeding the co-payment will be covered at 100% up to a calendar year maximum stated in the benefit grid. Charges for routine examinations are covered only when performed by a PPO network provider.

## PPO coverage that travels with you

In addition to your local PPO, Midwest Security offers access to a PPO provider while traveling outside of your PPO service area. This gives plan members PPO benefits while traveling and in need of emergency services, or gives general PPO benefits to their dependent students who may be a considerable distance from home attending a college or university. This benefit is referred to as a Travel PPO.

The Midwest Security I.D. card conveniently displays the logo and phone numbers of both your local PPO and your Travel PPO. When in need of emergency medical attention while outside of your local network area, call the Travel PPO phone number for a nearby participating provider.

The Travel PPO can only be used for emergency purposes while outside the local PPO service area, except for dependent students living away from home. Students living outside the local PPO service area can use the Travel PPO for all types of covered services.



## Covered Expenses

Please note: The following listed expenses are covered as specified in the plan Certificate. Limitations may apply. See the plan Certificate for important details concerning covered and non-covered expenses.

- Hospital semi-private room.
- Intensive care.
- Hospital miscellaneous and ancillary charges.
- Preadmission testing charges.
- Skilled nursing facility charges.
- Hospital outpatient charges, including emergency room.
- Diagnostic X-rays and tests, and radiation treatment.
- Surgeon and assistant surgeon fees.
- Charges made by a licensed physician for medical care and treatment.
- Anesthesiologist, pathologist, and radiologist fees.
- Physician's home and office calls, and emergency outpatient treatment subject to copayments.
- Well Baby Care up to two years from date of birth, including immunizations.
- X-ray, radium, cobalt and radioactive isotopes therapy.
- Casts and custom-molded orthotics.
- Prosthetics and their replacements if due to pathological changes, with a \$20,000 combined maximum allowed per prosthetic device.
- Blood and blood plasma.
- Necessary local ambulance transportation to the nearest facility that can provide needed care.
- Oral surgeon charges for specific procedures including incision and excision procedures on tissues of the mouth, excision of impacted teeth, and removal of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth.
- Coverage for medical food for the treatment of Inherited Metabolic Disease.
- Professional charges for repair to sound natural teeth injured solely as a result of an accident.
- Drugs and medicines for treatment of a covered condition, that require a written prescription before they may be dispensed by a licensed pharmacist (legend drugs).
- Mammograms.
- Prescribed, self-administered contraceptives, including oral drugs, transdermal patches and some intra-vaginal contraceptive medications.
- Allergy care and injections.
- Maternity covered same as any illness.
- Home Health Care, subject to a maximum of 40 visits per 12 consecutive months.
- Inpatient medical rehabilitation services for same/related illness or injury up to 30 days per calendar year; \$50,000 lifetime maximum.
- Hospice.
- Surgical or nonsurgical treatment of any jaw joint problem, including Temporomandibular Joint Dysfunction (TMJ), Craniomandibular Disorder or other conditions of the joint linking the jaw bone and skull. This benefit does not cover orthodontics, splints, crowns, dentures or other treatment of teeth. The maximum benefit is \$1,000 per covered person per calendar year.
- Charges of attending preferred provider, in-network physician, and associated diagnostic X-ray and laboratory expenses for routine physical, vision, or hearing examinations.
- Non-experimental surgical treatment for morbid obesity after 6 consecutive months of unsuccessful physician supervised treatment.
- Oxygen and rental of equipment for administering oxygen.
- Pap tests.
- Anesthesia and hospital charges for dental care when necessary due to mental or physical condition.
- Treatment of Pervasive Developmental Disorder that is prescribed by a treating physician in accordance with a treatment plan.
- Rental of a wheelchair or hospital-type bed.
- Rental of durable medical equipment, with a \$10,000 maximum allowed per item.
- Chiropractic care up to the chiropractic benefit maximum per covered person per calendar year.
- Speech therapy, with a maximum of 15 outpatient visits per person per calendar year.
- Treatment by a licensed or certified physical or occupational therapist to restore loss or correct impairment due to an injury or sickness, to a combined maximum of 40 total outpatient visits per covered person per calendar year.
- Treatment of End Stage Renal Disease including hemodialysis, peritoneal dialysis, and transplant charges with a \$60,000 maximum allowed per calendar year.

### Alcoholism, drug abuse, mental & nervous disorders

Inpatient and outpatient covered expenses including prescription drugs — benefits payable at 50% after deductible to a maximum benefit of \$5,000 per person per calendar year for PPO providers and \$2,500 per person per calendar year for non-PPO providers.

The maximum payment per calendar year for alcoholism, drug abuse, and mental and nervous disorders from PPO and non-PPO providers will not be greater than the maximum calendar year PPO benefit. The maximum lifetime benefit for PPO and non-PPO inpatient and outpatient treatment and prescription drug charges is \$25,000.



## Prescription Drug Program

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The prescription drug program is included with all Select Coverage plans. The program is easy to use and is accepted at over 55,000 pharmacies in the United States.

The drug plan includes the three-tier copayment levels indicated on your Certificate and benefit grids. The three-tiered copayment program is designed to encourage use of lower cost alternatives when they are equivalent to more expensive drugs. Plan members are rewarded for using the lower cost alternative with a lower copayment. If there is a tier 1 equivalent available for a higher tier drug, reimbursement will be made at the tier 1 equivalent rate. Electing a tier 2 or tier 3 drug in this case would result in a higher copayment plus the difference in cost between the alternative selected and the tier 1 equivalent.

A local retail pharmacy is best used for prescriptions needed on a short-term basis (for example, an antibiotic to treat strep throat). Plan members need only present their Midwest Security ID card along with the prescription at any participating network pharmacy. The pharmacist will collect the appropriate copayment from them.

As part of the prescription drug program, a mail service pharmacy, "Medco By Mail," is available for medications used on an ongoing basis (for example, drugs to reduce

high blood pressure). Plan members can realize substantial savings by using this service. The copayment requirement for a 90-day supply of mail-delivered drugs is less than the regular 90-day copayment level. They can refill up to a 90-day supply of mail-delivered prescriptions on the Internet, by mail (using provided refill and order forms) or by phone. The program also offers non-covered drugs and other over-the-counter products at a reduced cost, conveniently delivered to the plan member's home.

**Other benefits of the prescription drug program include:** drug utilization review programs, drug education and safety information, health management, a wide assortment of personalized Internet services, and more. For complete information about the benefits and procedures of the prescription drug program, refer to the program's materials and your plan Certificate.

With our high deductible health plans, the prescription drug program is processed as part of the PPO medical deductible.

## Transplants

All transplants must be coordinated with Q Review prior to receiving ANY SERVICES, including the initial evaluation. It is the responsibility of the covered person to notify Q Review before any transplant services.

**Transplant Network**—The purpose of the transplant network is to improve patient and graft survival, as well as minimize complications of transplant surgeries. This is done by contracting with physicians and medical centers specializing in transplant services. Facilities are selected based on transplant case volume, patient survival, retransplant rates, transplant team training and experience, and geographical location with respect to patient accessibility for follow-up and continuity of care. For a listing of these facilities, please contact Q Review at **800-542-6643**.

The following transplants and associated services are covered under the transplant network benefit: heart, lung, kidney, liver, kidney-pancreas and bone marrow. Transplant benefits are subject to applicable plan maximums.

**Non-Transplant Network**—Coverage will be provided for charges incurred in connection with the following organ or tissue transplants: cornea, bone, skin, heart, lung, kidney, liver, kidney-pancreas, and bone marrow subject to policy provisions. Organ transplant services that are incurred outside the transplant network will be subject to a \$10,000 transplant copayment. The transplant copayment is in addition to any other deductibles, coinsurance, copayments, or policy provisions.

Procurement costs directly related to the donation of a covered organ or tissue transplant are covered up to a maximum of \$10,000 per transplant. Procurement expenses relating to covered organ transplants incurred in the transplant network are not subject to the \$10,000 limitation.



## Q Review

Q Review is a medical care utilization review program that helps plan members make the best use of their health plan benefits.

Your health plan's utilization review service, called Q Review, provides experienced, caring Registered Nurses to help plan members navigate through today's complicated health care system while ensuring they receive high-quality medical services. Q Review staff will review your medical needs with your physician before you enter the hospital, and also during and following your hospital stay. Utilization review is performed either by telephone or on-site visits to the hospital.

Q Review is a practical yet vital part of your plan. Our expert nurses listen to concerns, answer questions, and identify health care options. Q Review involvement can help maximize the value of plan members' medical care and reduce costs for both them and your health plan.

### Preadmission certification

When a plan member's physician recommends hospitalization, the plan member should first schedule a date for admission and then call Q Review. The patient, physician, or a family member must call Q Review at **800-542-6643** at least 48 hours before the admission date.

In the case of an emergency hospitalization, pre-admission certification is not required. However, Q Review must be notified within 48 hours after the patient is admitted for the emergency, or as soon as is reasonably possible.

Please note that compliance is required: If pre-admission certification requirements are not fulfilled, benefits will be reduced by up to \$500 per admission. This reduction is calculated before subtracting applicable deductibles and coinsurance, and is in addition to any expenses not medically necessary as determined by the Certificate.

### Maternity admission

Maternity admission does not require prior notification, as mandated under federal and state law. However, if it becomes necessary for the hospital stay to exceed 48 hours for a normal, vaginal delivery or 96 hours for a cesarean (C-section) delivery, Q Review must be notified

no later than 48 hours or the next business day after the 48/96 hour stay (whichever is sooner) or the claim will be subject to the Certificate's benefit-reduction provisions.

Q Review must be notified prior to admission for planned C-sections and no later than 48 hours or the next business day after an emergency C-section.

### Weekend admission limitation

To avoid unnecessary costs and days away from home, the plan does not cover weekend admissions unless immediate or medically-necessary hospitalization is required.

### Care Coordination

Care coordination is a service in which Q Review staff, under the supervision of a Medical Director, work with the plan member and the member's physicians and family to identify and arrange appropriate, cost-effective health care services in special medical situations, such as chronic illness or catastrophic injury. A Q Review nurse will contact plan members who may benefit from care coordination services.

**Please note:** Before any medical charge is eligible for payment under the Certificate, there must be evidence of medical necessity. Members are responsible for any charges for procedures not meeting the medical necessity guidelines. Also note that notification to Q Review does not guarantee coverage or payment for the service or procedure reviewed. The physician is solely responsible for treatment decisions and patient care.

### Bill review incentive

Midwest Security asks plan members to carefully review their medical bills. If they find an error, we will pay the member 50% of the amount we overpaid and recovered, up to a maximum amount of \$500 per individual.

## Online Benefit Service

Midwest Security Insurance Companies provides secure Internet access to individual benefit information via the online benefits service called mymidwestsecurity.com. Plan members can quickly learn the status of claims, receive answers to benefit questions, and access valuable health and medical information. Getting benefits information is faster and easier than ever before!

[mymidwestsecurity.com](http://mymidwestsecurity.com)

Plan members can ...

- Save time with 24/7 access to your claims and family eligibility information
- Find reliable health and medical information
- Get answers fast via the Express Requests email service

Enrollment materials include information on how to access and use mymidwestsecurity.com.



### Key features of the online benefits service ...

#### Announcements

Timely news bulletins online. Benefits related news from Midwest Security is posted on the home page.

#### Claims

Claim status information for employees and covered dependents is listed. Optional email notification of all new claim activities means plan members won't have to wait for regular mail delivery to learn the status of a provider claim.

#### Eligibility

The eligibility service displays coverage information, so plan members can quickly check, for example, the eligibility record for a newborn or adopted child.

#### Express Requests

The Express Requests feature provides a list of benefits-related questions for which plan members can receive fast answers. Each question receives a tracking number and is date stamped. Plan members can receive electronic notifications as the request is processed. Think of it as customer service online – with no phone calls needed!

#### Documents & Links

The site offers convenient access to useful documents that can be printed whenever they are needed. It also lists links to other websites containing valuable information to help plan members and their families stay healthy.

# Group Term Life and AD&D

## Group term life

In the event of death from any cause, the amount of the life insurance benefit is paid promptly to the named beneficiary.

If the employer employs fewer than 20 employees, the life insurance benefit amount is reduced to 65% when the insured person reaches age 65. Life insurance terminates at age 70.

If the employer employs 20 or more employees, the original life insurance benefit amount is reduced to 65% at age 65; to 50% at age 70; to 40% at age 75; and to 20% at age 80. Reduced amounts are rounded to the nearest \$1,000.

Group Term Life is required for every employee. A wide selection of additional amounts is available at the option of the employer.

## Waiver of premium

If a plan member becomes and remains disabled, the member's group life insurance will remain in force at no cost to the member if: ❶ member becomes totally disabled before age 60 from a bodily injury or sickness while insured under the policy; ❷ such total disability completely prevents member from engaging in any occupation or employment for wage or profit; ❸ member remains totally disabled for six consecutive months during which time the required premiums are paid; and ❹ written proof of loss is provided to Midwest Security within 270 days from the date member became totally disabled.

When Midwest Security approves the claim, premiums for the life insurance are waived beginning from the first of the month after the plan member satisfies the above requirements. Premiums previously paid for this life insurance benefit during the time s/he was totally disabled will be waived retrospectively. If the member were to die during the six month period following commencement of a total disability, we must receive proof of continued total disability until the date of death in order for a waiver of premium to apply. If the plan member dies while a waiver of premium is in effect, we must receive proof of continued total disability until the date of death.

## Accidental death and dismemberment

The Accidental Death and Dismemberment insurance does not cover loss resulting from: ❶ suicide; ❷ war; ❸ an attempt to commit or commission of a felony; ❹ self-inflicted injury regardless of the covered person's mental condition; ❺ participation in a riot; ❻ driving while legally intoxicated from alcohol; ❼ driving while under the influence of a controlled substance, unless taken as prescribed by a physician; ❽ travel or flight in a device of any type for aerial navigation other than as a fare-paying passenger of a licensed passenger airline; ❾ bodily or mental infirmity; ❿ ptomaines; ⓫ bacterial infections, except pyogenic infections that occur with and through an accidental cut or wound; ⓬ any other kinds of disease.

The benefits of Accidental Death and Dismemberment will reduce and terminate at the same schedules as described in the previous Group Term Life section.

Accidental Death and Dismemberment coverage is included with the required life benefit.

## Optional Benefits

For Class B (Blue Collar) occupations only, Supplemental Accident benefits and Short Term Disability will not be available if Workers Compensation is not in force.

### Supplemental accident benefit

(Not available with some Select Coverage deductibles or plan designs. See benefit grids for details.)

The Supplemental Accident Benefit provides up to an additional \$500 calendar year benefit for medical care within 90 days of an accident that occurs while a person is covered under the plan, and when treatment begins within 72 hours of the injury. Charges which apply to the \$500 Supplemental Accident Benefit are not subject to deductibles, coinsurances, or copayments under this policy. Covered charges exceeding the \$500 Supplemental Accident Benefit will be subject to deductibles, coinsurance, or copayments.

### Short term disability

Short Term Disability is provided as an optional benefit from \$50 to \$750 per week. The plan member will be paid the weekly benefit selected by the employer if unable to work because of total disability. Benefits shall not exceed two-thirds of the pre-disability average weekly wage.

The weekly income that would otherwise be paid under this benefit may be reduced in certain situations. Such an adjustment, however, would only be made to avoid over-insurance. If any benefits are payable under Social Security, Worker's Compensation, or a disability policy or certificate issued by another company, resulting in a combined weekly income in excess of two-thirds of your then basic weekly earnings, the benefits under this policy will be reduced to prevent such excess.

If fewer than 20 employees are insured, the weekly benefit amount will reduce to 65% at age 65 and coverage will terminate at age 70 or retirement, whichever occurs earlier.

If 20 or more employees are insured, coverage will terminate at retirement. If a member continues to be actively at work, the weekly benefit amount will reduce to 65% at age 65; to 50% at age 70; to 40% at age 75; and to 20% at age 80.

**Note:** Short Term Disability is not available to certain occupations, to individuals not covered by Worker's Compensation, or for disability due to self-inflicted injury or sickness, regardless of the covered person's mental condition.

Short Term Disability benefits may be available for partial disability due to the same cause as a period of total disability while on a less than full-time basis. Short Term Disability benefits will be payable for unworked hours in a 40-hour work week after subtracting hours worked and paid by employer. This benefit will not extend the maximum benefit period shown on the schedule of benefits.

### Prescription drug program buy-up option

(Not available with some Select Coverage deductibles or plan designs. See benefit grids for details.)

The Prescription Drug Program is explained earlier in this brochure. The benefit buy-up option can enhance your program's drug benefit by lowering the copayments applicable to eligible tier 1, tier 2, and tier 3 prescriptions. Just as with the standard benefit, there is a mail service pharmacy option on the buy-up plan that equates to receiving a 90-day drug supply for a reduced copayment. The optional buy-up copayments are displayed on the benefit grids located in the back of this brochure.

### Dependent life insurance

This benefit is optional by employer. If elected, 100% of all eligible dependents must be enrolled. The coverage offered is as follows:

SPOUSE	A	B
age 50 & under	\$2,500	\$5,000
age 51 - 60	\$1,500	\$1,500
age 61 - 64	\$1,000	\$1,000

UNMARRIED CHILDREN	A	B
10 days - 19 yrs.	\$2,000	\$2,000

The benefit amount on the insured person's child terminates when the child no longer meets the definition of an eligible dependent.

# Plan Provisions

## Coordination of benefits

It is the intent that plan members be fully reimbursed for allowable expenses under the various plans to the extent that the combined benefits equal 100% of the total allowable medical expenses. Benefits will be coordinated with the related provisions of the Master Policy.

Plan benefits are coordinated with Medicare if the plan member, member's spouse, or dependents are receiving Medicare benefits.

Primary coverage responsibility for dependent children abides by the birth date rule. When both husband and wife have family coverage, the parent with the first birthday month and day in a calendar year has primary coverage responsibility.

## Usual, customary, and reasonable/maximum allowable fee

Non-PPO professional charges are covered on a usual, customary, and reasonable basis as determined by Midwest Security, which means payment of the usual fee charged by the provider for services rendered, but not to exceed the lesser amount of the following:

① the fee most frequently charged by such provider of service for a comparable service or a service of comparable gravity, severity and magnitude; ② the fee most frequently charged by the providers of a like service with similar training and experience for the performance of a comparable service, or a service of comparable gravity, severity and magnitude, in the locality where the service was performed; ③ the Maximum Allowable Fee, which is the fee determined by comparing similar services to a national database, adjusted to the locality where the services or procedures were performed.

## Termination of coverage

Coverage ceases with termination of employment, the date on which the covered person has lived outside the U.S. for more than three consecutive months, or discontinuance of the group plan, according to the terms of the Master Policy. If employment terminates for a reason other than misconduct, an employee and/or dependents may be able to continue coverage under the group plan provided the required premium is paid. For full information, refer to the Certificate.

## Conversion

If employment terminates, any covered person who has been insured may convert his/her life insurance to an individual policy without medical examination and without interruption of protection for life benefits (as offered on an individual basis by Midwest Security) in accordance with the terms of the Master Policy. Health coverage may also be continued and/or converted in accordance with the terms of the Master Policy. For full information, refer to the Certificate.



# Plan Provisions

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## Administering your plan

### Eligibility for employees and dependents

All active fulltime permanent employees of an employer group with at least 2 employees who regularly work 30 or more hours a week are considered eligible for the purpose of this plan. This includes actively-employed officers, proprietors, partners, and managers.

Employees and their dependents must be U.S citizens or holders of a permanent visa, green card or Social Security card and have permanent U.S. residency.

Dependents include ❶ lawful spouse; and ❷ unmarried, natural/ blood-related dependent children; ❸ unmarried adopted children; ❹ unmarried step-children; and ❺ unmarried children for whom the employee has legal guardianship. In all cases, coverage extends through the calendar month of their 19th birthday, or through the calendar month of their 25th birthday if financially dependent upon the employee for support and in regular, full-time class attendance at an accredited secondary school, college or university as defined by the institution. An apprenticeship program is not considered a school for this purpose. Dependents will be covered between school terms for up to four months if enrolled as a full-time student for the following school term. This four months will not apply to dependents who graduate. Dependents who drop below regular, full-time

class attendance as a result of a sickness/injury are covered through the end of the current school term (i.e. semester or quarter). Other dependents who drop below full-time will be covered through the end of the month.

Dependents who are acquired after the certificate date will be eligible for coverage on the date they become legal dependents.

No person may be covered as both an employee and a dependent at the same time. If both parents are eligible for coverage under this policy, only one may enroll for dependent coverage.

### Participation

Employers with two or more employees insured for medical coverage whose plan is non-contributory must have 100% participation of all eligible employees and dependents. If the plan is contributory, 75% participation of eligible employees is required, with never less than 50% of the entire group.

In determining participation, Midwest Security recognizes and can exclude those who waive health coverage due to other coverage.

Group life insurance coverage is required for 100% of all eligible employees.

# Plan Provisions

## Pre-existing conditions

A “pre-existing condition” shall mean any condition, disease or ailment for which the patient received medical care, treatment, services, medication, diagnosis or consultation within six months immediately preceding the enrollment date under the Certificate.

Benefits under the Certificate are payable for a pre-existing condition, as so defined, only after the person with such condition has been continuously insured under the Certificate for: ❶ twelve consecutive months from their enrollment date; or ❷ eighteen months from their enrollment date if they are a late enrollee. Any charges relating to the pre-existing condition incurred during the twelve or eighteen month period are excluded under this Certificate.

The pre-existing condition limitation does not apply to: ❶ any covered expense resulting from pregnancy; ❷ a newborn dependent child provided such child is enrolled for coverage within 31 days of the date of birth (a child covered under the mother’s benefit plan is considered enrolled on date of birth); ❸ an adopted dependent child, if the child is enrolled for coverage within 31 days of such adoption or placement for adoption; or ❹ genetic testing information for any condition which has not been diagnosed by a physician.

If the patient had creditable coverage within 63 days of the enrollment date under the Certificate, Midwest Security will reduce the pre-existing condition limitation period to the extent of the prior creditable coverage, provided that the creditable coverage was continuous without a lapse of more than 63 days.

At the time of termination under another medical plan, the patient will be given written proof of coverage under that plan. It is the plan member’s responsibility to provide Midwest Security with proof of continuous coverage. If your prior coverage did not provide you with proof of your coverage, the company will assist you in providing proof of coverage by other means. Upon receiving acceptable proof of prior coverage, we will notify the member of any remaining pre-existing condition limit that may be applied.

## Group replacement provision

Group Replacement coverage will be provided if our plan replaces an existing group plan held by the employer. This provision applies to groups of two or more active employees having medical coverage. The employees’ spouses and those employees covered by Medicare are eligible for coverage under group replacement, but are excluded when determining the size of the eligible group.

The pre-existing condition limitation will not be applied to employees or their dependents who were covered under any prior medical plan, to the extent that the limitation was already satisfied under that plan. The benefit payable will be the lesser of that payable under the prior plan or this plan.

Group Replacement coverage will be provided only if coverage is approved, there has been no lapse in coverage, and we are supplied with copies of the prior carrier’s policy or certificate and most recent billing.

## Deductible coinsurance credit

When this group plan replaces an existing group medical plan of the participating employer, there will be a credit for partial or full satisfaction of the deductible, if provided within 60 days of the group’s activation. No credit is allowed for coinsurance. This does not apply to employees joining this plan after the effective date of the plan.

## Renewal of coverage

Midwest Security shall not cancel or non-renew the employer’s policy except for any of the following reasons: ❶ failure to pay premium when due; ❷ fraud or misrepresentation by the Employer; ❸ failure to meet participation or employer contribution requirements; ❹ Midwest Security ceases to offer coverage in the market in which the group health benefit plan is included in accordance with federal and state law; ❺ there is no longer an enrollee under the plan who resides, lives, or works in the network service area (if applicable); or ❻ the membership of an employer in one or more bonafide associations ceases, but only if the coverage is terminated uniformly without regard to the health status of a covered person (if applicable).

## Expenses Not Covered

Please note: The following listed expenses are not covered as specified in the plan Certificate. Limitations may apply. See the plan Certificate for important details concerning covered and non-covered expenses.

- Injury or sickness for which a person is covered under a Worker's Compensation Law.
- Charges relating to infertility diagnosis and treatment (including medications); artificial insemination; invitro fertilization; any treatment to promote conception and related tests/procedures; charges for contraceptive implants, injections, materials, drugs or devices that are not self administered; and post-coital contraceptives.
- Charges for, relating to, or resulting from sex change operations.
- Treatment of a sexual dysfunction, except when due to a medical condition.
- Injury or sickness caused by war or riot.
- Treatment or services that are not medically necessary.
- Care or treatment of military-service related conditions furnished by an institution owned and operated by the U.S. Government or for which payment is not required of the insured.
- Eye glasses, contact lenses, vision therapy, radial keratotomy, laser refractory surgery, and photorefractive keratectomy.
- Plastic or cosmetic procedures that alter the appearance but do not restore impaired physical function, and any related services or supplies.
- Expenses in excess of usual, customary, and reasonable charges.
- Medical care or treatment furnished by a person who ordinarily resides in the insured's home or is a member of the insured's immediate family.
- Pre-existing conditions (see certificate).
- Services for biofeedback, mechanotherapists and certified athletic trainers.
- Treatment, services and supplies used in educational or vocational training, except where noted exceptions apply.
- Court-ordered examinations or counseling.
- Charges related to sales tax.
- Injury or sickness incurred while committing or attempting to commit an assault or felony.
- Orthognathic surgery.
- Services or treatment that are not for an existing injury/sickness or that are preventive in nature, including prophylactic procedures.
- Continuous passive motion machines, exercise bikes, treadmills, rowing machines, and other exercise equipment.
- Treatment programs, services, or supplies for the cessation of tobacco use.
- Charges incurred after the date coverage under the policy terminates.
- Treatment, services and supplies resulting from complications of any non-covered treatment, service or supply.
- Drugs, supplies or any other item which can be purchased without a prescription.
- Supportive care.
- Services, supplies and equipment not specifically covered in the Certificate.
- Experimental, alternative, investigational, complimentary, or unproven medical treatments or services, including but not limited to holistic medicine, yoga,homeopathy, visualization sessions, and massage therapy.
- Custodial care, education or training.
- Acupuncture except for anesthesia.
- Reversal of sterilization.
- Dental care or treatment, except where noted exceptions apply.
- Genetic testing or counseling, unless medically necessary to treat sickness or injury.
- Medical treatment or surgical procedures for non-morbid obesity, including weight loss programs.
- Medications, drugs or hormones to stimulate growth.
- Hearing aids, except where noted exceptions apply.
- Routine foot care, corns, callouses and flat feet.
- Expenses to the extent that benefits are payable under a hospital-surgical conversion policy issued by Midwest Security in accordance with the Conversion Privilege.
- Sclerotherapy.
- Elective abortions, except where noted exceptions apply.
- Charges for the use and administration of laetrile (amygdalin).
- Services provided by a massage therapist.
- Charges for expenses incurred that the covered person is entitled to receive as an extension of benefits under the prior group health policy.
- Occupational and physical therapy services to treat developmental delay in children.
- Services or supplies for which no charge is made or no payment is required if not covered by the plan.
- Services, drugs or supplies obtained from sources outside the United States except in an emergency.
- Services for provider consultations via the telephone, computer or Internet.
- Marriage counseling.
- Health services while on active military duty.
- Treatment for gynecomastia.
- Treatment for excessive sweating.
- Charges for services or treatment for which there is non-group insurance (excluding individual health policies) providing medical payment coverage.



## Small Employer Information

The following applies to this group plan when the employer meets the definition of a small employer in the state of Michigan. A small employer is defined as an employer that employed at least two but no more than fifty eligible employees on a full time basis (or part-time basis, if part-time employees are considered eligible for benefits by the employer) during 50% of the year preceding the date of application or the policy renewal date.

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### Rating

- Midwest Security will not charge a rate for your group plan that deviates more than plus or minus 45% from the average rate charged for all group plans in a geographic area with similar characteristics as your group plan. Rating characteristics such as industry, age, group size and health status may be used for determining the premiums within a geographic location.
- Health benefit plan options, number of family members covered, and Medicare eligibility may be used in establishing a small employer's premium.
- Midwest Security has the right to increase premium rates that exist for your group plan. The percentage increase in a rating period for the premium rate charged will not exceed the sum of the following:
  - The percentage change in new business premium rates for a group plan with the same or similar coverage as your group plan measured from the first day of the prior rating period to the first day of the new rating period;
  - An adjustment, not to exceed 15% annually, due to industry, age, group size and health status;
  - An adjustment due to change in your group plan's coverage.

### Renewal of coverage

Midwest Security will renew the small employer's Master Policy except for one of the following reasons: ❶ Nonpayment of the required premiums; ❷ Fraud or intentional misrepresentation by the small employer or, with respect to coverage of an insured individual, fraud or misrepresentation by the insured individual or the individual's representative; ❸ Noncompliance with the Company's minimum participation requirements; ❹ Midwest Security discontinues offering a particular type of group health insurance in the small employer market; ❺ Small employer moves outside the geographic area.

### Eligible Employee

An eligible employee is an employee working 30 or more hours per week, or working 17.5 or more hours per week if the part-time eligibility option is elected by the employer.

The benefits outlined in this brochure are intended to reflect the coverages provided in the Master Policy. A more detailed explanation of coverage is provided in the Certificate. This plan is subject to the Employee Retirement Income Security Act (ERISA) and the applicable state insurance laws and regulations. Select Coverage is underwritten by Midwest Security Life Insurance Company.

**Midwest Security**

A UnitedHealthcare Company

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