

Summary of Benefits for OPS Private Health Insurance

Coverage Denied: As with any individual insurance policy you are not guaranteed coverage. The company has the right to deny coverage based on current medical coverage.

Effective Date: In most cases a company can insure you immediately, or within a week.

This approval will be granted on a temporary basis while the insurance company reviews your medical history and denies or approves permanent coverage.

Pre-Existing: There is a pre-existing clause in almost all individual insurance policies. Medical conditions that have been or are being treated prior to the effective date of the policy are not covered. This would include such things as high blood pressure even if you are not receiving medical treatment but are taking medication. After you have had an individual policy for a 24-month period you may ask the company to review your medical condition for possible inclusion in your policy.

Premiums: Rates are based on an individuals current age and the deductible selected. The agencies offer the employee a choice of how they want to pay premiums. Payments may be made by personal check or bank draft and paid every two months, four months, six months for the annual premium or once at the beginning of coverage for the year.

Deductible: A deductible may be selected from \$250 a year to \$1,000 a year. The lower the deductible the higher the premium. The deductible is met each year by the 20% payments made by the insured, including prescription medications.

Coverage: The plan pays 80% of medical expenses after the selected deductible has been met each year for each insured. If an insured exceeds \$3,000 out of pocket covered expenses in a year, the plans picks up at 100%. The lifetime maximum coverage for an insured individual is \$1,000,000.

The insured is responsible for payment of 20% of covered expenses. Using the Preferred Patient Care option, the insured pays 20% of allowable charges. For a Non-Preferred Patient Care option, the insured would be responsible for 20% of the allowable charges as well as charges in excess of the allowable.

Medication: Medication is paid at 80% of the cost, after the annual deductible has been met.

Exclusions: Please see brochure in Human Resources for standard exclusions. All obstetrical benefits in connection with or the result of a normal delivery.