

Get to Know Lifestyle Health Plans

Lifestyle Health Plans is an innovative, ACA-compliant group health benefit solution designed for employers with 5 to 500 employees. Healthcare costs are consistently listed as one of the greatest concerns facing business owners and employees today. Lifestyle Health Plans believes that the only way to truly manage healthcare costs is to improve the health and wellness of our members.

Our Level Funded benefit program provides turnkey major medical health benefits with an integrated wellness and lifestyle improvement program designed to address the root cause of the escalating cost of healthcare - employee health behaviors. Let our innovative and flexible plan designs, consumer-driven features, deductible credits and cash reward incentives form the basis of a long-term benefits solution for your group.



Integrated Benefit Features:



LifestyleMD - On-demand access to telemedicine consultations anywhere, anytime at \$0 Copay for Lifestyle Health Plans members



DirectHealth - 100% outpatient lab benefit program through preferred lab vendor designed to save employer and employee alike



Just Diabetic Supplies - Auto-ship program offers 100% benefit for diabetic testing supplies for enrolled participants



Patient Care Coordination - Program offers assistance in scheduling all outpatient diagnostic and surgery services for

What Makes Us Different?



Level Funded group health plan designs available through our reinsurance carrier partnerships



Premium savings in most cases of 5-15%



Consumer-driven program features designed to save both employer and employee alike



Integrated wellness program with deductible credit and cash reward incentives for health improvement



Provides sustainable health benefit program which addresses underlying causes of healthcare costs without reliance or being tied to a single carrier



Cost Containment Strategies

Strategically managing healthcare costs is a key focus of Lifestyle Health Plans. Traditional benefit designs and cost management techniques have been relatively unsuccessful in assisting employers and their members with cost containment. Lifestyle Health has integrated a number of cost management programs and benefit coverage solutions into our plan designs.

Unfortunately, most members today are totally uneducated regarding the cost of healthcare services. Consumer awareness and education regarding the cost of services is a key element that makes Lifestyle Health unique. Once informed of their options, most members are open to doing their part in managing costs.

We partner with our members to provide multiple cost-effective healthcare delivery options, education with regards to the cost differentials, and then freedom for the member to decide where they would like their care provided. In the end, empowering change through consumer awareness is a unique difference offered through Lifestyle Health.



Outpatient Imaging Services and Surgical Services

Utilizing a freestanding imaging center for outpatient radiology, imaging, and surgical services needs can provide significant savings to our members. Claims data indicates that services provided through a freestanding imaging or surgical center averages \$1,600 less per procedure for imaging services and \$6,700 per procedure less for outpatient surgical services when compared to the same services provided through a hospital outpatient setting. Our care coordinators will assist all members in need of outpatient imaging and surgical services in finding the right care setting suitable for you and your physician.



ER Utilization

Emergency Room utilization has been deemed in retrospective review to be an inappropriate place of service for up to half of all ER visits. Lifestyle Health, through our LifestyleMD concierge telemedicine service, provides instant telephonic access to board certified primary care physicians to assist in the triage of emergent situations to help our members determine the most appropriate place of service for their emergency.





Specialty Medications and Injectibles

Specialty medications are the fastest rising cost item in healthcare today. By analyzing the current utilization needs within each group, Lifestyle Health can lower your premium costs dramatically by excluding certain medications that can be covered through other advocacy programs. Through this approach, members can still access these specialty medications at affordable pricing, while reducing the exposure for our groups. The end result is lower claims costs for participating groups, better benefit renewals, and leveling of healthcare cost and premiums over a multi-year period.



Implant Cost Containment

Some of the highest hidden costs to healthcare consumers come in the manner in which hospitals charge for certain supplies, implants, and other misc. charges associated with a hospital admission. Lifestyle Health approaches these costs in a manner to provide the hospital with a reasonable mark-up of their services, but reduces the 300 - 500% markup that is often associated with these charges. Our prevailing fee and Medicare reimbursement based resources and methodologies assists our groups in managing these costs.



Generic Drug Utilization

The majority of brand name medications on the market today have an alternative generic drug replacement to provide the same care management results, but at a fraction of the cost of brand name prescriptions. Lifestyle Health has a team of care coordination specialists to work with our members and their physicians to evaluate the efficacy of converting to a generic prescription when appropriate. Additional incentives are provided to all our members for the conversion to a generic prescription when appropriate.



Medical Plan Design Overview

Lifestyle Health Plans offers 16 standard medical plan designs grouped into four different product families. Designed with maximum flexibility in plan selection in mind, you can mix and match plans for the benefit program that is right for your group.

HealthyChoice

- Choice PPO Plans
- Lower Deductible Levels
- 80/20 Co-insurance
- Office Visit, Hospital/ER and Prescription Copays
- 100% Coverage for Preventive Services, Outpatient Lab and Diabetic Testing Supplies
- Integrated Wellness Program, Reward Incentives and Patient Care Coordination at no additional cost

Healthy100

- 100% Co-insurance Plans
- Mid-range Deductible Levels
- Minimum Value Plan Options Include **H100 5000 Plan**
- Office Visit, Hospital/ER and Prescription Copays
- 100% Coverage for Preventive Services, Outpatient Lab and Diabetic Testing Supplies
- Integrated Wellness Program, Reward Incentives and Patient Care Coordination at no additional cost

HealthyValue

- Cost-saving Plan Designs
- Higher Deductible Levels / Variations of Co-insurance
- Minimum Value Plan Options Include **HV 6850 Plan**
- Office Visit, Hospital/ER and Prescription Copays
- 100% Coverage for Preventive Services, Outpatient Lab and Diabetic Testing Supplies
- Integrated Wellness Program, Reward Incentives and Patient Care Coordination at no additional cost

HealthyConsumer

- Qualified HDHP Plan Designs for HRA / HSA integration
- Higher Deductibles (Embedded) and 100% Co-insurance
- Minimum Value Plan Options Include **HCons 6500 Plan**
- Preventive Services are covered at 100%
- Office Visit and Prescription Copays apply once Elected Deductible is met
- Integrated Wellness Program, Reward Incentives and Patient Care Coordination at no additional cost

HealthyEssentials

Available for groups with 50+ full time eligible, our HealthyEssentials Minimum Essential Coverage (MEC) plans are designed to supplement our Minimum Value and buy-up major medical plans as a “wellness and preventive services only” plan design. Consult your Lifestyle Health sales representative if you would like to learn more about our MEC products.

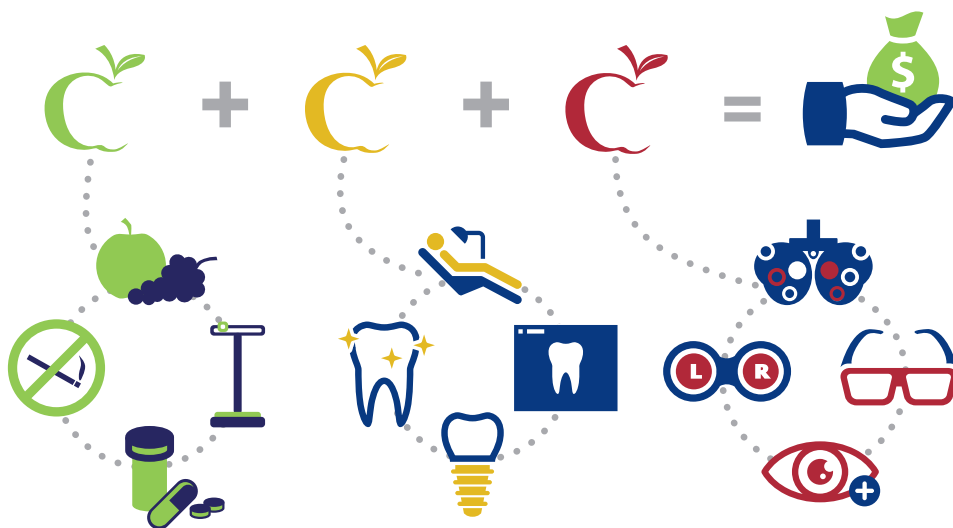
Turnkey Medical, Dental and Vision

Lifestyle Health Plans is your starting point for great group health benefits, built on a Level Funded insurance platform and integrating many of the consumer-driven features that will differentiate your medical benefits program for years to come.

But the benefits do not stop at medical alone - Lifestyle now offers unique Dental and Vision programs that are specifically designed to compliment our wellness-inspired group health benefits program.

It's a fact that preventive dental and vision care are tools that often assist with the early detection of serious diseases or conditions. Early detection is vital in addressing potential health risks, as well as improving health and productivity.

Under the turnkey administration of Medova Healthcare as administering TPA, you now have the option to offer medical, dental and vision benefits in one package - simplifying the benefit process across the board.



Bundle Products and Save More!

Dental and vision benefits do not need to be complicated and our program is designed with some straightforward, cost-competitive plan designs to best meet the needs of your employees and their families.

The Lifestyle Dental and Vision products are available as stand-alone products for groups with 25 or more eligible employees. In order to have access to our Dental and Vision Programs at the Bundled Rates, you must offer Lifestyle Health Plans as the major medical product for your group.



Benefit Features:	HealthyChoice 1000	HealthyChoice 1500	HealthyChoice 2000	HealthyChoice 2500
Deductible	\$1,000 Single / \$2,000 Family	\$1,500 Single / \$3,000 Family	\$2,000 Single / \$4,000 Family	\$2,500 Single / \$5,000 Family
Lifestyle Deductible <small>(Reduced Deductible based on wellness points earned)</small>	\$500 Single / \$1,000 Family	\$500 Single / \$1,000 Family	\$500 Single / \$1,000 Family	\$500 Single / \$1,000 Family
Co-insurance	80/20	80/20	80/20	80/20
Co-insurance Maximum	\$2,500 Single / \$5,000 Family	\$2,500 Single / \$5,000 Family	\$2,500 Single / \$5,000 Family	\$2,500 Single / \$5,000 Family
Out-of-Pocket Maximum <small>(OOP Max does not include copays and Rx Copays)</small>	\$3,500 Single / \$7,000 Family	\$4,000 Single / \$8,000 Family	\$4,500 Single / \$9,000 Family	\$5,000 Single / \$10,000 Family
Preventive Services	100%	100%	100%	100%
Physician Services - Primary Care Office Visit - Specialist Office Visit - Physician & Surgeon Professional Services - Anesthesia Services (Physician / CRNA)	\$30 Copay \$50 Copay Deductible / Co-insurance Deductible / Co-insurance	\$30 Copay \$50 Copay Deductible / Co-insurance Deductible / Co-insurance	\$30 Copay \$50 Copay Deductible / Co-insurance Deductible / Co-insurance	\$30 Copay \$50 Copay Deductible / Co-insurance Deductible / Co-insurance
Telephonic Physician Consultations	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Outpatient Lab	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance
Outpatient Radiology and Imaging - Physician Office / Freestanding Imaging Ctr. - Hospital Outpatient	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance \$500 Copay, then Deductible / Co-insurance	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance \$500 Copay, then Deductible / Co-insurance	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance \$500 Copay, then Deductible / Co-insurance	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance \$500 Copay, then Deductible / Co-insurance
Diabetic Supplies	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance
Allergy Treatment	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit
Outpatient Rehab & Therapy	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Chiropractic Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Emergency Services - Hospital ER (Facility Charge Only) - Urgent Care / ER Professional Services - Ambulance - Air Ambulance	Copay waived if admitted \$250 Copay, then Deductible / Co-insurance \$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance	Copay waived if admitted \$250 Copay, then Deductible / Co-insurance \$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance	Copay waived if admitted \$250 Copay, then Deductible / Co-insurance \$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance	Copay waived if admitted \$250 Copay, then Deductible / Co-insurance \$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance Deductible / Co-insurance Deductible / Co-insurance
Outpatient Surgical Procedures - Physician Office / Freestanding Surgery Ctr. - Hospital Outpatient	Pre-certification required prior to scheduling, Deductible / Co-insurance \$1,000 Copay per visit, then Deductible / Co-insurance	Pre-certification required prior to scheduling, Deductible / Co-insurance \$1,000 Copay per visit, then Deductible / Co-insurance	Pre-certification required prior to scheduling, Deductible / Co-insurance \$1,000 Copay per visit, then Deductible / Co-insurance	Pre-certification required prior to scheduling, Deductible / Co-insurance \$1,000 Copay per visit, then Deductible / Co-insurance
Inpatient Hospitalization - Medical Facility Services - Anesthesiologist & Surgeon Fees	Deductible / Co-insurance Deductible / Co-insurance	Deductible / Co-insurance Deductible / Co-insurance	Deductible / Co-insurance Deductible / Co-insurance	Deductible / Co-insurance Deductible / Co-insurance
Home Health, Skilled Nursing & Hospice Care	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Mental Health & Substance Abuse	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Durable Medical Equipment	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Prescription Drug Benefits - Generic - Brand / Non-Preferred Brand / Specialty	\$1 Copay / \$15 Copay \$50 Copay / \$80 Copay / 50%	\$1 Copay / \$15 Copay \$50 Copay / \$80 Copay / 50%	\$1 Copay / \$15 Copay \$50 Copay / \$80 Copay / 50%	\$1 Copay / \$15 Copay \$50 Copay / \$80 Copay / 50%

NOTE: This outline is intended as a brief overview of the actual plan and represents In-network benefit levels. The In-network Out-of-Pocket Maximum (including deductible, co-insurance, copays and Rx copays) for each plan is \$6,850 Single / \$13,700 Family. Out-of-network deductibles are 2x In-network Deductible. Out-of-network Co-insurance percentage and out-of-pocket amounts vary by plan selection. Please refer to your Plan Summary Document (SPD) for the actual benefits, limitations, and exclusions. If there is any inconsistency between this outline and the SPD, the SPD shall govern. You may request a SPD from Lifestyle Health Plans or your sales representative. Certain procedures require pre-certification prior to scheduling in order to qualify for benefits. Failure to do so will result in penalties and/or non coverage of services.

Benefit Features:	Healthy100 2500	Healthy100 3000	Healthy100 3500	Healthy100 5000
Deductible	\$2,500 Single / \$5,000 Family	\$3,000 Single / \$6,000 Family	\$3,500 Single / \$7,000 Family	\$5,000 Single / \$10,000 Family
Lifestyle Deductible (Reduced Deductible based on wellness points earned)	\$500 Single / \$1,000 Family	\$500 Single / \$1,000 Family	\$500 Single / \$1,000 Family	\$500 Single / \$1,000 Family
Co-insurance	None	None	None	None
Co-insurance Maximum	No Co-insurance Responsibility	No Co-insurance Responsibility	No Co-insurance Responsibility	No Co-insurance Responsibility
Out-of-Pocket Maximum (OOP Max does not include copays and Rx Copays)	\$2,500 Single / \$5,000 Family	\$3,000 Single / \$6,000 Family	\$3,500 Single / \$7,000 Family	\$5,000 Single / \$10,000 Family
Preventive Services	100%	100%	100%	100%
Physician Services				
- Primary Care Office Visit	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
- Specialist Office Visit	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
- Physician & Surgeon Professional Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Anesthesia Services (Physician / CRNA)	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Telephonic Physician Consultations	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Outpatient Lab	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance
Outpatient Radiology and Imaging				
- Physician Office / Freestanding Imaging Ctr.	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance
- Hospital Outpatient	\$500 Copay, then Deductible / Co-insurance	\$500 Copay, then Deductible / Co-insurance	\$500 Copay, then Deductible / Co-insurance	\$500 Copay, then Deductible / Co-insurance
Diabetic Supplies	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance
Allergy Treatment	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit
Outpatient Rehab & Therapy	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Chiropractic Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Emergency Services				
- Hospital ER (Facility Charge Only)	Copay waived if admitted	Copay waived if admitted	Copay waived if admitted	Copay waived if admitted
- Urgent Care / ER Professional Services	\$250 Copay, then Deductible / Co-insurance	\$250 Copay, then Deductible / Co-insurance	\$250 Copay, then Deductible / Co-insurance	\$250 Copay, then Deductible / Co-insurance
	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance
- Ambulance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Air Ambulance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Outpatient Surgical Procedures				
- Physician Office / Freestanding Surgery Ctr.	Pre-certification required prior to scheduling, Deductible / Co-insurance	Pre-certification required prior to scheduling, Deductible / Co-insurance	Pre-certification required prior to scheduling, Deductible / Co-insurance	Pre-certification required prior to scheduling, Deductible / Co-insurance
- Hospital Outpatient	\$1,000 Copay per visit, then Deductible / Co-insurance	\$1,000 Copay per visit, then Deductible / Co-insurance	\$1,000 Copay per visit, then Deductible / Co-insurance	\$1,000 Copay per visit, then Deductible / Co-insurance
Inpatient Hospitalization				
- Medical Facility Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Anesthesiologist & Surgeon Fees	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Home Health, Skilled Nursing & Hospice Care	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Mental Health & Substance Abuse	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Durable Medical Equipment	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Prescription Drug Benefits				
- Generic	\$1 Copay / \$15 Copay	\$1 Copay / \$15 Copay	\$1 Copay / \$15 Copay	\$1 Copay / \$15 Copay
- Brand / Non-Preferred Brand / Specialty	\$50 Copay / \$80 Copay / 50%	\$50 Copay / \$80 Copay / 50%	\$50 Copay / \$80 Copay / 50%	\$50 Copay / \$80 Copay / 50%

NOTE: This outline is intended as a brief overview of the actual plan and represents In-network benefit levels. The In-network Out-of-Pocket Maximum (including deductible, co-insurance, copays and Rx copays) for each plan is \$6,850 Single / \$13,700 Family. Out-of-network deductibles are 2x In-network Deductible. Out-of-network Co-Insurance percentage and out-of-pocket amounts vary by plan selection. Please refer to your Plan Summary Document (SPD) for the actual benefits, limitations, and exclusions. If there is any inconsistency between this outline and the SPD, the SPD shall govern. You may request a SPD from Lifestyle Health Plans or your sales representative. Certain procedures require pre-certification prior to scheduling in order to qualify for benefits. Failure to do so will result in penalties and/or non coverage of services.



Benefit Features:	HealthyValue 2500	HealthyValue 3500	HealthyValue 6850	HealthyValue 10,000
Deductible	\$2,500 Single / \$5,000 Family	\$3,500 Single / \$7,000 Family	\$6,850 Single / \$13,700 Family	\$10,000 Single / \$20,000 Family
Lifestyle Deductible (Reduced Deductible based on wellness points earned)	\$500 Single / \$1,000 Family	\$500 Single / \$1,000 Family	\$500 Single / \$1,000 Family	\$500 Single / \$1,000 Family
Co-insurance	50/50	50/50	None	None
Co-insurance Maximum	\$3,000 Single / \$6,000 Family	\$2,500 Single / \$5,000 Family	No Co-insurance Responsibility	No Co-insurance Responsibility
Out-of-Pocket Maximum (OOP Max does not include copays and Rx Copays)	\$5,500 Single / \$11,000 Family	\$6,000 Single / \$12,000 Family	\$6,850 Single / \$13,700 Family	\$10,000 Single / \$20,000 Family
Preventive Services	100%	100%	100%	100%
Physician Services				
- Primary Care Office Visit	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
- Specialist Office Visit	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
- Physician & Surgeon Professional Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Anesthesia Services (Physician / CRNA)	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Telephonic Physician Consultations	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Outpatient Lab	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance
Outpatient Radiology and Imaging	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance	Pre-certification required prior to scheduling for MRI, CT, PET and Nuclear Imaging, then Deductible / Co-insurance
- Physician Office / Freestanding Surgery Ctr.	\$500 Copay, then Deductible / Co-insurance	\$500 Copay, then Deductible / Co-insurance	\$500 Copay, then Deductible / Co-insurance	\$500 Copay, then Deductible / Co-insurance
- Hospital Outpatient				
Diabetic Supplies	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance	100% if preferred vendor, otherwise Deductible / Co-insurance
Allergy Treatment	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit	\$25 Copay, then 100% to \$100 per visit
Outpatient Rehab & Therapy	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Chiropractic Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Emergency Services	Copay waived if admitted	Copay waived if admitted	Copay waived if admitted	Copay waived if admitted
- Hospital ER (Facility Charge Only)	\$250 Copay, then Deductible / Co-insurance	\$250 Copay, then Deductible / Co-insurance	\$250 Copay, then Deductible / Co-insurance	\$250 Copay, then Deductible / Co-insurance
- Urgent Care / ER Professional Services	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance	\$50 Copay, then 100% to \$500 per visit, then Deductible / Co-insurance
- Ambulance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Air Ambulance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Outpatient Surgical Procedures	Pre-certification required prior to scheduling, Deductible / Co-insurance	Pre-certification required prior to scheduling, Deductible / Co-insurance	Pre-certification required prior to scheduling, Deductible / Co-insurance	Pre-certification required prior to scheduling, Deductible / Co-insurance
- Physician Office / Freestanding Imaging Ctr.	\$1,000 Copay per visit, then Deductible / Co-insurance	\$1,000 Copay per visit, then Deductible / Co-insurance	\$1,000 Copay per visit, then Deductible / Co-insurance	\$1,000 Copay per visit, then Deductible / Co-insurance
- Hospital Outpatient				
Inpatient Hospitalization				
- Medical Facility Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Anesthesiologist & Surgeon Fees	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Home Health, Skilled Nursing & Hospice Care	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Mental Health & Substance Abuse	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Durable Medical Equipment	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Prescription Drug Benefits				
- Generic	\$1 Copay / \$15 Copay	\$1 Copay / \$15 Copay	\$1 Copay / \$15 Copay	\$1 Copay / \$15 Copay
- Brand / Non-Preferred Brand / Specialty	\$50 Copay / \$80 Copay / 50%	\$50 Copay / \$80 Copay / 50%	\$50 Copay / \$80 Copay / 50%	\$50 Copay / \$80 Copay / 50%

NOTE: This outline is intended as a brief overview of the actual plan and represents In-network benefit levels. The In-network Out-of-Pocket Maximum (including deductible, co-insurance, copays and Rx copays) for each plan is \$6,850 Single / \$13,700 Family, except for the HealthyValue 10,000 Plan. Out-of-network deductibles are 2x In-network Deductible. Out-of-network Co-Insurance percentage and out-of-pocket amounts vary by plan selection. Please refer to your Plan Summary Document (SPD) for the actual benefits, limitations, and exclusions. If there is any inconsistency between this outline and the SPD, the SPD shall govern. You may request a SPD from Lifestyle Health Plans or your sales representative. Certain procedures require pre-certification prior to scheduling in order to qualify for benefits. Failure to do so will result in penalties and/or non coverage of services.



Benefit Features:	HealthyConsumer 3000	HealthyConsumer 3500	HealthyConsumer 5000	HealthyConsumer 6500
Deductible	\$3,000 Single / \$6,000 Family (Embedded Deductible)	\$3,500 Single / \$7,000 Family (Embedded Deductible)	\$5,000 Single / \$10,000 Family (Embedded Deductible)	\$6,500 Single / \$13,000 Family (Embedded Deductible)
Lifestyle Deductible (Reduced Deductible based on wellness points earned)	\$500 Single / \$1,000 Family	\$500 Single / \$1,000 Family	\$500 Single / \$1,000 Family	\$500 Single / \$1,000 Family
Co-insurance	None	None	None	None
Co-insurance Maximum	No Co-insurance Responsibility	No Co-insurance Responsibility	No Co-insurance Responsibility	No Co-insurance Responsibility
Out-of-Pocket Maximum (OOP Max does not include copays and Rx Copays)	\$3,000 Single / \$6,000 Family	\$3,500 Single / \$7,000 Family	\$5,000 Single / \$10,000 Family	\$6,500 Single / \$13,000 Family
Preventive Services	100%	100%	100%	100%
Physician Services	After Deductible	After Deductible	After Deductible	After Deductible
- Primary Care Office Visit	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
- Specialist Office Visit	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
- Physician & Surgeon Professional Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Anesthesia Services (Physician / CRNA)	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Telephonic Physician Consultations	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Outpatient Lab	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Outpatient Radiology and Imaging				
- Physician Office / Freestanding Imaging Ctr.	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Hospital Outpatient	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Diabetic Supplies	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Allergy Treatment	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Outpatient Rehab & Therapy	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Chiropractic Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Emergency Services				
- Hospital ER (Facility Charge Only)	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Urgent Care / ER Professional Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Ambulance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Air Ambulance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Outpatient Surgical Procedures				
- Physician Office / Freestanding Surgery Ctr.	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Hospital Outpatient	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Inpatient Hospitalization				
- Medical Facility Services	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
- Anesthesiologist & Surgeon Fees	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Home Health, Skilled Nursing & Hospice Care	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Mental Health & Substance Abuse	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Durable Medical Equipment	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance	Deductible / Co-insurance
Prescription Drug Benefits	After Deductible	After Deductible	After Deductible	After Deductible
- Generic	\$1 Copay / \$15 Copay	\$1 Copay / \$15 Copay	\$1 Copay / \$15 Copay	\$1 Copay / \$15 Copay
- Brand / Non-Preferred Brand / Specialty	\$50 Copay / \$80 Copay / 50%	\$50 Copay / \$80 Copay / 50%	\$50 Copay / \$80 Copay / 50%	\$50 Copay / \$80 Copay / 50%

NOTE: This outline is intended as a brief overview of the actual plan and represents In-network benefit levels. The In-network Out-of-Pocket Maximum (including deductible, co-insurance, copays and Rx copays) for each plan is \$6,550 Single / \$13,100 Family. Out-of-network deductibles are 2x In-network Deductible. Out-of-network Co-Insurance percentage and out-of-pocket amounts vary by plan selection. Please refer to your Plan Summary Document (SPD) for the actual benefits, limitations, and exclusions. If there is any inconsistency between this outline and the SPD, the SPD shall govern. You may request a SPD from Lifestyle Health Plans or your sales representative. Certain procedures require pre-certification prior to scheduling in order to qualify for benefits. Failure to do so will result in penalties and/or non coverage of services.



Lifestyle Dental Plans

Get to know Lifestyle Dental Plans! Lifestyle Dental Plans are specifically designed to complement our wellness-inspired group health benefits program. Lifestyle Dental is your starting point for great group dental benefits, integrated into a program focused on prevention, lifestyle change and health improvement. In fact, dental care and routine dental exams often assist with the early detection of serious diseases or conditions.

Dental coverage is important - without it many employees may never visit the dentist at all. Our Dental Plans are designed to offer all that you will need in terms of prevention, basic and major dental procedures, as well as orthodontia. Dental benefits do not need to be complicated and our program is designed with some straightforward, cost-competitive plan designs - in the same wellness-inspired spirit of our medical and vision programs.



2017 Standard Plans

Dental Plan Benefits		DentalCare 1000	DentalCare 1500
Preventive Procedures (Every 6 months) Fluoride Treatments (under age 19), Cleanings, Periodic Exams, X-rays	Benefit Year Deductible: Plan Co-insurance:	\$0 100%	\$0 100%
Deductible Applies to Basic & Major Procedures Only		\$50 per person annual x 3	\$50 per person annual x 3
Basic Procedures Simple Extractions, Fillings, Root Canals	Plan Co-insurance:	80%	80%
Major Procedures Surgical Extraction of Teeth, Bridges & Crowns, Dentures, Partials, Implants	Plan Co-insurance:	50%	50%
Benefit Year Maximum Includes Preventive, Basic, & Major Procedures	Benefit Year Maximum:	\$1,000 per covered person	\$1,500 per covered person
Orthodontics (Children under the age of 19 only)	Benefit Maximum: Plan Co-insurance: Vesting Period:	\$1,000 Lifetime 50% 1 year prior ortho coverage	\$1,000 Lifetime 50% 1 year prior ortho coverage

Underwritten by Midlands Casualty Insurance Company.
Benefits Administered by Medova Healthcare Financial Group.

Aetna Dental® Administrators

NOTES:

- See summary plan document for coverage details and limitations.
- Above dental plan benefits illustrated are for In-network benefits.
- In-network benefits provided by *Aetna Dental Access® / Aetna Administrators®*.
- Non-network claims allowed at 80% of U&C.
- Dental plan benefits and rates are based on a minimum of 3 enrolled employees, and are not valid if the final enrollment is below the minimum threshold.
- Plan rate schedule effective 5/1/17 through 12/31/17.

2017 Dental Plan Rates

DentalCare 1000 (\$1000 ANNUAL MAXIMUM)

Area	EE		ES		EC		Family		Area
	With Lifestyle Health Participation	Stand Alone Voluntary *	With Lifestyle Health Participation	Stand Alone Voluntary *	With Lifestyle Health Participation	Stand Alone Voluntary *	With Lifestyle Health Participation	Stand Alone Voluntary *	
1	\$18.11	\$20.83	\$43.42	\$49.93	\$51.42	\$59.13	\$64.94	\$74.68	1
2	\$19.82	\$22.79	\$47.50	\$54.62	\$56.25	\$64.69	\$71.05	\$81.70	2
3	\$21.52	\$24.75	\$51.58	\$59.32	\$61.09	\$70.25	\$77.15	\$88.72	3
4	\$23.22	\$26.70	\$55.66	\$64.01	\$65.92	\$75.81	\$83.26	\$95.74	4
5	\$24.92	\$28.66	\$59.74	\$68.70	\$70.75	\$81.36	\$89.36	\$102.77	5
6	\$26.63	\$30.62	\$63.82	\$73.40	\$75.59	\$86.92	\$95.47	\$109.79	6
7	\$29.41	\$33.83	\$70.51	\$81.09	\$83.50	\$96.03	\$105.47	\$121.29	7
8	\$32.60	\$37.49	\$78.15	\$89.87	\$92.55	\$106.44	\$116.90	\$134.43	8

DentalCare 1500 (\$1500 ANNUAL MAXIMUM)

Area	EE		ES		EC		Family		Area
	With Lifestyle Health Participation	Stand Alone Voluntary *	With Lifestyle Health Participation	Stand Alone Voluntary *	With Lifestyle Health Participation	Stand Alone Voluntary *	With Lifestyle Health Participation	Stand Alone Voluntary *	
1	\$24.10	\$27.71	\$52.34	\$60.19	\$61.77	\$71.04	\$72.70	\$83.61	1
2	\$26.36	\$30.32	\$57.26	\$65.85	\$67.58	\$77.71	\$79.53	\$91.46	2
3	\$28.63	\$32.92	\$62.18	\$71.51	\$73.38	\$84.39	\$86.37	\$99.32	3
4	\$30.89	\$35.53	\$67.10	\$77.17	\$79.19	\$91.07	\$93.20	\$107.18	4
5	\$33.16	\$38.13	\$72.02	\$82.83	\$85.00	\$97.75	\$100.04	\$115.04	5
6	\$35.42	\$40.74	\$76.94	\$88.48	\$90.80	\$104.42	\$106.87	\$122.90	6
7	\$39.13	\$45.00	\$85.00	\$97.75	\$100.32	\$115.36	\$118.06	\$135.77	7
8	\$43.38	\$49.88	\$94.22	\$108.35	\$111.19	\$127.87	\$130.86	\$150.49	8

* Voluntary Dental is available to groups with 25 or more eligible employees.

Disclosure Details

Covered Expenses will not include and no benefits will be payable for expenses incurred:

- for any procedure begun before the plan member was covered under the dental plan.
- for orthodontic treatment that is begun on or after the member's 19th birthday or began prior to being covered by this or another orthodontic coverage for at least 12 consecutive months.
- for any treatment which is for cosmetic purposes, except as specifically listed in the summary of plan benefits.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under

the dental expense benefit, it will be a Covered Expense.

- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun after the member's dental benefits under this plan terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's dental benefits under this plan terminates
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to alter vertical

dimension, restore or maintain occlusion, splint or replace tooth structure lost because of abrasion or attrition.

- for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- for any procedure which is not shown on the summary of dental benefits.

State Area Classifications*

State	Area Tier
Alabama	2
Alaska	8
Arizona	5
Arkansas	1
Colorado	5
Connecticut	8
Georgia	2
Illinois	3
Indiana	2
Iowa	1
Kansas	2
Kentucky	1
Louisiana	3
Michigan	4
Mississippi	1
Missouri	1
Nebraska	1
Nevada	7
New Jersey	8
New Mexico	5
New York	8
North Carolina	3
Ohio	3
Oklahoma	1
Pennsylvania	5
South Carolina	2
South Dakota	1
Tennessee	1
Texas	3
Utah	4
Virginia	6
Washington	5
West Virginia	1
Wisconsin	3
Wyoming	5

* Lifestyle Dental is available in the above mentioned states. Check with your Lifestyle sales representative for product approval and availability.



Lifestyle Vision Plans

Lifestyle Vision Plans has teamed up with VSP® Vision Care to provide you competitive vision plans specifically designed to complement our wellness-inspired group health benefits program. We all know that vision care and routine vision exams can assist with the early detection of serious diseases or conditions. Lifestyle Vision is your answer to competitive vision coverage, integrated into a program focused on prevention, lifestyle change and health improvement.

Our Vision Plans are designed to offer all that you and your family will need in terms of annual eye exams, lenses, frames and contact lenses. Lifestyle Vision offers you two cost-competitive plan designs with both In-network and Non-network benefits - in the same wellness-inspired spirit of our medical and dental programs.

Underwritten by Midlands Casualty Insurance Company.
Benefits Administered by Vision Service Plan (VSP).



2017 Standard Plans

Vision Plans	VSP VisionCare 120		VSP VisionCare 150	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Plan Benefits				
WellVision Exam® Annual Eye Exam	Every 12 Months \$10 Copay	Every 12 Months Up to \$45 Per Exam	Every 12 Months \$10 Copay	Every 12 Months Up to \$45 Per Exam
Prescription Glasses - Frames Standard Frame Allowance Featured Frame Brand Allowance Frames Purchased through Costco	Every 24 Months \$25 Copay, Up to \$120 \$25 Copay, Up to \$140 \$25 Copay, Up to \$70	Every 24 Months Up to \$70 Up to \$70 Up to \$70	Every 24 Months \$25 Copay, Up to \$150 \$25 Copay, Up to \$170 \$25 Copay, Up to \$70	Every 24 Months Up to \$70 Up to \$70 Up to \$70
Prescription Glasses - Lenses Single Vision, Lined Bifocal and Lined Trifocal Lenses Polycarbonate Lenses for Dependent Children	Every 12 Months 100% Covered 100% Covered	Every 12 Months Up to \$30, \$50 and \$65 (N/A)	Every 12 Months 100% Covered 100% Covered	Every 12 Months Up to \$30, \$50 and \$65 (N/A)
Lens Enhancements Standard Progressive Lens Allowance Premium Progressive Lens Allowance Custom Progressive Lens Allowance	Every 12 Months \$55 \$95 - \$105 \$150 - \$175	Every 12 Months Up to \$50 Up to \$50 Up to \$50	Every 12 Months \$55 \$95 - \$105 \$150 - \$175	Every 12 Months Up to \$50 Up to \$50 Up to \$50
Contacts Contact Lens Exam (fitting and evaluation) Contact Lens Allowance (instead of glasses)	Every 12 Months Up to \$60 No Copay, Up to \$120	Every 12 Months (N/A) No Copay, Up to \$105	Every 12 Months Up to \$60 No Copay, Up to \$150	Every 12 Months (N/A) No Copay, Up to \$105

NOTES:

- See summary plan document for coverage details and limitations.
- Benefit variances illustrated for both in-network and non-network benefits.
- In-network benefits provided by *VSP Vision Care (Vision Service Plan)*.
- To find a VSP provider, visit vsp.com or call 1-800-877-7195.
- Visit vsp.com if you plan to see a provider other than an in-network provider.
- Non-network claims paid per benefit schedule for services at non-network optometry providers.
- Contact lenses are in lieu of other frame / lens benefits.
- Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details.
- Plan benefits and rates are based on a minimum of 3 enrolled employees, and are not valid if the final enrollment is below the minimum threshold.
- Plan selection is limited to one plan design offered per employer group.
- Plan rate schedule effective 5/1/17 through 12/31/17.

Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.