
Carnegie Financial

Standard BasicCareä Limited-Medical Product

Who is it right for:

- Employers with 51+ non-eligible employees, those that do not meet the requirements for the employers group plan
- Part-timers, seasonal/temporary employees, full-time hourly employees, etc.
- Can be offered on a voluntary OR employer-sponsored basis (discounts for employer sponsorship)

Plan:

- Group, guarantee-issue product that is filed and approved in 43 states
- COBRA-eligible and HIPAA-compliant (Carrier administers both at no additional cost to the employer)
- NO pre-existing conditions limitation
- 8 traditional-style plans using Beech Street's PPO
- Simple plan designs: easy to explain, understand, and administer
- Basic Dental, Life, STD benefits available with NO minimum participation requirement

Plan Considerations:

- Need 51+ eligibles to quote, and at least 20 to enroll to offer coverage
- Demonstration rates assume average age of eligibles is 40 or under
- No caveats regarding percentage of female employees or company's turnover rate
- No pre-existing condition limitations; guaranteed-issue underwriting

Administration:

- Employees pay via payroll deduction
- All employers can utilize Monthly Electronic Invoicing (MEI) for easy monthly billing
- Larger employers can use MEI or Electronic "Payroll File Exchange" process
- Carrier handles COBRA and HIPAA administration at no additional cost

Standard BasicCareä Plan Designs (PAGE 1 of 2)

BENEFIT	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8
Inpatient Benefits - Illness								
Maximum benefit per coverage year	\$5,000	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$20,000	\$25,000
Room & Board, per day limitations	\$150	\$200	\$400	\$500	\$750	\$1,000	\$1,200	\$1,500
Surgeons' Fees, per coverage year	N/A	\$1,000	\$1,000	\$1,500	\$2,000	\$2,000	\$2,500	\$3,000
Anesthesiologists' Fees, per coverage year	N/A	\$200	\$200	\$300	\$400	\$400	\$500	\$600
Benefit % paid by plan	N/A	70%	70%	70%	70%	70%	70%	70%
Inpatient Benefits – Accident								
Maximum benefit per coverage year	\$5,000	\$5,000	\$5,000	\$7,500	\$7,500	\$10,000	\$12,500	\$15,000
Benefit % paid by plan	\$300/day	70%	70%	70%	70%	70%	70%	70%
Outpatient Benefits								
Outpatient Maximum benefit per coverage year	\$950*	\$500	\$750	\$1,000	\$1,500	\$1,500	\$2,000	\$2,500
Outpatient Benefit % paid by plan	70%	70%	70%	70%	70%	70%	70%	70%
Physician Office Visit Co-Pay	\$15	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Physician Office Visit Benefit % paid by plan	100%	100%	100%	100%	100%	100%	100%	100%
Wellness Benefit								
Wellness Maximum benefit per coverage year	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Wellness Office Visit Co-pay	\$15	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Wellness Office Visit Benefit % paid by plan	100%	100%	100%	100%	100%	100%	100%	100%
Emergency Room Benefits								
Illness: Maximum benefit per visit (max. three visits/year)	\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit
Accident: Maximum benefit per visit (max. two visits/year)	\$500 per visit	\$500 per visit	\$500 per visit	\$500 per visit	\$500 per visit	\$500 per visit	\$500 per visit	\$500 per visit
Emergency Room Benefit % paid by plan	100%	100%	100%	100%	100%	100%	100%	100%
Prescription Drug Card Benefits (Express Scripts)								
Generic Drug Co-pay	\$5	\$5	\$5	\$10	\$10	\$10	\$15	\$15
Generic Drug maximum benefit per coverage year	\$200	\$500	\$750	\$500	\$750	\$1,000	\$1,500	\$2,000
Brand Drug Co-pay	Discount	Discount	Discount	\$40	\$40	\$40	\$40	\$40
Brand Drug maximum benefit per coverage year	Discount	Discount	Discount	\$200	\$250	\$300	\$450	\$500
Vision Benefits								
VSP discount plan	Included	Included	Included	Included	Included	Included	Included	Included
Monthly Rates (Assumes No Employer Contribution)								
Employee Only	\$51.74	\$63.57	\$81.29	\$102.70	\$128.18	\$137.93	\$159.99	\$188.54
Employee Plus Spouse	\$109.16	\$134.12	\$171.51	\$216.71	\$270.44	\$291.03	\$337.57	\$397.80
Employee Plus One Child	\$77.61	\$95.38	\$121.94	\$154.05	\$192.27	\$206.92	\$239.98	\$282.79
Employee Plus Children	\$130.91	\$160.85	\$205.66	\$259.83	\$324.31	\$348.96	\$404.78	\$476.97
Employee Plus Family	\$173.85	\$213.59	\$273.13	\$345.06	\$430.69	\$463.45	\$537.55	\$633.45

- **Minimum group size:** 51+ eligibles to quote, and at least 20 medical enrollees required to offer coverage.
 - **Discounts available:** Plans 1-8, if the Employer contributes at least 50% of employee premium.
 - **The above rates:** Are valid for qualifying groups only, with effective dates up to and including 10/1/08
- (CONTINUED, OVER)**

Standard BasicCareä Plan Designs (PAGE 2 of 2)

BENEFIT	Plan 9	Plan 10	Plan 11	Plan 12
Inpatient Benefits - Illness				
Maximum benefit per coverage year	\$30,000	\$35,000	\$40,000	\$50,000
Room & Board, per day limitation	\$2,000	\$2,000	\$2,000	\$2,500
Surgeons' Fees, per coverage year	\$3,500	\$3,500	\$4,000	\$4,000
Anesthesiologists' Fees, per coverage year	\$700	\$700	\$800	\$800
Other Hospital Fees, per coverage year	\$1,500	\$3,000	\$4,000	\$7,000
Benefit % paid by plan	70%	70%	70%	70%
Inpatient Benefits – Accident				
Maximum benefit per coverage year	\$17,500	\$20,000	\$22,500	\$25,000
Benefit % paid by plan	70%	70%	70%	70%
Outpatient Benefits				
Outpatient Maximum benefit per coverage year	\$2,500	\$3,000	\$3,500	\$3,500
Outpatient Benefit % paid by plan	70%	70%	70%	70%
Physician Office Visit Co-Pay	\$20	\$20	\$20	\$20
Physician Office Visit Benefit % paid by plan	100%	100%	100%	100%
Wellness Benefit				
Wellness Maximum benefit per coverage year	\$100	\$100	\$100	\$100
Wellness Office Visit Co-pay	\$20	\$20	\$20	\$20
Wellness Office Visit Benefit % paid by plan	100%	100%	100%	100%
Emergency Room Benefits				
Illness: Maximum benefit per visit (max. three visits/year)	\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit
Accident: Maximum benefit per visit (max. two visits/year)	\$1,000 per visit	\$1,500 per visit	\$1,500 per visit	\$1,500 per visit
Emergency Room Benefit % paid by plan	100%	100%	100%	100%
Prescription Drug Card Benefits (Express Scripts)				
Generic Drug Co-pay	\$10	\$10	\$10	\$10
Generic Drug maximum benefit per coverage year	\$5,000	\$5,000	\$5,000	\$5,000
Brand Drug Co-pay	\$40	\$40	\$40	\$40
Brand Drug maximum benefit per coverage year	\$1,000	\$1,000	\$1,000	\$1,000
Vision Benefits				
VSP discount plan	Included	Included	Included	Included
Monthly Rates				
Minimum Employer Contribution PEPM	Case-specific	Case-specific	Case-specific	Case-specific
Minimum Hours Worked Per Week	\$87.00	\$109.00	\$130.00	\$130.00
Average Hourly Wage of Eligible Group	30	30	30	30
Maximum Average Age of Eligible Group	\$12.00	\$15.00	\$15.00	\$20.00
Minimum # Medical Enrollees Required	40	Census reqd.	Census reqd.	Census reqd.
	20	50	50	50

Plans 9-12 have special quoting and underwriting considerations due to their higher benefit levels