The Secure Plans

through The Loomis Company

Savings Simplified

Level Premium Self-Funded Medical Coverage
Featuring Reference Based Pricing

Administered by

LOOMIS
THE LOOMIS COMPANY

www.SecurePlans.Info

The Secure Plans

Why Self-Fund?

There's nothing wrong with traditional health care coverage. You pay a monthly fee and outsource all your medical plan needs to an insurance company or HMO. You know what you'll pay each year and your carrier does all the work. But, when claims are less than expected who keeps the savings? With traditional coverage, the answer is the insurance carrier, not you.

Fortunately, you have another option: fixed-cost self-funded medical coverage. You pay a monthly fee and outsource all your health plan administration. You know what you'll pay each year and your third party administrator does all the work. Best of all, when claims are less than anticipated, you—not the carrier—keep the savings.

Self-funding delivers other advantages, too. You can offer the same plan to employees in different states because self-funded plans are governed by federal law. And the monthly cost is often comparable to—or less—than traditional insurance.

With great advantages comes great responsibility. With self-funded health plans, you (the plan sponsor) are responsible for claims. That's why "pure" self-insurance is better suited for extremely large companies with big pockets. For the rest of us, it makes sense to cap claims liability with stop-loss coverage.

Upside opportunity. Downside protection.

That's the beauty of self-funding with stop-loss coverage. When claims are higher than expected you're protected; when they're lower you reap the savings.

Keep the savings or gift it to an insurance company.

The choice is really that simple.

Why the Secure Plans?

Self-funding can be complicated, but it doesn't have to be. We've designed the Secure Plans to make things easy and straightforward.

And while self-funding carries some risks, the Secure Plans keep things safe by limiting exposure to high claims, delivering comprehensive benefits, and encouraging preventive care.

Safe

Claims, billing and other operations are provided through The Loomis Company, one of the nation's largest third partyadministrators. Stop-loss coverage is provided by highly rated carriers on which you can rely.

Simple

Quality PPO plans. Quality national networks, too. Standard plan designs. Keeping things consistent keep things simple.

Fixed-Cost

Your monthly costs are determined up-front. Your responsibility for claims is capped, too. And composite rates mean you know the medical premium of new hires.

Self-Funded

You receive 100% of any surplus claim fund dollars. Unlike some self-funded programs, we don't deduct a fee from your refund. You get it all.

Plus Refund Assisters℠

Self-Funding offers the possibility of refunds when claims are lower than anticipated. The Secure Plans help you seize that potential with Refund Assisters℠: wellness, telemedicine and cost review programs that maximize your benefit dollars.

We keep things easy.

So everyone can secure the benefits – and savings – of self-funding.

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The Secure Plans

What to Know

Your broker can help you determine if self-insurance is right for you. Here are some items to help your discussion.

Heads you win, tails you don't lose.

Terms

Just like with traditional health insurance there are certain terms you need to know when discussing fixed-cost self-funded medical coverage.

Claims Fund: the portion of your monthly payments set aside to cover claims. The rest of your monthly payments go towards stop-loss coverage, administration, operations, and to legally required fees and taxes.

Claims Fund Surplus: the unused dollars in your **claim fund** after eligible claims are paid out during the contract period.

Composite Rates: the cost of coverage is averaged over the entire group as opposed to varying by age. Each employee pays the same rate, adjusted only for the number of their dependents and location. Composite rating helps you better budget your benefit dollars.

Contract Period: the time during which eligible claims must be incurred and paid for in order to be eligible and covered by your benefit plan as shown by two numbes. The first number describes the time during which covered claims may be incurred. The second number indicates the time when claims need to be paid by.

Fixed-Cost: a self-insured arrangement in which employers pay a set amount each month towards administration, stop-loss coverage and claims expenses, with no additional charges if claims are higher than anticipated.

Plan Year: the months during your coverage in which incurred claims are covered by the plan.

Run-Out: the time following the incurred period in which all claims must be submitted and paid in order to be covered by the stop-loss carrier.

Self-Funded or Self-Insurance: benefit arrangements in which the employer is responsible for claims payment instead of an insurance company. When claims are lower than anticipated, the employer gets the savings.

Stop-Loss Insurance: protects self-insured employers from excessive claims. There are two types: **specific** stop-loss steps in when any individual's claims exceed a specified amount; **aggregate** stop-loss pays eligible claims once your **claims fund** is exhausted. **Excess-loss insurance** is another name for this coverage.

Reference Based Pricing (RBP): reimbursement arrangements that do away with networks. Medical providers are reimbursed based on a specific formula, usually a multiple of what Medicare pays for the same treatments and services. Many physicians accept this reimbursement as payment-in-full. Others, however, do not. The Secure Plans partner with specialized firms who educate employees and physicians concerning RBP and to minimize balance billing by the providers before claims are incurred.

Getting Your Refund

Getting refunds sounds good. But how do you get them? Simply.

It's your refund. You get it all.

Monthly Payments

It all begins with the plan year. Each month you'll make monthly payments that pay for administration and operating expense, stop-loss coverage, taxes, regulatory fees, and your claims fund.

The Claims Fund

Eligible claims—those covered by the benefit plan, incurred during your plan year, and submitted and paid for within the contract period—are reimbursed from your claim fund. If eligible claims exceed what's in the claims fund, it's not a problem. Stop-loss coverage pays them.

Your Refund

If claims paid out in the contract period are less than what you paid into your claims fund you receive a check for 100% of this surplus. Unlike other programs, there are no renewal requirements nor do we deduct fees. The refund is all yours.

But what about?

Claim Timing: Not a Problem

Claims can pile up before you pay enough into the claims fund. Some programs make you pay the shortfall; an unanticipated hit to your bottom line. The Secure Plans protect you from this painful bill. We advance these claims costs, then apply future contributions to the claims fund to balance things out.

Claims Past the Plan Year

When you renew with the Secure Plans we automatically extend the payment period to cover claims incurred in the prior year. If you leave the Secure Plans, you still have a six month run-out period. Employees will need to have claims paid by the end of this six-month period. Late claims are their responsibility to pay, not yours or the stop-loss carrier.

Underwriting Matters

When it comes to self-funded coverage, assessing the health and likely claims for your group is critical.

Underwriting determines your monthly charges for expected claims. Your refund is based on the difference between actual claims and those expected claims.

That's why groups applying for self-funded coverage are fully underwritten. In the absence of claims experience, all employees and their dependents will be asked to answer health questions—and it's critical they provide complete and accurate answers. Otherwise rates may be modified and stop-loss coverage for the members making mistatements may be rescinded. This means the plan sponsor (you) are responsible for these claims.

Consult Your Broker

The Secure Plans can deliver tremendous benefits to employers, both large and small. Simple and safe, they feature competitive rates, offer the opportunity—and provide tools—for earning refunds, all while helping employees improve and manage their health. Your broker understands your needs and the options available to you. As important, your broker can help you understand the responsibilities and obligations that come with the benefits of a fixed-cost self-funded medical plan.

The Secure Plans

The Secure Plans Deliver

Self-funding with stop-loss protection is the right choice for many businesses.
The Secure Plans offer Refund Assisters℠ so you can make this choice with confidence.

Refund Assisters℠

Getting benefit dollars back when claims are lower than expected is why many employers move to fixed-premium self-insurance programs. Too often, however, these programs do too little to make those refunds a reality.
The Secure Plans program is different.

Wellness

The best way to reduce health care costs is to stay healthy. That's why the Secure Plans pay members to get their annual physical exam and provide easy-to-use online wellness coaching. In addition, members with specified chronic conditions are offered nurse-coaching on proven health-improving and cost-cutting regimens.

Telemedicine

Think of them as 21st century house calls: a private conversation between you and your doctor. Teladoc, one of the largest, most trusted telemedicine providers, provides convenient access to board-certified, U.S.-based doctors and pediatricians. Better still, telemedicine doctor consultations are subject to a lower co-pay.

Expense Review

Every business owner knows it's important to monitor spending. That's why we engage experienced health plan executives and actuaries—independent of our administrator and stop-loss carriers—to review overall program expenses. As a result, you can expect smarter spending of benefit dollars.

Anyone can offer refunds.
Our Refund Assisters℠ help deliver them.

An All-Star Team

Getting the most from your benefit dollars means working with the best team. That's why the Secure Plans program brings together best-in-class experts with the focus and skills you can count on for outstanding performance.

Reliable Plan Administration

One of the largest third party administrators in the country, **The Lomis Company** provides seamless integration with the Secure Plans' national network of quality health care hospitals, pharmacies, doctors and other providers.

The Loomis Company is responsible for:

- Membership services.
- Employer services.
- Claim payments.
- Utilization review.
- Case management.
- Run-Out management.
- Billing.
- COBRA administration.
- Production and distribution of legally required documents*
- Wellness
  - — with cash rewards for members completing annual preventive exams
- Chronic condition management.
  - — featuring financial rewards for members with specified conditions managing and improving their health

**This is not inclusive of all plan notice requirements to which you may be subject.*

Broad, Strong Networks

With Reference Based Pricing there is no need for a network. Of course, if you *want* a network, we offer one of the best: the PHCS network from MultiPlan. With thousands of physicians, specialists, and facilities, employees have access to PPO savings across the country. Whichever route taken -- RBP or the PHCS network -- employees have access to will have access to CVS/Caremark pharmacy benefit management.

Reference Based Pricing (RBP)

RBP arrangements are an alternative to traditional PPO and HMO arrangements. Medical providers reimbursements are based on a specified formula. The Secure Plans has teamed with specialists who educate employees and work with providers to minimize balance billing.

Stop-Loss Coverage

Stop-loss coverage limits your exposure for eligible claim payments. It's your safety net. When self-funding, you need to be confident your stop-loss carrier will be there when you need them. Which is why the Secure Plans use A.M. Best Rated A carriers.

Refund Assisters℠ and an All-Star Team are how we keep our commitment to you.

The Secure Plans

SECURE HSA PLANS

HSA-compatible plans with a wellness twist.

Health Rewards

Preventive Reward: Early detection saves lives and reduces costs. Members completing an annual preventive examination will receive a $100 cash reward.

Chronic Condition Compliance: Effective management of chronic conditions improves quality of life and savesmoney. Members with asthma, COPD, diabetes, hypertension, hyperlipidemia, chronic kidney disease, congestive heart failure, coronary artery disease, and chronic pain receive nurse-coaching to improve outcomes and reduce costs..

Plan Name	SECURE HSA 3000	SECURE HSA 4000	SECURE HSA 5000
Maximum Lifetime In-Network Benefits	No Lifetime Maximum (Unlimited)		
Annual Deductible	In-Network / Out-of-Network		
Single	$3,000 / $5,000	$4,000 / $6,000	$5,000 / $7,000
Family	$6,000 / $10,000 (Embedded)	$8,000 / $12,000 (Embedded)	$10,000 / $14,000 (Embedded)
Annual Out-of-Pocket Maximum	In-Network / Out-of-Network		
Single (Includes Deductible)	$5,000 / $7,000	$5,500 / $8,000	$6,000 / $9,000
Family (Includes Deductible)	$10,000 / $14,000	$11,000 / $16,000	$12,000 / $18,000
Office Visits	In-Network / Out-of-Network		
In office	20% / 30%	20% / 30%	20% / 30%
Telemedicine through Teladoc	$10 Co-pay*	$10 Co-pay*	$10 Co-pay*
Professional Services	In-Network / Out-of-Network		
• Lab & X-Ray • Maternity	20% / 30%	20% / 30%	20% / 30%
Hospital & Facility Services	In-Network / Out-of-Network		
Hospital Inpatient	20% / 30%	20% / 30%	20% / 30%
Emergency Room Facility	$250 Co-pay* (waived if admitted)	$250 Co-pay* (waived if admitted)	$250 Co-pay* (waived if admitted)
Emergency Room Physician Services	20% / 30%	20% / 30%	20% / 30%
Urgent Care Center (Physician Services)	$150 Co-pay* then covered 100% / 30%	$150 Co-pay* then covered 100% / 30%	$150 Co-pay* then covered 100% / 30%
Prescription Drugs • 30-Day Retail Supply • Mail Order available • In-Network Only Prescription Drug Benefit: Covered Prescription Drug costs apply towards the Network Out-of-Pocket Maximum	**Co-pays apply only after satisfying the Annual Deductible:** Tier 1–Generic Drugs: $10 Tier 2–Preferred Brand-Name Drugs: $35 Tier 3–Non-Preferred Drugs (Non-Formulary): 50% Tier 4–Specialty Pharmacy and Injectables: 35% Co-Insurance up to $300 Co-pay per prescription		
Preventive Care (In-Network Only) • Well Baby & Well Child: 100% coverage • Adult Preventive/Wellness Exam: 100% Coverage	0% Not Subject to Deductible		

* Co-pays apply after meeting the annual deductible

Please Consult Summary of Benefits & Coverage for benefit details.

The Secure Plans

SECURE CO-PAY PLANS
Comprehensive benefits with low-cost office visits.

Healthier Plans

Preventive Reward: Early detection saves lives and reduces costs. Members completing an annual preventive examination will receive a $100 cash reward.

Chronic Condition Compliance: Effective management of chronic conditions improves quality of life and savesmoney. Members with asthma, COPD, diabetes, hypertension, hyperlipidemia, chronic kidney disease, congestive heart failure, coronary artery disease, and chronic pain receive nurse coaching to improve outcomes and reduce costs..

Plan Name	SECURE 500 CO-PAY	SECURE 1000 CO-PAY	SECURE 2000 CO-PAY	SECURE 3000 CO-PAY	SECURE 4000 CO-PAY
Maximum Lifetime In-Network Benefits	No Lifetime Maximum (Unlimited)				
Annual Deductible	In-Network / Out-of-Network				
Single	$500 / $2,500	$1,000 / $3,000	$2,000 / $4,000	$3,000 / $6,000	$4,000 / $6,000
Family	$1,000 / $5,000 (Embedded)	$2,000 / $6,000 (Embedded)	$4,000 / $8,000 (Embedded)	$6,000 / $8,000 (Embedded)	$8,000 / $12,000 (Embedded)
Annual Out-of-Pocket Maximum	In-Network / Out-of-Network				
Single (Includes Deductible)	$1,500 / $4,500	$3,000 / $5,000	$4,000 / $6,000	$5,000 / $7,000	$6,000 / $8,000
Family (Includes Deductible)	$3,000 / $9,000	$6,000 / $10,000	$8,000 / $12,000	$10,000 / $14,000	$12,000 / $16,000
Office Visits	In-Network / Out-of-Network				
In office	Primary Care $25 Co-pay / 30% Specialty $50 Co-pay / 30%	Primary Care $25 Co-pay / 40% Specialty $50 Co-pay / 40%	Primary Care $25 Co-pay / 40% Specialty $50 Co-pay / 40%	Primary Care $25 Co-pay / 40% Specialty $50 Co-pay / 40%	Primary Care $25 Co-pay / 40% Specialty $50 Co-pay / 40%
Telemedicine through Teladoc	$10 Co-pay	$10 Co-pay	$10 Co-pay	$10 Co-pay	$10 Co-pay
Professional Services	In-Network / Out-of-Network				
• Lab & X-Ray • Maternity	10% / 30%	20% / 40%			
Hospital & Facility Services	In-Network / Out-of-Network				
Hospital Inpatient	10% / 30%	20% / 40%			
Emergency Room Facility	10% / 30%	20% / 40%			
Emergency Room Physician Services	10% / 30%	20% / 40%			
Urgent Care Center (Physician Services)	$150 Co-pay (Deductible waived) then covered 100% / 40%				
Prescription Drugs • 30-Day Retail Supply • Mail Order available • In-Network Only Prescription Drug Benefit: Covered Prescription Drug costs apply towards the Network Out-of-Pocket Maximum	Tier 1–Generic Drugs: $10 Tier 2–Preferred Brand-Name Drugs: $35 Tier 3–Non-Preferred Drugs (Non-Formulary): 50% Tier 4–Specialty Pharmacy and Injectables: 35% Co-Insurance up to $300 Co-pay per prescription				
Preventive Care (In-Network Only) • Well Baby & Well Child: 100% coverage • Adult Preventive/Wellness Exam: 100% Coverage	0% Not Subject to Deductible				

$5,000 Deductible option also available.

Please Consult Summary of Benefits & Coverage for benefit details.

SECURE HSA PLANS -RBP

HSA-compatible plans with a wellness twist.

Health Rewards

Preventive Reward: Early detection saves lives and reduces costs. Members completing an annual preventive examination will receive a $100 cash reward.

Chronic Condition Compliance: Effective management of chronic conditions improves quality of life and savesmoney. Members with asthma, COPD, diabetes, hypertension, hyperlipidemia, chronic kidney disease, congestive heart failure, coronary artery disease, and chronic pain receive nurse-coaching to improve outcomes and reduce costs..

Plan Name	SECURE HSA 3000 RBP	SECURE HSA 4000 RBP	SECURE HSA 5000 RBP
Maximum Lifetime In-Network Benefits	No Lifetime Maximum (Unlimited)		
Annual Deductible	In-Network / Out-of-Network		
Single	$3,000 / $5,000	$4,000 / $6,000	$5,000 / $7,000
Family	$6,000 / $10,000 (Embedded)	$8,000 / $12,000 (Embedded)	$10,000 / $14,000 (Embedded)
Annual Out-of-Pocket Maximum	In-Network / Out-of-Network		
Single (Includes Deductible)	$5,000 / $7,000	$5,500 / $8,000	$6,000 / $9,000
Family (Includes Deductible)	$10,000 / $14,000	$11,000 / $16,000	$12,000 / $18,000
Office Visits	In-Network / Out-of-Network		
In office	20% / 30%	20% / 30%	20% / 30%
Telemedicine through Teladoc	$10 Co-pay*	$10 Co-pay*	$10 Co-pay*
Professional Services	In-Network / Out-of-Network		
• Lab & X-Ray • Maternity	20% / 30%	20% / 30%	20% / 30%
Hospital & Facility Services *Paid up to a percent of Medicare*	In-Network / Out-of-Network		
Hospital Inpatient	20% / 20%	20% / 30%	20% / 30%
Emergency Room Facility	$250 Co-pay* (waived if admitted)	$250 Co-pay* (waived if admitted)	$250 Co-pay* (waived if admitted)
Emergency Room Physician Services	20% / 30%	20% / 30%	20% / 30%
Urgent Care Center (Physician Services)	$150 Co-pay* then covered 100% / 30%	$150 Co-pay* then covered 100% / 30%	$150 Co-pay* then covered 100% / 30%
Prescription Drugs • 30-Day Retail Supply • Mail Order available • In-Network Only Prescription Drug Benefit: Covered Prescription Drug costs apply towards the Network Out-of-Pocket Maximum	**Co-pays apply only after satisfying the Annual Deductible:** Tier 1–Generic Drugs: $10 Tier 2–Preferred Brand-Name Drugs: $35 Tier 3–Non-Preferred Drugs (Non-Formulary): 50% Tier 4–Specialty Pharmacy and Injectables: 35% Co-Insurance up to $300 Co-pay per prescription		
Preventive Care (In-Network Only) • Well Baby & Well Child: 100% coverage • Adult Preventive/Wellness Exam: 100% Coverage	0% Not Subject to Deductible		

* Co-pays apply after meeting the annual deductible Please Consult Summary of Benefits & Coverage for benefit details.

IMPORTANT NOTE: RBP plans have no facility network. Facilities are paid a percentage in excess of Medicare reimbursement rate

SECURE CO-PAY PLANS -RBP

comprehensive benefits with low-cost office visits.

Healthier Plans

Preventive Reward: Early detection saves lives and reduces costs. Members completing an annual preventive examination will receive a $100 cash reward.

Chronic Condition Compliance: Effective management of chronic conditions improves quality of life and savesmoney. Members with asthma, COPD, diabetes, hypertension, hyperlipidemia, chronic kidney disease, congestive heart failure, coronary artery disease, and chronic pain receive nurse coaching to improve outcomes and reduce costs..

Plan Name	SECURE 500 CO-PAY RBP	SECURE 1000 CO-PAY RBP	SECURE 2000 CO-PAY RBP	SECURE 3000 CO-PAY RBP	SECURE 4000 CO-PAY RBP
Maximum Lifetime In-Network Benefits	No Lifetime Maximum (Unlimited)				
Annual Deductible	In-Network / Out-of-Network				
Single	$500 / $2,500	$1,000 / $3,000	$2,000 / $4,000	$3,000 / $6,000	$4,000 / $6,000
Family	$1,000 / $5,000 (Embedded)	$2,000 / $6,000 (Embedded)	$4,000 / $8,000 (Embedded)	$6,000 / $8,000 (Embedded)	$8,000 / $12,000 (Embedded)
Annual Out-of-Pocket Maximum	In-Network / Out-of-Network				
Single (Includes Deductible)	$1,500 / $4,500	$3,000 / $5,000	$4,000 / $6,000	$5,000 / $7,000	$6,000 / $8,000
Family (Includes Deductible)	$3,000 / $9,000	$6,000 / $10,000	$8,000 / $12,000	$10,000 / $14,000	$12,000 / $16,000
Office Visits	In-Network / Out-of-Network				
In office	Primary Care $25 Co-pay / 30% Specialty $50 Co-pay / 30%	Primary Care $25 Co-pay / 40% Specialty $50 Co-pay / 40%	Primary Care $25 Co-pay / 40% Specialty $50 Co-pay / 40%	Primary Care $25 Co-pay / 40% Specialty $50 Co-pay / 40%	Primary Care $25 Co-pay / 40% Specialty $50 Co-pay / 40%
Telemedicine through Teladoc	$10 Co-pay	$10 Co-pay	$10 Co-pay	$10 Co-pay	$10 Co-pay
Professional Services	In-Network / Out-of-Network				
• Lab & X-Ray • Maternity	10% / 30%	20% / 40%			
Hospital & Facility Services *Paid up to a percent of Medicare*	In-Network / Out-of-Network				
Hospital Inpatient	10% / 30%	20% / 40%			
Emergency Room Facility	10% / 30%	20% / 40%			
Emergency Room Physician Services	10% / 30%	20% / 40%			
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Preventive Care (In-Network Only) • Well Baby & Well Child: 100% coverage • Adult Preventive/Wellness Exam: 100% Coverage	0% Not Subject to Deductible				

$5,000 Deductible option also available. Please Consult Summary of Benefits & Coverage for benefit details.

IMPORTANT NOTE: RBP plans have no facility network. Facilities are paid a percentage in excess of Medicare reimbursement rate

Exclusions & Limitations

Following is an abbreviated list of exclusions and limitations. Please refer to the Summary Plan Description ("SPD") for comprehensive details. Defined terms are "Capitalized" and can be found in the SPD. Please note that in listing services or examples, we do not intend to limit a list of services or examples unless we state specifically that the list "is limited to".

- Any amounts in excess of maximum amounts stated in the SPD.
- Charges in excess of Eligible Expenses as detailed in the SPD.
- Services or supplies that are not medically necessary.
- Services received before your effective date.
- Services received after your coverage ends.
- Any conditions for which benefits can be recovered under any workers' compensation law or similar law.
- Services provided by a local, state or federal government agency, unless you have to pay for them.
- Services you receive for which you are not legally obligated to pay.
- Services for which no charge is made to you in the absence of insurance coverage.
- Services not listed as covered in the SPD.
- Alternative Treatments such as acupressure, aromatherapy, hypnotism, Rolfing and art therapy.
- Cosmetic Procedures.
- Custodial care.
- Dental and orthodontic services except as specifically stated in the SPD.
- Devices, appliances and prosthetics except as specifically stated in the SPD. Devices and computers to assist in communication and speech except for speech aid prosthetics and tracheo esophageal voice prosthetics.
- Replacement of prosthetics and Durable Medical Equipment ("DME") due to misuse, malicious damage, gross neglect or when lost or stolen.
- Domiciliary care.
- Expenses for injury or illness arising out of attempted suicide or an intentional self-inflicted injury, except if the result of a physical or mental medical condition or act of domestic violence and would normally be covered.
- Experimental or Investigational Services, except for services for persons who have been accepted into an approved clinical trial for cancer, or a life threatening Sickness or condition.
- Eye surgery performed solely for the purpose of correcting refractive errors (such as intact corneal implants). Also, Surgery that is intended to allow you to see better without glasses or other vision correction such as LASIK.
- Eyewear including the purchase cost and fitting charge for eyeglasses and contact lenses unless specifically stated in the SPD.
- Food or dietary supplements, except for formulas and special food products to prevent complications of phenylketonuria (PKU).
- Foot care that is routine. Examples include the cutting and removal of corns or calluses; hygienic and preventive maintenance foot care; treatment of flat feet; shoe orthotics; shoe inserts; and arch supports. This exclusion does not apply to preventive foot care for Covered Persons with diabetes for which benefits are provided under the diabetes services in the SPD. This exclusion does not apply to preventive foot care for those who are at risk of neurological or vascular disease arising from diseases such as diabetes.
- Foreign language and sign language interpreters, except as required by law.
- Genetic testing, except as specifically stated in the SPD.
- Growth hormone therapy.
- Health club memberships.
- Infertility services (including sterilization reversal).
- Medical supplies, except as specifically listed in the SPD.
- Non-injectable medications given in an outpatient or office setting.
- Nutritional counseling except as specified listed as covered in the SPD.
- Obesity reduction services through surgical and non-surgical treatment, except as specifically stated in the SPD.
- Over-the-counter medications and treatments.
- Pain management services using multi-disciplinary pain management programs provided on an inpatient basis.
- Personal care attendant's services.
- Personal comfort items.
- Pharmaceutical products and prescription medication products beyond the specified supply limits and/or specifically excluded in the SPD.
- Pharmaceutical Products or prescription medication products for outpatient use that are filled by a prescription order or refill except as specifically stated in the SPD.
- Pregnancy through a surrogate and any services or supplies provided in connection with a surrogate Pregnancy.
- Private duty nursing.
- Psychosurgery.
- Respite care.
- Sex transformation operations.
- Smoking cessation programs that are stand-alone multi-disciplinary smoking cessation programs, except as covered in the SPD.
- Snoring treatments, both medical and surgical treatment, except as when provided as part of treatment for documented obstructive sleep apnea. Also limited is upper and lower jawbone surgery including that for obstructive sleep apnea.
- Travel or transportation expenses, even if prescribed by a Physician.
- Weight loss programs.
- Services provided at a free-standing or Hospital-based diagnostic facility without an order written by a Physician or other provider. This exclusion does not apply to mammography.
- Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you.
- Health services while on active military duty.
- Health services for organ and tissue transplants, except those described under Transplantation Services in the SPD.
- Out-of-Network health services provided in a foreign country, unless as required as Emergency Health Services.
- Out-of-Network Preventive Care except as required by law.
- Medicare eligibility results in Benefit payment pursuant to Medicare rules.
- Claims submitted for health services beyond 12 months from the date of service, except as required by law.
- Services performed by a Provider who is a family member by birth or marriage or resides at same residence.
- Dental and orthodontic services except as specifically stated in the SPD.

The Secure Plans offers Reference Based Pricing and PPO network options. The RBP option reimburses medical providers based on a specific formula. The Secure Plan partners with specialists in RBP programs to minimize and avoid balance billing and provide patient advocacy when needed.

The PPO network available through the Secure Plans negotiates discounted rates with in-network providers. Out-of-Network providers may charge a much higher rate. The Secure Plan reimburses these charges based on a formula (usually Medicare reimbursement rates plus 10%). This reduced reimbursement rate will be applied to the out-of-network portion of your out-of-pocket costs (which is separate from the in-network out-of-pocket costs). Insured are responsible for any charges above the Secure Plans out-of-network reimbursement rates. Consequently, if a network is available, insureds are strong encouraged to use in-network providers.

This brochure provides abridged information about benefits, exclusions, and limitations. For costs and complete information on coverage, you must refer to the SPD about how the Secure Plans work, accessing benefits, benefit limits, service area benefit limitations, pre-service benefit confirmation, compliance rules, and eligible expenses.
that plans consult with their own experts or legal counsel to review all applicable federal and state legal requirements that may apply to their group health plan. By providing this publication and any attachments, The Loomis Company is not exercising discretionary authority over the plan and is not assuming a plan fiduciary role, nor is Company, the program managers (Insurgency Benefits) or your broker providing legal advice.

The Secure Plans
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