

Appendix A

Colorado Health Plan Description Form

Underwritten by United Wisconsin Life Insurance Company (UWLIC)/Administered by American Medical Security Inc. (AMS)

Name of Carrier

True Individual Preferred Provider Plan-MedOne HSAavings-PPO Individual \$5,000/100% of \$5,000

Name of Plan

PART A: TYPE OF COVERAGE

1. TYPE OF PLAN	PREFERRED PROVIDER PLAN
2. OUT-OF-NETWORK CARE COVERED? ¹	YES, BUT PATIENT PAYS MORE FOR OUT OF NETWORK CARE
3. AREAS OF COLORADO WHERE PLAN IS AVAILABLE	PLAN IS AVAILABLE ONLY IN THE FOLLOWING AREAS: WHERE CHOSEN NETWORK IS AVAILABLE

PART B: SUMMARY OF BENEFITS

Important Note: This form is not a contract, it is only a summary. The contents of this form are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. Your plan may exclude coverage for certain treatments, diagnoses, or services not noted below. The benefits shown in this summary may only be available if required plan procedures are followed (e.g., plans may require prior authorization, a referral from your primary care physician, or use of specified providers or facilities). Consult the actual policy to determine the exact terms and conditions of coverage. Coinsurance options reflect the amount the carrier will pay.

	IN-NETWORK	OUT-OF-NETWORK
4. ANNUAL DEDUCTIBLE a) Individual b) Family	Calendar year deductible \$5,000 N/A	Calendar year deductible \$10,000 N/A
5. OUT-OF-POCKET ANNUAL MAXIMUM ² a) Individual b) Family	Calendar year out-of-pocket maximum \$5,000 N/A	Calendar year out-of-pocket maximum \$13,000 N/A
6. LIFETIME OR BENEFIT MAXIMUM PAID BY THE PLAN FOR ALL CARE	\$5 MILLION COMBINED	\$5 MILLION COMBINED
7A. COVERED PROVIDERS	Sloans Lake or PHCS. See provider directory for a complete list of current providers	All Providers licensed or certified to provide covered benefits
7B. With respect to network plans, are all the providers listed in 7A accessible to me through my primary care physician?	Yes. The plan includes network providers located over state and county lines.	Not Applicable
8. ROUTINE MEDICAL OFFICE VISITS	100% after Deductible	Not Covered
9. PREVENTIVE CARE a) Children's services b) Adults' services	Physician & Facility: 100% No Deductible Prostate— Physician & Facility: First \$65 paid at 100%, then 100% after Deductible Mammogram — Physician & Facility: 100% up to the current United States Consumer Price Index, then 100% after Deductible Pap & Colorectal Screen— Physician & Facility: 100% after Deductible	Physician & Facility: 70% No Deductible Prostate— Physician & Facility: First \$65 paid at 100%, then Not Covered Mammogram — Physician & Facility: 100% up to the current United States Consumer Price Index, then Not Covered Pap & Colorectal Screen— Physician & Facility: Not Covered

	IN-NETWORK	OUT-OF-NETWORK
10. MATERNITY a) Prenatal care b) Delivery & inpatient well baby care	Not Covered Not Covered	Not Covered Not Covered
11. PRESCRIPTION DRUGS Level of coverage and restrictions on prescriptions	Not covered unless drug coverage option is purchased Drug Option Available: 100% after Deductible	Not covered unless drug coverage option is purchased Drug Option Available: 70% after Deductible
12. INPATIENT HOSPITAL	100% after Deductible	70% after Deductible
13. OUTPATIENT/AMBULATORY SURGERY	100% after Deductible	70% after Deductible
14. LABORATORY & X-RAY	Physician: 100% after Deductible Facility: 100% after Deductible Physician: 100% after Deductible Facility: 100% after Deductible	Physician: 70% after Deductible Facility: 70% after Deductible Physician: 70% after Deductible Facility: 70% after Deductible
15. EMERGENCY CARE ³	100% after Deductible	70% after Deductible
16. AMBULANCE	100% after Deductible	70% after Deductible
17. URGENT, NON-ROUTINE, AFTER HOURS CARE	100% after Deductible	70% after Deductible
18. BIOLOGICALLY-BASED MENTAL ILLNESS ⁴ CARE	Not Covered	Not Covered
19. OTHER MENTAL HEALTH CARE a) Inpatient care b) Outpatient Care	Not Covered Not Covered	Not Covered Not Covered
20. ALCOHOL & SUBSTANCE ABUSE	Not Covered	Not Covered
21. PHYSICAL, OCCUPATIONAL, & SPEECH THERAPY	100% after Deductible	70% after Deductible
22. DURABLE MEDICAL EQUIPMENT	100% after Deductible	70% after Deductible
23. OXYGEN	100% after Deductible	70% after Deductible
24. ORGAN TRANSPLANTS	100% after Deductible to a combined overall \$1,000,000 lifetime maximum	70% after Deductible to a combined overall \$250,000 lifetime maximum
25. HOME HEALTH CARE	100% after Deductible (Combined 60 visits per calendar year)	70% after Deductible (Combined 60 visits per calendar year)
26. HOSPICE CARE	100% after Deductible	70% after Deductible
27. SKILLED NURSING FACILITY CARE	100% after Deductible (Combined 30 days per calendar year)	70% after Deductible (Combined 30 days per calendar year)
28. DENTAL CARE	Not Covered	Not Covered
29. VISION CARE	100% after \$10 copay	Maximum of \$38 for Covered Expenses
30. CHIROPRACTIC CARE	Not Covered	Not Covered
31. SIGNIFICANT ADDITIONAL SERVICES (list up to five) Second Surgical Opinions	100% after Deductible	70% after Deductible

PART C: LIMITATIONS AND EXCLUSIONS

32. PERIOD DURING WHICH PRE-EXISTING CONDITIONS ARE NOT COVERED. ⁵	Twelve months for all pre-existing conditions.
33. EXCLUSIONARY RIDERS. Can an individual's specific, pre-existing condition be entirely excluded from the policy?	Yes
34. HOW DOES THE POLICY DEFINE A "PRE-EXISTING CONDITION"?	A pre-existing condition is an injury, sickness or pregnancy for which a person incurred charges, received medical treatment, consulted a healthcare professional, or took prescription drugs within 12 months immediately preceding the effective date of coverage.
35. WHAT TREATMENTS AND CONDITIONS ARE EXCLUDED UNDER THIS POLICY?	Exclusions vary by policy. List of exclusions is available immediately upon request from your carrier, agent, or plan sponsor (e.g. employer). Review them to see if a service or treatment you may need is excluded from the policy.

PART D: USING THE PLAN

	IN-NETWORK	OUT-OF-NETWORK
36. Does the enrollee have to obtain a referral and/or prior authorization for specialty care in most or all cases?	No	No
37. Is prior authorization required for surgical procedures and hospital care (except in an emergency)?	Yes	Yes
38. If the provider charges more for a covered service than the plan normally pays, does the enrollee have to pay the difference?	No	Yes
39. What is the main customer service number?	1-800-232-5432	
40. Whom do I write/call if I have a complaint or want to file a grievance? ⁶	AMS, P.O. Box 13597, Green Bay, WI 54307 1-800-232-5432	
41. Whom do I contact if I am not satisfied with the resolution of my complaint or grievance?	Write to: Colorado Division of Insurance, ICARE Section, 1560 Broadway, Suite 850 Denver, CO 80202	
42. To assist in filing a grievance, indicate the form number of this policy; whether it is individual, small group, or large group; and if it is a short-term policy.	Policy Form Number PO-0003 Individual or PO-1003 Individual	
43. Does the plan have a binding arbitration clause?	No	

PART E: COST

44. What is the cost of the plan?	Contact your agent, this insurance company, or your employer as appropriate, to find out the premium for this plan. In some cases plan costs are included with this form.
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PART F: PHYSICIAN PAYMENT METHODS, AND PLAN EXPENDITURES FOR HEALTH EXPENSES, ADMINISTRATION AND PROFIT

Any person interested in applying for coverage, or who is covered by, or who purchased coverage under this plan may request answers to the questions listed below. The request may be made orally or in writing to the agent marketing the plan or directly to the insurance company and shall be answered within five (5) working days of the receipt of the request.

- What are the three most frequently used methods of payment for primary care physicians?
- What are the three most frequently used methods of payment for physician specialists?
- What other financial incentives determine physician payment?
- What percentage of total Colorado premiums are spent on health care expenses as distinct from administration and profit?

Endnotes

- ¹ “Network” refers to a specified group of physicians, hospitals, medical clinics and other health care providers that your plan may require you to use in order for you to get any coverage at all under the plan, or that the plan may encourage you to use because it may pay more of your bill if you use their network providers (i.e., go in-network) than if you don’t (i.e. go out-of-network).
- ² “Out-of-pocket maximum.” The maximum amount you will have to pay for allowable covered expenses under a health plan, which may or may not include the deductible or copayments, depending on the contract for that plan.
- ³ “Emergency care” means services delivered by an emergency care facility which are necessary to screen and stabilize a covered person. The plan must cover this care if a prudent lay person having average knowledge of health services and medicine and acting reasonably would have believed that an emergency medical condition or life or limb threatening emergency existed.
- ⁴ “Biologically based mental illnesses” means schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder.
- ⁵ Waiver of pre-existing condition exclusions. State law requires carriers to waive some or all of the pre-existing condition exclusion period based on other coverage you recently may have had. Ask your carrier or plan sponsor (e.g., employer) for details.
- ⁶ Grievances. Colorado law requires all plans to use consistent grievance procedures. Write the Colorado Division of Insurance for a copy of those procedures.