



## FJC Security Services Health Insurance Benefits Medical – Vision – Dental



<b>Annual Plan Maximum</b>	\$100,000
<b>In-Patient Hospital Services</b>	
Daily In-Hospital Benefit	\$1,200
Maximum Days per Coverage Year	31
Additional Daily ICU or CCU Benefit	\$1,200
Maximum Days per Coverage Year	31
Mental Conditions and Substance Abuse Benefit	\$500
Maximum Days per Coverage Year	15
Inpatient Doctor Visits Benefit per Visit	\$100
Maximum Number of Visits per Coverage Year	5
<b>Emergency Room Visits Benefits</b>	
Benefit Amount per Visit	\$500
Maximum Days per Coverage Year	5
<b>Out-Patient Services</b>	
Daily Out-Patient Treatments	\$600
Maximum Days per Coverage Year	3
<b>Physician Services</b>	
Surgery Benefit	30 Units
Maximum per procedure	\$6,000
Anesthesia Benefit	20% of the Surgical Indemnity Benefit
Outpatient Office Visits Benefit per Visit	\$100
Maximum Number of Visits per Coverage Year	10
<b>Ambulance Benefit</b>	
Ground Ambulance	\$500
Air Ambulance	\$2,000
Maximum Number of Trips per Coverage Year	6
<b>Prescription Drug Benefits</b> * <i>Underwritten by Fidelity Security Life Insurance Co.; Pharmacy Benefit Manager Broadreach Medical Resources (BMR)</i>	
Contract Year Maximum for Brand Name Drugs & Generic Equivalent	\$3,500 PMPY
Member Responsibility for Non-Formulary Brand Name Drug (in the absence of generic equivalent)	100% member coinsurance at network discounted amount
Co-pay for Formulary Brand Name Drug (in the absence of generic equivalent)	\$35
Co-pay for Generic	\$10
<b>Group Term Life and AD&amp;D</b>	
Employee Term Life	\$50,000
Dependent Term Life Benefit	\$25,000
Accidental Death & Dismemberment	\$50,000
<b>Supplemental Accident Benefit</b>	\$1,500

*This is just an outline of benefits. For plan details, please refer to the Summary Plan Description.*

<b>Vision Benefit - Clearline/Avesis</b>	<b>In Network</b>	<b>Out of Network</b>
Vision Exam (Every 12 months)	Covered In Full after \$10 copay	\$35
Frame (every 24 months)	Covered in Full after \$25 copay	\$45
Spectacle Lenses (every 12 months) standard single vision, bifocal, trifocal, lenticular	Covered in Full after \$25 copay	Single Vision \$25 Bifocal \$40 Trifocal \$50 Lenticular \$80
Contact Lenses (Every 12 months) <i>In lieu of spectacle lenses and frame. Members receive a contact lens allowance of \$110 which can be used for materials and services.</i>  Elective & Medically Necessary	Covered in Full up to plan allowance for elective (no copay for contact lenses)	Elective - \$110  Medically Necessary - \$250
Lasik ( <i>In lieu of frames, spectacle lenses and contact lenses for the benefit year</i> )	Discount plus \$100 one-time/lifetime allowance	

<b>Dental Benefit - Humana</b>	<b>In and Out of Network Benefit</b>
<b>Type I – Diagnostic &amp; Preventive Services</b> Oral Exam (every 6 months) Prophylaxis (cleaning, 1x per 6 months) Topical Fluoride (children under age 16, 1x per 12 months) Sealants (1 per 3 year period: limited to children under 16 for non-carious molars) X-rays (limitations apply)	100%
<b>Type II – Basic Services</b> Simple Restorative (Amalgam, Synthetic or Composite fillings) Non-surgical Periodontics Non-surgical Tooth Extraction Space Maintainers (limited to children under age 16)	60%
<b>Type III – Major Services</b> Major Restorative Bridge (crowns, inlays/onlays) Endodontics (root canal) Surgical Tooth Extraction Prosthetics Repair (bridge, denture repair) Surgical Periodontics (includes treatment of disease of the gum) Emergency Palliative Treatment	50%
<b>Calendar Year Deductible – Type I</b>	None
<b>Type II, III</b>	\$50
<b>Calendar Year Maximum Benefit – Type I, II, III</b>	\$1000
<b>Lifetime Maximum Benefit – Type I, II, III</b>	Unlimited
<b>Waiting Periods – Type I, II</b>	None
<b>Type III</b>	Prior Carrier Credits or 12 Month Waiting Period

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<b>Critical Illness Benefit – AFLAC *</b> <i>Underwritten by Continental American Insurance Company</i> <b>Illnesses Covered Under Plan</b>	<b>Percentage of Face Amount **</b> <b>(\$5,000 Face Amount)</b>
Cancer – Internal or Invasive	100%
Heart Attack	100%
Major Organ Transplant	100%
Renal Failure (End Stage)	100%
Stroke	100%
Carcinoma In Situ	25%
Coronary Artery Bypass Surgery	25%

*\*At age 70, benefits are decreased by 50%*

*\*\*Spouses covered at 50% of benefit level*

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