

Med+Maxtm

Health Insurance



Med+Max offers some of the lowest health insurance rates anywhere.

- **A Guaranteed Issue Health Insurance Plan for Members available in most states**
- **Affordable Health Insurance for Individuals, Families and Small Groups**
- **A Defined Benefit Health Insurance Plan not a Major Medical Health Plan**

Advantages of Med+Max Health Insurance Coverage

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| <ul style="list-style-type: none"> • Instant approval - No medical questions or physical exams to qualify • Any doctor or choose a network • Assignable benefits • Stable affordable rates • First dollar coverage (no co-pays) • No yearly or lifetime benefit cap | <ul style="list-style-type: none"> • Guaranteed issue to individuals or small groups • Guaranteed renewable • Portable • HIPAA compliant • Fully insured by top rated carriers • Available in most states |
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Med+Max Health insurance Benefits

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| <ul style="list-style-type: none"> • High Hospital & Surgical Benefit • Daily Hospital Benefit up to \$1,000 and 100 Days Annually • Optional \$1,000 ICU Benefit up to 15 days Annually • Surgeon's Charges up to 100% of Medicare reimbursement per Surgery • Anesthesia Benefit up to 25% of Surgeons Benefit • Maternity Benefit • Critical Illness Benefit up to \$10,000 | <ul style="list-style-type: none"> • Hospital Admission up to \$2000 per stay • Up to \$100 per Doctor's Office Visit and 7 visits Annually • Up to \$150 for Preventive Care • Up to \$400 for Lab & X-ray, 5 Annually • Dental (Florida only) • Up to \$5,000 Accident Medical <p>Additional options can be added for:</p> <ul style="list-style-type: none"> • Critical Illness • Accident • Prescriptions |
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Disclaimers

Our medical plans are low-cost alternative (Limited Medical), providing medical insurance at fixed amounts, and these limited benefits are paired with medical discount to designated providers. The Limited Benefit Medical Plan offered thru AIM is a group insurance program. The group insurance benefits vary depending in the plan selected. This insurance is not a basic or major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. The plan limitations are disclosed in the certificate of coverage provided in the fulfillment kit which will mailed to the applicant by the effective date of coverage. "For costs and complete details of the coverage, call your insurance agent."

**This policy has a preexisting conditions limitation. Preexisting conditions are not covered until the policy has been in effect for more than 12 months. A preexisting condition is any condition you have now or had within a six month period prior to the effective date of coverage for each covered person.

The plans: MedMax Silver, Gold, Diamond & Plus are HIPAA compliant. Persons who leave the plan will receive a HIPAA Certificate of Credible Coverage. Those who enter the plan presenting a Certificate of Credible Coverage will receive credit toward this plan's preexisting conditions limitation. The **Riders** are not HIPAA compliant.

The plans: MedMax Silver, Gold, Diamond & Plus are insured by **American Medical and Life Insurance Company. AIM/AMLI SL/HM 09/08**

"The Optional Riders represented in this benefit description are contracted thru a combination of carriers."

Terms of coverage:

Coverage remains in effect as long as you pay the required premium charges on time, and as long as you maintain membership eligibility. Coverage will be terminated if you become ineligible due to any of the following circumstances: a) Non-payment of premiums and fees, b) Residency requirements, c) For other reasons permissible by law.

Benefit	Silver	Gold	Diamond	Plus
Physician Office Visit: The Carrier will pay the Benefit Amount as shown if you seek treatment for a covered illness or injury.	\$50 per office visit up to 5 per year/ 5 per each person in family	\$75 per office visit up to 5 per year/ 5 per each person in family	\$75 per office visit up to 5 per year/ 5 per each person in family	\$100 per office visit up to 7 per year/ 7 per each person in family
Diagnostic Testing or X-ray: Medically necessary diagnostic tests and x-rays performed in a doctor's office or outpatient facility. E.g. MRI, CAT Scan, EKG	\$50 per visit 3 per year	\$100 per visit 3 per year	\$150 per visit 3 per year	\$400 per visit 5 per year
Preventative Care Benefit: Covers one preventative test per policy year.	\$100 per visit 1 per year	\$100 per visit 1 per year	\$150 per visit 1 per year	\$150 per visit 1 per year
Regular Inpatient Stay: A maximum of 100 days per year.	\$750 per day	\$1,000 per day	\$1,000 per day	\$1,000 per day
ICU/CCU: An <i>extra daily benefit</i> , paid per day.	None	None	\$1,000 5 days	\$1,000 15 days
Hospital Admission: An <i>extra benefit</i> for the first day admitted in the hospital.	None	None	None	\$2,000 per stay
Critical Illness Included: Primary insured only	\$2,500	5,000	10,000	\$5,000 for primary & spouse
Surgery: Inpatient/Outpatient Plan pays as a % of Medicare reimbursement.	50%	80%	100%	100%
Surgery Maximum: Maximum annual benefit for surgery.	Unlimited	Unlimited	Unlimited	Unlimited
Anesthesia Benefit: As % of surgery benefit.	None	20%	20%	25%
Accident Coverage: One accident covered per person per policy year. Costs must be incurred within 90 days of accident or injury.	\$2,500 per year / \$100 Ded. / 80% coinsurance	\$5,000 per year / \$100 Ded. / 80% coinsurance	\$5,000 per year / \$100 Ded. / 80% coinsurance	Optional Rider Available
Plan Network Physician and provider lookup.	Multiplan PPO Network	Multiplan PPO Network	Multiplan PPO Network	Multiplan PPO Network
Dental Benefit	Included in FL	Included in FL	Included in FL	Included in FL
Optional Riders at Additional Cost				
Critical Illness	\$10,000 or \$25,000	\$10,000 or \$25,000	\$25,000	\$10,000 or \$25,000
Accident	\$5,000	\$5,000	\$5,000	\$5,000
Rx 4-tier Plan Rider: Tier 1 \$10 or less, Tier 2 \$20 or less, Tier 3 \$40 or less, Tier 4 low contracted rates with no caps, no waiting periods	Optional rider available	Optional rider available	Optional rider available	Optional rider available

This is a Defined Benefit Plan and may not cover all medical expenses for an illness or injury once the maximum plan payment limits per Covered Person, Per Calendar Year are reached. Benefits and Providers are subject to change, are not available in all states and may vary in some states. All benefits are subject to plan exclusions and limitations.

Med+Max[™] Critical Illness



The Need for Critical Illness Insurance

All members that enroll into any **Med+Max Health Insurance Plan** will be automatically covered for Critical Illness Insurance (members only, optional coverage available for dependants at additional cost).

Coverage

Critical Illness Diagnosis

If an insured person is first diagnosed with a critical illness, listed below, by a physician, the Company will pay a benefit subject to the Benefit Payment Conditions and Schedule of Benefits of the plan selected. Once a 100% of the maximum benefit amount has been paid for an insured person, coverage terminates and no further benefits are payable to that insured person.

Life Threatening Cancer

Pays benefits if an insured person is first diagnosed with life threatening cancer, more than 90 after the person's effective date of coverage. (The benefit is 10% payment after 30 days and before 90 days.)

Heart Attack

Pays benefits if an insured person is first diagnosed as having suffered a heart attack more than 30 days after the person's effective date of coverage.

Kidney (Renal) Failure

Pays benefits if an insured person is first diagnosed with having suffered kidney (renal) failure more than 30 days after the person's effective date of coverage.

Stroke

Pays benefits if an insured person is first diagnosed with having suffered a stroke more than 30 days after the person's effective date of coverage.

Coma

Pays benefits if an insured person is first diagnosed as being comatose more than 30 days after the person's effective date of coverage.

Coronary Artery Bypass Graft

Pays 25% of the benefit amount if an insured person is first diagnosed with a condition that necessitates a Coronary Artery Bypass Graft and receives the Coronary Artery Bypass Graft more than 30 days after the person's effective date of coverage. This benefit is paid once per lifetime.

Loss of Sight, Speech or Hearing

Loss of Sight, Speech or Hearing Pays benefits if an insured person is first diagnosed with loss of Sight, speech or Hearing more than 30 days after the person's effective date of coverage.

Major Organ Transplant

Pays benefits if an insured person is first diagnosed with a condition that necessitates a Major Organ Transplant and receives that Major Organ Transplant more than 30 days after the person's effective date of coverage.

Paralysis

Pays benefits if an insured person is first diagnosed as being Paralyzed more than 30 days after the person's effective date of coverage.

Severe Burns

Pays benefits, depending on the severity of the burn, if an insured person is first diagnosed with having suffered a Severe Burn more than 30 days after the person's effective date of coverage.

BENEFIT REDUCES AT AGE 65. Pre-existing conditions covered after 12 consecutive months of coverage. These are brief descriptions of the coverage available under the policy. The policies will contain limitations, exclusions and termination provisions. Certain benefits may not be available in all states.

Dependant Coverage (Optional)

These benefits are included with all the plans and provide primary Member coverage only. If dependant coverage is needed it is available as an extra cost option on a per dependant basis.

The Dental plan is a prepaid dental program that provides you and your family dental benefits at an affordable cost and is designed to encourage you and your family to visit the dentist regularly to maintain your dental health. Members enjoy the savings and predictability of a dental program that provides preventative and restorative care on a monthly, capitated basis.

When you enroll, you select a contract dentist to provide services. The network consists of private practice dental facilities that have been carefully screened for quality.

Quality

- Extensive benefits for you and your family
- No restrictions on pre-existing conditions, except for work in progress
- Large, stable network of dentists, so you can enjoy a long-term relationship with your dentist

Convenience

- No claim form to complete
- Expanded business hours for toll-free customer service, from 8 a.m. to 9 p.m., Monday through Friday, Eastern Time

Cost Savings

- No deductibles
- Clearly defined out-of-pocket costs
- Out-of-area dental emergency coverage up to \$100 per emergency
- No annual or lifetime dollar maximums

\$10, \$20 AND \$40 Maximum Cost on Select Generic and Brand Name Drugs

4 WAYS TO SAVE – The **Select RX Prescription Drug Plan** addresses the high cost of prescription drugs by providing our members access to a unique 4-Tier program with maximum fixed pay amounts. Members pay a low maximum fixed amount on over 4600 brand name and generic prescription drugs.

- ✓ **TIER 1 Drugs \$10 or less**
- ✓ **TIER 2 Drugs \$20 or less**
- ✓ **TIER 3 Drugs \$40 or less**
- ✓ **TIER 4 Drugs low contracted rates**

Level 4 drugs are available at significantly reduced rates through a Pharmacy Network of over 50,000 retail locations nationwide including most major chains.

OPTIONAL MAIL ORDER: Members in need of maintenance medications (90-day prescriptions) may save even more by utilizing our Mail Order Delivery Program.

Over 50,000 Participating Pharmacies

- No Claim Forms**
- No Waiting Periods**
- Everyone Qualifies**
- No Age Limits**
- No Restrictions Due To Pre-Existing Conditions**

- **\$5,000 Accident Medical Insurance** - covers you and your entire family up to \$5,000 for medical expenses due to an accident with only a \$100 deductible; the plan then pays 100% of the medical costs to \$5,000 of reasonable and customary charges.
- **Ambulance ride is covered in full, and Air Ambulance up to \$4,000!**
- **No Limit on how many times an insured's family uses the policy..**
- **This benefit includes \$1,000 of Accidental Death & Dismemberment Insurance for primary insured only.**

NOT available in NY or OR

ELIGIBILITY

Eligible Members



Individuals eligible for membership:

- **Individuals** at least 18 years old and under age 65;
- **Dependent Children** see below;
- **Unmarried dependant** children see below;
- **Legal residents** of the US;
- **Individuals** not in full-time military service;
- **Individuals** not eligible for Medicare
- **Individuals** not receiving Worker's Compensation or disability benefits.

Eligible Dependants of Members

Spouses ages 18 to 64 (if not legally separated or divorced) and children, including adopted and stepchildren, who are unmarried and dependant on the applicant for support up to age 19 (25 if a full-time student) are eligible.

All dependants must meet the same eligibility requirements as the members to qualify.

Newborns are covered from birth provided notification is made and the appropriate premium is paid within 31 days of birth. Otherwise, the new born is considered a late enrollee and may not be enrolled until the next open enrollment period.

Membership

Annual dues are \$20.00 per individual, \$30.00 per family (regardless of the number of family members). Coverage under the plans described is available only to members.

Med+Max[™] Health Insurance

A Defined Benefit Health Insurance Plan Affordable Health Care Solutions for Individuals and Families

These plans are not available in CT, KS, MT, NH, NJ, SD, WA.

For further information or to enroll on the plan
Contact: