

Benefit Summary Addendum for Small Business

These Benefits are available to you as part of the standard benefits presented on the Benefit Summary. The Benefits shown here may change some of the limitations or exclusions indicated on your Benefit Summary as a result of changes due to federal legislation. Please note that a state mandate may change the Benefits described.

PLAN HIGHLIGHTS

Types of Coverage	Network Benefits	Non-Network Benefits
Maximum Policy Benefit		
The maximum amount we will pay during the entire period of time you are enrolled under the Policy.	<i>No Maximum Policy Benefit.</i>	<i>No Maximum Policy Benefit.</i>

ADDITIONAL CORE BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Preventive Care Services		
Covered Health Services include but are not limited to:		
Primary Physician Office Visit	<i>100%, deductible does not apply</i>	<i>Non-Network Benefits are not available</i>
Specialist Physician Office Visit	<i>100%, deductible does not apply</i>	<i>Non-Network Benefits are not available</i>
Lab, X-Ray or other preventive tests	<i>100%, deductible does not apply</i>	<i>Non-Network Benefits are not available</i>

MEDICAL EXCLUSIONS

Pre-existing Conditions (Applies only to groups of 50 or less employees)

Benefits for the treatment of a Preexisting Condition are excluded until the earlier of the following: The date you have had Continuous Creditable Coverage for 12 months; or the date you have had Continuous Creditable Coverage for 18 months if you are a Late Enrollee. This exclusion does not apply to covered Persons under age 19.

This Benefit Summary Addendum is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary Addendum conflicts in any way with the Certificate of Coverage (COC), including the Federal Notice, the COC shall prevail. It is recommended that you review your COC, including the Federal Notice for a description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage. The Benefits shown here may change some of the exclusions indicated on your Benefit Summary.