

**ELIGIBILITY**

Any employee working 20 or more hours per week is eligible for coverage.

**RESTRICTED INDUSTRIES**

Professional Employer Organizations (PEOs) are subject to prior carrier approval.

**EFFECTIVE DATE**

Employees will not be covered until the application has been accepted and the premium has been paid. All insureds will be effective on the 1st day of the month. Enrollment follows those guidelines established for enrollment in the underlying group major medical plan.

**CLAIM SUBMISSIONS**

Claims may be filed by submitting 1) a completed claim form\*; 2) a fully itemized bill; and 3) the major medical insurance carrier Explanation of Benefits (EOB).

*\*Only one claim form needs to be on file per insured person annually*

**EXCLUSIONS**

Benefits will not be paid for losses caused by or resulting from any one or more of the following:

- Any expenses Incurred during any period the Insured Person does not have coverage under a Health Benefit Plan;
- Any expenses which are not Medically Necessary;
- War, declared or undeclared;
- Suicide or any attempt thereat, while sane or;
- Any intentionally self-inflicted Injury or sickness, while sane or insane (in Colorado, Missouri or Montana, while sane);
- Any expense for which there is no legal obligation to pay, no charge is made or in the absence of coverage, no charge would be made;
- Drugs or medicines, except medicines prescribed and taken while Hospital Confined;
- Dental or vision services unless resulting from an Injury occurring while the Insured Person's coverage under the Policy is in force or due to congenital disease or anomaly of a Dependent newborn child;
- Mental illness or functional or organic nervous disorders, regardless of the cause;
- Treatment of alcoholism, drug addiction or complications thereof;

**EXCLUSIONS CONTINUED...**

- Any injury that occurs while an Insured Person has been determined to be intoxicated by judicial or administrative judgment or order; by evidence of an alcohol concentration in the blood of the Insured Person, breath or urine which equals or exceeds the limits set by applicable motor vehicle laws; or by other evidence demonstrating the Insured Person was under the influence of any alcohol, narcotic, barbiturate or hallucinatory drug, unless the same was administered on the advice of a Physician and was taken according to the prescribed dosage; and the use of such substance was a proximate cause of the injury;
- Any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including, but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during the course of a routine physical examination or checkup;
- Injury or sickness for which compensation is payable under any Workers Compensation Law, any Occupational Disease Law or similar legislation, or if the Policyholder opts out of such requirements, any similar coverage purchased or self-funded by the Policyholder to cover work-related injuries or sicknesses
- Any loss for which the Insured Person is not required to pay a Deductible, Copayment, and/or Coinsurance under the Insured Person's Health Benefit Plan;
- Any expense for which benefits are excluded under the Insured Person's Health Benefit Plan; or
- An Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause of loss occurred. A violation of law includes both misdemeanor and felony violations.

Note: Total Health Plus is not available in all states. Some provisions, benefits and limitations or exclusions listed herein may vary by state. Contact your marketing representative for a current list of available states for Total Health Plus.

 **TOTAL HEALTH Plus**

 **TOTAL HEALTH Plus**

**AN ENHANCED GAP SOLUTION FOR YOUR EMPLOYEE BENEFIT STRATEGIES**

Total Health Plus, by Tandem Medical Solutions, is a supplemental medical expense policy that covers portions of the expenses employees incur due to treatment of injuries and illnesses under their major medical plan as a result of deductibles/coinsurance. The benefits provided help employees deal with the burden brought on by high out of pocket expenses. Implementing Total Health Plus is an innovative and creative approach to employee benefits that can benefit employers and employees. An underlying major medical plan is required. **This product does not pay 100% of out-of-pocket expenses.**



- Expenses must be covered by the major medical plan of the insured for benefits to be paid under this product.
- Provides coverage for medically necessary eligible out-of-pocket expenses related to the corresponding major medical plan co-insurance and deductibles up to the maximum benefit selected, provided such expenses are the result of treatment for an injury or sickness.
- Includes a range of benefit maximums available to allow plan designs that correspond with the major medical plan out-of-pocket expenses.
- Basic product benefits are for in-hospital charges only, including emergency room treatment for an injury or for a sickness, if it results in a hospital confinement within 24 hours. Optional coverages include outpatient treatment, physician office visits, and Term Life/AD&D.
- Uses itemized bills and primary major medical plan EOB (explanation of benefits) as a basis for determining what is covered.

UNDERWRITTEN BY

 **Companion Life**

Companion Life Insurance Company  
Columbia, SC

ADMINISTERED BY

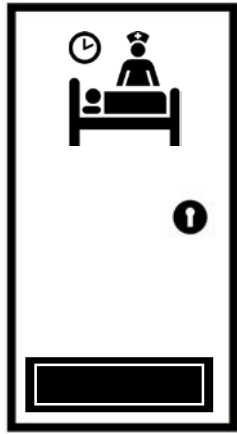
 **SPECIAL INSURANCE SERVICES**

Special Insurance Services, Inc.  
Dallas, TX

FOE MORE INFO CONTACT:

 **TANDEM MEDICAL SOLUTIONS**

info@tandemmedicalsolutions.com



## INPATIENT BENEFITS INCLUDE...

- Coverage for out-of-pocket expenses due to an inpatient hospital confinement
- Coverage for inpatient stays, inpatient surgeries, and physician in-hospital charges for eligible out-of-pocket expenses resulting from the treatment of an injury or sickness
- Coverage for out-of-pocket expenses due to emergency room if treatment results in hospital admission within 24 hours

\*\*Benefit amount options: \$500 - \$15,000 per covered person per calendar year/benefit year

The benefit amount should coincide with the deductibles/copays/coinsurance established under the major medical plan. Maximum inpatient benefit level should not exceed the total amount of the individual in-network deductible and coinsurance maximum under the major medical plan.

Benefits for emergency room treatment due to sickness require that the sickness result in hospital confinement within 24 hours of the hospital emergency room treatment, otherwise it would apply to the Outpatient Benefit (if included).

Hospital Confinements due to pregnancy are covered for insured employees and their insured dependents, if payable under the major medical plan.

### Baby Delivery Three days in Hospital

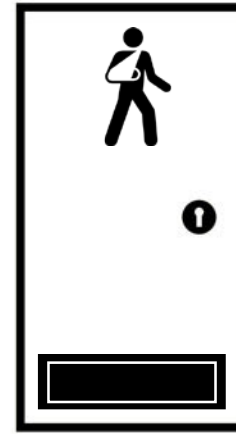
Major Medical Deductible = \$3,500  
 Coinsurance = 80%  
 Total Health Plus Benefit = \$3,500

#### CLAIM EXAMPLES

Covered Claim Amount	\$8,700
Deductible	\$3,500
Coinurance	\$1,000
<b>Total Out of Pocket</b>	<b>\$4,500</b>

#### TOTAL HEALTH PLUS

<b>Supp Plan Paid to Provider</b>	<b>\$3,500</b>
Employee Paid Provider	\$1,000



## OUTPATIENT BENEFITS INCLUDE...

- Outpatient surgery in an outpatient surgical facility, emergency facility or physicians office
- Diagnostic testing including, but not limited to, x-rays, diagnostic lab, MRIs and CT Scans
- Outpatient radiation therapy or chemotherapy
- Physical therapy or chiropractic care
- Durable medical equipment, regardless of where it is dispensed

\*\*Benefit amount options: Up to 20%, 30%, 40%, 50%, 60%, or 70% of the selected In-Hospital Maximum per Benefit Period

Available benefit limits range from a minimum of \$250 to a maximum of \$4,900, provided the maximum benefit selected is not greater than 70% of the amount of Inpatient Benefit selected. Deductible required for Outpatient benefit greater than \$3,500.

The Outpatient benefit pays on a "per person per calendar year" or benefit year basis, with a family maximum limit of two or three times the "per person" limit. This maximum applies to the entire family unit, regardless of the number of covered persons within the family unit, however, the benefit payable for no one person within the family unit can exceed the "per person" limit.

\*\*Front-end deductible options available  
 \*\*Compatible options with HSA plans

### Knee MRI Imaging Facility

Major Medical Deductible = \$3,500  
 Coinsurance = 80%  
 Total Health Plus Benefit = \$2,000

#### CLAIM EXAMPLES

Covered Claim Amount	\$1,100
Deductible	\$1,100
Coinurance	\$0
<b>Total Out of Pocket</b>	<b>\$1,100</b>

#### TOTAL HEALTH PLUS

<b>Supp Plan Paid to Provider</b>	<b>\$1,100</b>
Employee Paid Provider	\$0

