PANABRIDGE ADVANTAGE

2023 Benefit Guide

Lilly Enterprises, Inc. dba McDonald's

Summary of Benefits and Coverage for PanaBridge Advantage with Minimum Value Option

To obtain an electronic copy of the Summary of Benefits and Coverage and Benefit Guide, please visit INSERT ACI SITE NAME HERE

CA License No.

Your Plan Choices

Plan Options

Two health plan options that satisfy the individual mandate are being offered to you during this open enrollment period. This allows you the opportunity to select the one that best meets your coverage and affordability needs. You may choose between:

PanaBridge Advantage

PanaBridge Advantage includes full Preventive Care Coverage (to help identify potential health risks for early diagnosis and treatment), combined with a Limited Benefit Indemnity Coverage that pays a fixed benefit amount to help cover the cost of common services such as doctor's office benefit, hospitalization, intensive care, accidents, surgeries and more.

The Limited Benefit Indemnity Coverage (PanaMed) is offered by Pan-American Life Insurance Company. Pan-American Life Insurance Company insures these benefits.

The Preventive Care Coverage is provided under a self-funded plan established by your employer. Pan-American Life Insurance Company does not insure these benefits.

Minimum Value Option

With the Minimum Value Option, the covered benefits require copays and deductibles. The plan has an Out-of-Pocket Maximum of $6,000 for individual and $15,000 for family coverage. Charges are reimbursed at 150% of Medicare for Facilities and 125% for Professionals. This plan is a self-funded plan established by your employer. Pan-American Life Insurance Company does not insure these benefits.

Plan Administration - ACI

Administrative Concepts, Inc. is the administrator of this plan.
Toll-free contact number: **888-585-9034.**
Hours of operation are: Monday – Friday, 7 a.m. – 8 p.m. (EST)

PanaBridge Advantage

Preventive Care Plan

One of the most valuable benefits included with your benefit package is preventive care coverage which now covers 100% of eligible preventive service costs when performed in-network. That means that you pay nothing out of pocket for access to a variety of medical screenings, exams, and immunizations which may help reduce your risk of developing health conditions in the future and avoid expensive treatment down the road.

Understanding Preventive Care

Preventive care is the first step in knowing how healthy you are. The goal is to "prevent" a serious health condition by detecting problems early on. Preventive care includes screenings, tests, medicines and counseling performed or prescribed by your doctor or other health care provider to test for conditions which may develop even when you don't have signs or symptoms of an injury or illness. Your provider is able to deliver treatment which can prevent you from getting sick and by counseling you on beneficial lifestyle changes or offering prophylactic treatment.

Why is Preventive Care Important?

- Detection of health conditions early, when they are more easily treatable
- Identification of potential risks to your future health
- Provide adults with immunizations for illnesses such as influenza and pneumonia, as well as booster shots and required immunizations for children

Difference Between Preventive and Diagnostic Services

A preventive procedure starts with the intent of confirming your good health although you may appear asymptomatic. Diagnostic services differ in that they are requested in order to identify the cause of a reported health condition.

Services are considered Preventive Care when a person:

- Does not have symptoms indicating an abnormality
- Has had a screening done within the recommended age and gender guidelines with the results being considered normal
- Has had a diagnostic service with normal results, after which the physician recommends future preventive care screenings using the appropriate age and gender guidelines
- Has a preventive service that results in diagnostic care or treatment being done at the same time and as an integral part of the preventive service (e.g. polyp removal during a preventive colonoscopy), subject to benefit plan provisions

Services are considered Diagnostic Care when:

- Services are ordered due to current issues or symptoms(s) that require further diagnosis
- Abnormal test results on a previous preventive or diagnostic screening test requires further diagnostic testing or services
- Abnormal test results found on a previous preventive or diagnostic service requires the same test be repeated sooner than the normal age and gender guideline recommendations would require

Preventive Care Plan

Are Preventive Care Services covered only when performed in-network?
Yes, these preventive services are only covered under the preventive care plan when performed by an in-network provider. Your plan includes access to one of the largest preferred provider organization (PPO) networks. Details for locating an in-network provider can be found in the PPO Provider Network section of this guide.

Covered Preventive Services for Adults

Screenings for:
- Abdominal aortic aneurysm (one-time screening for men of specified ages who have ever smoked)
- Alcohol misuse
- Blood pressure
- Cholesterol (for adults of certain ages or at higher risk)
- Colorectal cancer (for adults over 50)
- Depression
- Type 2 diabetes (for adults with high blood pressure)
- Hepatitis B (for virus infection in persons with high risk)
- Hepatitis C (for infection in persons at high risk) (one-time screening for HCV to adults born between 1945-1965)
- HIV (for all adults at higher risk)
- Lung Cancer (for adults age 55-80 with a 30-pack per year smoking history and who currently smoke or quit within the past 15 years)
- Obesity
- Tobacco use
- Syphilis (for all adults at higher risk)

Counseling for:
- Alcohol misuse
- Aspirin use for men and women of certain ages and cardiovascular risk factors
- Diet (for adults with higher risk for chronic disease)
- Human Immunodeficiency Virus (HIV) for sexually active women
- Obesity
- Sexually transmitted infection (STI) prevention (for adults at higher risk)
- Tobacco use (including programs to help you stop using tobacco)

Immunizations:
- Doses, recommended ages, and recommended populations vary.
- Diphtheria, pertussis, tetanus (DPT)
- Hepatitis A
- Hepatitis B
- Herpes zoster

- Human papillomavirus (HPV)
- Influenza (Flu)
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chicken pox)

Additional Covered Preventive Services for Women

- Aspirin (low dose as preventive after 12 weeks gestation in women who are at high risk for preeclampsia)
- Breast Cancer preventive medications for women with increased risk (tamoxifen or raloxifene).
- Contraception (FDA approved and ACA required contraceptive methods, sterilization procedures, and patient education and counseling)
- Well-woman visits (to obtain recommended preventive services for women under 65)

Screenings for:
- Breast cancer (mammography every 1 to 2 years for women over 40)
- Cervical cancer (for sexually active women)
- Chlamydia infection (for younger women and other women at higher risk)
- Domestic and interpersonal violence
- Gestational diabetes (for those at high risk)
- Gonorrhea (for all women at higher risk)
- Human Immunodeficiency Virus (HIV) (for sexually active women)
- Human Papillomavirus (HPV) DNA Test: High risk HPV DNA testing every three years for women with normal cytology results who are 30 or older
- Syphilis (for all pregnant women or other women at increased risk)
- Osteoporosis (for women over age 60 depending on risk factors)

Preventive Care Plan

Counseling for:

- BRCA: Genetic counseling and testing for women at higher risk (family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes) and screening, genetic counseling, and testing for women who are asymptomatic and have not received a BRCA-related cancer diagnosis, but who previously had breast, ovarian, or other cancer; women whose family history is associated with an increased risk of BRCA-related cancer; women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
- Breast cancer chemoprevention (for women at higher risk)
- Contraception (education and counseling)
- Domestic and interpersonal violence
- Folic acid supplements (for women of child-bearing ages)
- Human Immunodeficiency Virus (HIV) (for sexually active women)
- Sexually Transmitted Infections (STI): Counseling for sexually active women

Additional services for pregnant women:

- Anemia screenings
- Bacteriuria urinary tract or other infection screenings
- Breast feeding interventions to support and promote breast feeding after delivery
- Expanded counseling on tobacco use
- Gestational diabetes (screening for women 24 to 28 weeks pregnant)
- Hepatitis B counseling (at the first prenatal visit)
- Rh incompatibility screening, with follow-up testing for women at higher risk

Covered Preventive Services for Children

Screenings and assessments for:

- Alcohol and drug use (for adolescents)
- Autism (for children at 18 and 24 months)
- Behavioral issues
- Blood pressure (screening for children)
- Cervical dysplasia (for sexually active females)
- Congenital hypothyroidism (for newborns)
- Depression (screening for adolescents)
- Developmental (screening for children under age 3, and surveillance throughout childhood)
- Dyslipidemia (screening for children at higher risk of lipid disorders)
- Hearing (for all newborns)
- Height, weight and body mass index measurements
- Hæmatocrit or hemoglobin
- Hæmoglobinopathies or sickle cell (for newborns)
- HIV (for adolescents at higher risk)
- Lead (for children at risk of exposure)
- Medical history
- Obesity
- Oral health risk assessment (for young children)
- Phenylketonuria (PKU) (newborns)
- Tuberculin testing (for children at higher risk of tuberculosis)
- Vision (screening as part of physical exam, not separate eye exam)

Medications and supplements:

- Gonorrhea preventive medication for the eyes of all newborns

Counseling for:

- Fluoride (prescription chemoprevention supplements for children without fluoride in their water source)
- Obesity
- Sexually transmitted infection (STI) prevention (for adolescents at higher risk)
- Tobacco use (education and counseling to prevent initiation of tobacco use in school-aged children and adolescents)

Immunizations:

From birth to age 18. Doses, recommended ages, and recommended populations vary.

- Diphtheria, pertussis, tetanus (DPT)
- Hæmophilus influenzæ type b
- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV)
- Inactivated poliovirus
- Influenza (Flu)
- Measles, mumps, rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Rotavirus
- Varicella (chicken pox)

Preventive Care Plan

*Prescription Drug Coverage**

The following chart shows categories of pharmaceuticals available to you at no cost. As lists may change, please note that in order to determine which specific drugs or brands within each of the below categories are covered under your prescription benefits, you will need to contact RxEDO at 1-888-879-7336 or go online to rxedo.com for more information.

Item	Availability	Coverage
Aspirin	Adult men and women 45 years or more	Generic, OTC
Folic Acid supplements	Adult women Up to 55 years	Generic, OTC
Fluoridated drugs	6 months – 5 years	Brand, generic
Tobacco Cessation	Adult men and women	• Generic or OTC only on nicotine replacement products • Limit to Generic Zyban
Additional Covered Preventive Services for Women		
Oral Contraceptives	Adult women	Generic, single source brands
Emergency contraception		Generic, OTC, single source brands**
Injectable contraceptives		Generic, single source brands**
Transdermal patch		Generic, single source brands**
Diaphragm and cervical cap		Generic, single source brands**

*Under PPACA, certain medications and prescription drugs that prevent illness and disease are covered at no-cost as long as services are rendered by a physician who participates in the plan's network. This chart lists the preventive medications that are covered at 100% under the PanaBridge Advantage Plan. In order for these medications to be covered at 100%, a prescription is required from your physician, including over-the-counter (OTC) drugs. Drugs may be subject to quantity limitations.

**Single source brands are brand named drugs which do not have generic alternatives.

PanaMed
Limited Benefit Indemnity Plan

PanaMed Limited Benefit Indemnity Plan

Pays fixed benefit amounts to help cover the costs of common medical services

Access to discounted PPO Network Rates

Your own Member Advocate is available to assist you to reduce medical costs and stressful billing situations

PanaMed is a limited benefit indemnity plan that pays clearly defined, fixed amounts to help you cover the cost of common medical services, such as doctor's office visits, hospitalization, intensive care, accidents, and much more. This limited benefit indemnity plan is designed to provide the most value for everyday healthcare expenses as opposed to plans that cover major illness and catastrophic injuries.

In the following pages you will find a benefit grid that details each of the benefits included in our plans, along with how much each of them pays. You will also find important information regarding additional benefits and services included in your plan.

How to get the best from your Plan

1. Call or go online to locate an in-network provider (details in the PPO Provider Network section of this guide)
2. Schedule your appointment
3. Visit provider and present ID card
4. Provider files claim
5. PPO Network applies discounts and forwards claim to Pan-American Life (insurance carrier)
6. If the claim is less than the allowable benefit amount in your plan, you owe nothing
7. If the claim is more than the allowable benefit amount in your plan, you will owe the balance to the provider

NOTE – While PanaMed benefits may be used at any hospital or physician's office, members are encouraged to utilize the PPO Network for discounted provider prices.

Limited Benefit Indemnity Plan Pays

PANAMED

BENEFIT DESCRIPTION	PLAN 1	PLAN 2
HOSPITAL ADMISSION INDEMNITY BENEFIT • Pays in addition to hospital indemnity • Once per admission, once per diagnosis • Benefit will not be payable for the same or related injury or illness	$500 first day when admitted as an inpatient into a hospital room	$1000 first day when admitted as an inpatient into a hospital room
HOSPITAL INDEMNITY BENEFIT • Must be admitted as an inpatient into a hospital room • If hospital confinement falls into a category below a different maximum applies	$100 per day Overall calendar year max subject to 60 day(s) total for any inpatient stay in a hospital	$400 per day Overall calendar year max subject to 60 day(s) total for any inpatient stay in a hospital
Intensive Care If the participant is confined in a hospital intensive care unit	$200 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)	$800 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)
Substance Abuse Must be diagnosed and admitted as an inpatient in a substance abuse unit	$50 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)	$200 per day Up to 30 day(s) calendar year max (applied to overall calendar year max)
Mental Illness Must be diagnosed and admitted as an inpatient into a mental illness unit	$50 per day Up to 60 day(s) calendar year max (applied to overall calendar year max)	$200 per day Up to 60 day(s) calendar year max (applied to overall calendar year max)
Skilled Nursing Facility Must be admitted in skilled nursing facility following a covered hospital stay of at least 3 days	$50 per day Up to 57 day(s) calendar year max (applied to overall calendar year max)	$200 per day Up to 57 day(s) calendar year max (applied to overall calendar year max)
DOCTOR'S OFFICE BENEFIT Benefit pays one benefit per day if the patient is seen by a doctor for an illness or injury	$75 per day 4 day(s) per calendar year	$80 per day 6 day(s) per calendar year
OUTPATIENT DIAGNOSTIC LABS • Includes glucose test, urinalysis, CBC, and others • When hospital confinement is not required and the test is ordered or performed by a doctor	$35 per day 3 day(s) per calendar year	$45 per day 3 day(s) per calendar year
OUTPATIENT DIAGNOSTIC RADIOLOGY • Includes chest, broken bones, and others • When hospital confinement is not required and the test is ordered or performed by a doctor	$70 per day 4 day(s) per calendar year	$100 per day 2 day(s) per calendar year
OUTPATIENT ADVANCED STUDIES • Includes CT Scan, MRI, and others • When hospital confinement is not required and the test is ordered or performed by a doctor	$300 per day 2 day(s) per calendar year	$400 per day 2 day(s) per calendar year
INPATIENT SURGICAL BENEFIT • Surgery must be performed due to an illness or injury as an inpatient stay in a hospital • Minor surgical procedures are excluded	$500 per day 1 day(s) per calendar year	$1,000 per day 1 day(s) per calendar year
INPATIENT ANESTHESIA BENEFIT 25% of the amount paid under the inpatient surgical benefit	$125 per day 1 day(s) per calendar year	$250 per day 1 day(s) per calendar year

Limited Benefit Indemnity Plan Pays

BENEFIT DESCRIPTION	PLAN 1	PLAN 2
OUTPATIENT SURGICAL BENEFIT • Surgery must be performed due to an illness or injury at an outpatient surgical facility center or hospital outpatient surgical facility • Minor surgical procedures are excluded	$250 per day 1 day(s) per calendar year	$500 per day 1 day(s) per calendar year
OUTPATIENT ANESTHESIA BENEFIT 25% of the amount paid under the outpatient surgical benefit	$62.50 per day 1 day(s) per calendar year	$125 per day 1 day(s) per calendar year
EMERGENCY ROOM SICKNESS BENEFIT Pays one benefit per day for services received in an ER as a result of an illness	$75 per day 2 day(s) per calendar year	$100 per day 4 day(s) per calendar year
OUTPATIENT SURGICAL FACILITY Pays one benefit per day for surgery performed at an outpatient surgical facility center or hospital outpatient surgical facility	N/A	$100 per day 2 day(s) per calendar year
THE LIMITED BENEFIT INDEMNITY PLAN ALONE DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (MAJOR MEDICAL COVERAGE) AND DOES NOT SATISFY THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. HOWEVER, THE PREVENTIVE CARE PLAN OFFERED AS PART OF PANABRIDGE ADVANTAGE DOES MEET THE REQUIREMENT UNDER THE AFFORDABLE CARE ACT AS IT PROVIDES MINIMUM ESSENTIAL COVERAGE.		

Group Medical Accident

with Accidental Death & Dismemberment

(Included with Indemnity Medical Plan)

Covered Charges

Hospital room and board and general nursing care up to the semi-private room rate ● Hospital - miscellaneous expenses during hospital confinement such as the cost of operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies ● Doctor's fees for surgery and anesthesia services ● Doctor's visits - inpatient and outpatient ● Hospital emergency care ● X-ray and laboratory services ● Prescription drug expense ● Dental treatment for injury to sound natural teeth ● Registered nurse expense.

BENEFIT	(Included with All Plans)
Accident Benefit* per occurrence	Up to **$2,500**
Deductible per accident, per insured	**$100** deductible
Accidental Death	**$5,000**
Accidental Dismemberment	Up to **$5,000**
Initial Treatment Period..... 12 weeks (Initial treatment must be incurred within 12 weeks of the date of the accident)	Benefit Period..... 52 weeks (Expenses must be incurred within 52 weeks of the date of the accident)

**Pays "Off the Job" Accident Medical Benefits for Covered Expenses that result directly, and from no other cause, than from a covered accident. The insured's loss must occur within one year of the date of the accident.*

Medical Accident insurance is issued by Pan-American Life Insurance Company on policy form number SM-2003.

Medical Accident is NOT available to residents in ME and WA.

Global Repatriation

Helping to Provide Peace of Mind During Your Time of Need

The passing of a loved one is a difficult and emotional experience. When it occurs during travel, you or your loved ones may feel that help is no longer within reach.

Global Repatriation is a worldwide benefit designed to help your family when you or a covered dependent suffers a loss of life due to a covered accident or illness while traveling 100 miles or more away from their permanent residence. The benefit provides transportation of a covered member's remains to his/her primary place of residence in the United States and repatriation of foreign nationals to their home countries.

Benefit Includes:

- Expenses for preparations; embalming or cremation
- Transport casket or air tray
- Transportation of remains to place of residence or place of burial

All services must be authorized and arranged by AXA Assistance designated personnel and the maximum benefit per person is $20,000 USD per occurrence. No claims for reimbursement will be accepted.

To Activate Assistance Call: **1-888-558-2703 / 1-312-356-5963**

(Toll-Free in the U.S.) (Collect Outside of the U.S.)

Global Repatriation benefits are independently offered and administered by AXA Assistance USA, Inc. www.axa-assistance.us

Pan-American Life and AXA Assistance USA, Inc. are not affiliated. See policy for exclusions and limitations.

Prescription Drug Indemnity Benefits

Your prescription drug indemnity benefit will pay a maximum amount per day, per insured person, with a maximum amount either per month or per calendar year (check your plan below). There are no copayments, deductibles, or coinsurance.

Prescription Drug Indemnity Pays (Included with Plan 1)

Generic - $15 per day
Calendar Year Maximum Limit for Generic is 12 days per insured

Brand - Discount Only

Prescription Drug Indemnity Pays (Included with Plan 2)

Generic - $25 per day
Calendar Year Maximum Limit for Generic is 12 days per insured

Brand - $50 per day
Calendar Year Maximum Limit for Brand is 12 days per insured

This Applies to Both Plans

- If the pharmacy's charge is less than the per day indemnity benefit, you will be mailed a check for the difference.
- If the pharmacy's charge is more than the per day indemnity benefit, you will be responsible for the difference.
- If maximum limit is met a Discount will be applied.

Pharmacy Network

The R_xEDO pharmacy network includes **over 68,000** total participating retail pharmacy locations nationwide; all major chains are included as well as 20,000+ independent pharmacies.

Helpful Hints

- Show the pharmacist your identification card. It includes the BIN and PCN numbers, as well as any other information they will need to process your claim through R_XEDO.
- If your pharmacy has any questions concerning the process, please have them call the R_XEDO Pharmacy Help Desk at (800) 522-7487, which is printed on your new identification card.

For questions or drug look-up go to www.rxedo.com or call 1-888-879-7336.

Prescription drug indemnity benefits are insured by Pan-American Life Insurance Company on form number PA-IOPD-15-P and administered by RxEDO. Pan-American Life is not affiliated with RxEDO.

Frequently Asked Questions

Prescription Drug Indemnity Benefit

1. **What is the difference between a co-pay prescription benefit and the indemnity prescription benefit?**
Instead of paying out-of-pocket for co-pays, your indemnity prescription plan will pay a fixed dollar amount per day for a maximum number of days per month or per year depending on your plan. In addition, your indemnity benefit is not limited to formulary restrictions.

2. **What if the per day benefit amount is greater than the cost of my prescription?**
A check for the difference will be mailed to you at the end of the month.

3. **What if the cost of my prescription is greater than the per day benefit amount?**
You will be responsible for any costs above the per day benefit amount at the pharmacy.

4. **How can I find out what my out-of-pocket cost will be under this plan before I go to the pharmacy?**
For drug look-up you can go to www.RxEDO.com or call 1-888-879-7336. Prices may vary at each pharmacy, so it is best to contact the pharmacy directly.

5. **What if I have two generic prescriptions to fill on the same day?**
The plan will pay the fixed dollar amount per day regardless of the number of prescriptions you fill at the pharmacy. Please be aware that your pharmacy will apply your prescription indemnity benefit to only one prescription at the pharmacy. If there is any indemnity benefit remaining, you will receive that amount in the form of a check at the end of the month.

6. **What if I have a generic and a brand prescription to fill on the same day?**
If your plan covers brand prescriptions under the indemnity benefit, the plan will pay the fixed dollar amount per day for one generic, and the a fixed dollar amount per day for one brand prescription. If you have a combination plan, the plan will pay the fixed dollar amount for either one brand or one generic prescription per day, but not for both. All plans include discounts on prescriptions not covered and /or exceeding the one per day limit.

Here's how your Prescription Drug Indemnity Benefits work:

Example 1 – If your plan Pays:

Generic - $10 per day
Brand - $50 per day

Calendar Year Maximum Limit for Generic is 12 days per insured
Calendar Year Maximum Limit for Brand is 12 days per insured

In one day, you or a covered dependent ,fills one Generic and one Brand prescription drugs as shown below:

1 Generic for a total cost of:	$4
Plan pays the pharmacy:	$4
Plan mails you a check for:	$6

1 Brand for a total cost of:	$38
Plan pays the pharmacy:	$38
Plan mails you a check for:	$12

This per day benefit for Generic and Brand drugs has been satisfied. Any additional prescriptions filled by that particular insured, on the same day, would have a discount applied.

Example 2 – If your plan Pays:

Generic - $25 per day
Brand - $50 per day

Calendar Year Maximum Limit for Generic is 12 days per insured
Calendar Year Maximum Limit for Brand is 12 days per insured

In one day, you or a covered dependent ,fills one Generic and one Brand prescription drugs as shown below:

1 Generic for a total cost of:	$30
Plan pays the pharmacy:	$25
You are responsible for:	$ 5

1 Brand for a total cost of:	$60
Plan pays the pharmacy:	$50
You are responsible for:	$10

This per day benefit for Generic and Brand drugs has been satisfied. Any additional prescriptions filled by that particular insured, on the same day, would have a discount applied.

PPO Provider Network

First Health Network
(Included with Indemnity Medical Plan)

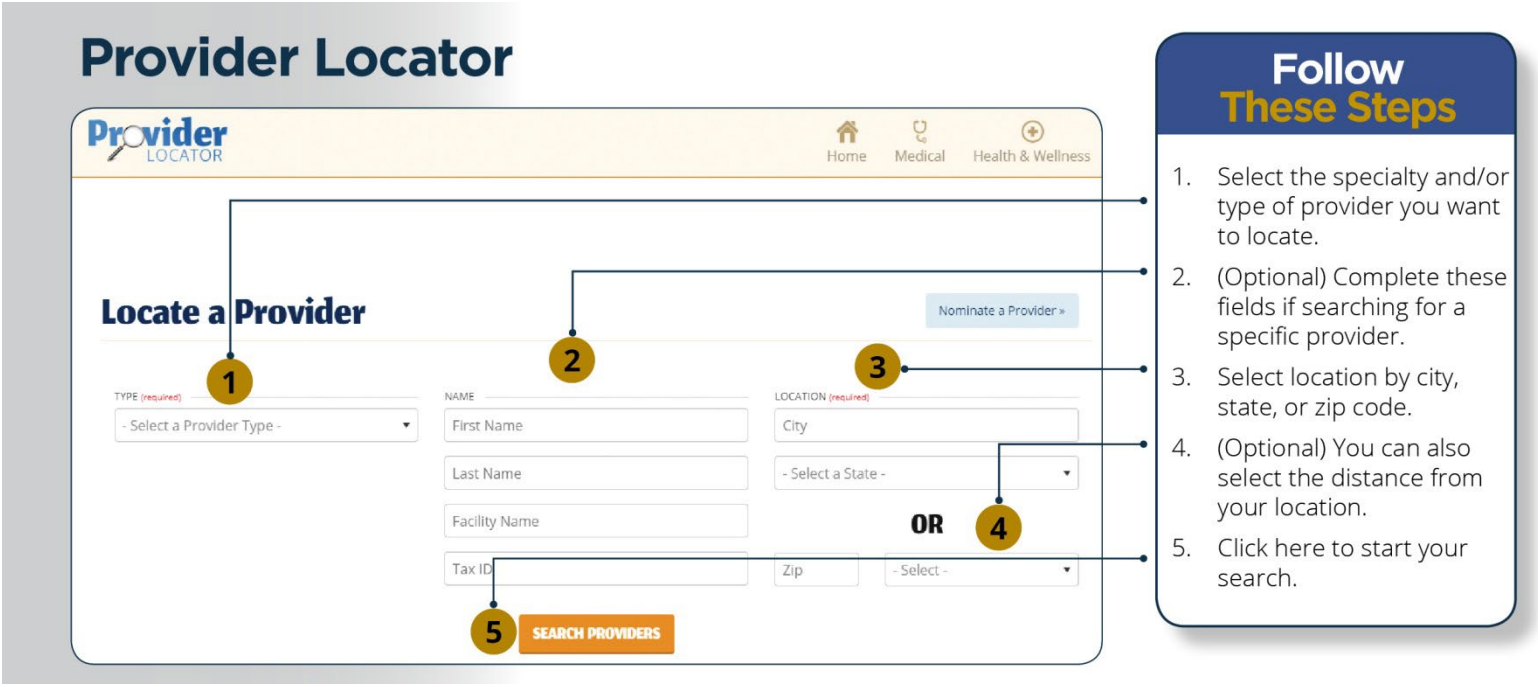
Using In-Network Providers Can Stretch Your Benefits Dollars

Your plan includes access to the First Health Network, which is more than a PPO Network, it is a full service Managed Care Organization offering savings opportunities on a national, directly contracted basis. It provides access to more than 5,000 Hospitals and 695,000 Physicians and health care professionals nationwide.

First Health is committed to patient safety at a high level by exercising care in the selection and evaluation of providers for our network. Thorough credentialing and recredentialing processes minimize unfavorable risks, which in turn, impacts clinical and cost outcomes.

In addition to the First Health Network, our members also have access to a secondary or Wrap Network that provides them and their covered dependents a broader access to Physicians and health care professionals in urban, suburban, and rural areas.

To locate in-network Physicians or Hospitals call **1-888-221-5227**
or visit **www.providerlocator.com/palicfh** to search online



PPO Provider services are provided by Competitive Health, Inc. Pan-American Life and Competitive Health are not affiliated.

healthiestyou™
By Teladoc.

(Included with Indemnity Medical Plan)

Your healthcare just got a whole lot easier!

With HealthiestYou you can connect to a doctor, get treatment, and get prescriptions, 24 hours a day, 7 days a week over the phone or via the mobile app. Using HealthiestYou can SAVE YOU TONS OF MONEY and no more sitting around in waiting rooms. And best of all, it's FREE!

HY can handle over 70% of doctor office visits!

Top 9 Physician Consults

Allergies, Bronchitis, Earache, Sore Throat, Sinusitis, Pink Eye, Strep Throat, Respiratory Infection, and Urinary Tract Infection

24X7 UNLIMITED DOCTOR ACCESS
Are you sick? Call HealthiestYou first! Our physician network can diagnose, treat, and prescribe with no consult fees, anytime, anywhere. Really!

PRESCRIPTION SAVINGS
Need a prescription? Our geo-based Prescription search engine can save you up to 85% on your prescriptionand will often beat your co-pay.

SHOP & PRICE PROCEDURES
Do you need an MRI or an Ultrasound? Our app puts you in the driver's seat by providing a vehicle to search and price procedures in your direct area. Happy shopping!

HEALTH MANAGEMENT CONTENT
Are you stressed? Let HealthiestYou guide you to improved health and happiness with relevant health content delivered at the time of need.

REGISTER AND ACCESS YOUR ACCOUNT
member.healthiestyou.com

No internet? Call a doctor
(855) 894-9627.

Download the app

Download on the App Store

ANDROID APP ON Google play

HealthiestYou is not insurance and is provided by HY Holdings Inc. Pan-American Life and HY Holdings Inc. are not affiliated.

HealthiestYou is not health insurance and we encourage all members to maintain adequate insurance from a responsible provider. HealthiestYou is designed to complement, and not replace the care you receive from your primary physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written.

OUTLINE OF COVERAGE FOR LIMITED BENEFIT INDEMNITY PLAN

This outline of coverage provides a brief summary of some important features of your insurance certificate. This outline of coverage is not an insurance contract and only the actual certificate provisions will control. Your certificate includes in detail the rights and obligations of you, your employer and Pan-American Life Insurance Company. Please review your certificate carefully for additional information.

Categories of Coverage: Your certificate includes **limited benefit indemnity plan**, also referred to as fixed indemnity coverage. Limited indemnity plans differ from major medical coverage and are not designed to cover all medical expenses or meet the minimum standards required by the Affordable Care Act for major medical coverage. Payments are based on a fixed per day dollar amounts in the Summary of Benefits rather than on a percentage of the provider's charge. If you need comprehensive major medical coverage, there may be other options available to you and your family members. Please go to www.healthcare.gov for more information.

Benefits: The benefit levels are described in your **Summary of Benefits**. Some benefits included in your plan may appear as riders and these can be found following your **Summary of Benefits**.

Exceptions, Reductions, and Limitations: Your benefits are subject to certain exclusions, limitations, and terms for keeping the benefits in force.

Please refer to the section entitled "**Exclusions and Limitations**" for further details on these and other exclusions and limitations.

Continuation of Coverage: Eligibility for coverage is described in the sections entitled **Eligibility for Employees** and **Eligibility for Dependents** of your certificate. Your coverage may not begin until after a waiting period, as described on the first page of the **Summary of Benefits**. The **Termination of Coverage** section of your certificate explains when your coverage will terminate. Under certain circumstances, you may continue your coverage for a limited time period if you should become disabled. See the **Extension Due to a Total Disability** section for details. In addition, you may be eligible for continued coverage under applicable COBRA laws. See the **Continuation Coverage Rights Under COBRA** section for further details.

Premium or Contribution: The cost of this coverage is included within the premiums paid for your benefit plan. Your contribution will be deducted by your employer from your paycheck.

GENERAL EXCLUSIONS AND LIMITATIONS FOR PANAMED

This is a general list of exclusions and limitations and may vary by state.

Benefits are not payable with respect to any charge, service or event excluded as set forth below.

1. Charges for medical or dental services of any kind, or any medical supplies or visual aids or hearing aids, or any food, supplement or vitamin, or medicine, it being understood that the Policy shall pay the Indemnity Benefits set forth in the Summary of Benefits for a hospitalization or other covered event, without regard to the actual charges made by a provider or supplier of goods or services.
2. Any claim relating to a hospitalization or other covered event where the hospitalization or other covered event was prior to the effective date of coverage under the Policy, or after coverage is terminated.
3. A claim arising out of insurrection, rebellion, participation in a riot, commission of or attempting to commit an assault, battery, felony, or act of aggression.
4. A claim arising out of declared or undeclared war or acts thereof. For life insurance: As a result of the special hazards incident to service in the military, naval or air forces of any country, combination of countries or international organization, if the cause of death occurs while the insured is serving in such forces, provided such death occurs within six (6) months after the termination of service in such forces.
5. A claim arising out of Accidental Bodily Injury occurring while serving on full time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by Us pro rata for any period of active full time duty).
6. A claim related to an Injury or Illness arising out of or in the course of work for wage or profit or which is covered by any Worker's Compensation Act, Occupational Disease Law or similar law.
7. With respect to a death benefit, a claim related to bodily injuries received while the Covered Person was operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit.
8. A claim arising from services in the nature of educational or vocational testing or training.
9. A claim related to Custodial Care.
10. A claim arising from medical services provided to the Covered Person for cosmetic purposes or to improve the self-perception of a person as to his or her appearance, except for: reconstructive plastic surgery following an Accident in order to restore a normal bodily function, or a surgery to improve functional impairment by anatomic alteration made necessary as a result of a birth defect, or breast reconstruction following a mastectomy.
11. Other than a claim for death benefits, any claim arising out of a surgical procedure for the treatment of obesity or the purpose of facilitating weight reduction.
12. Other than a claim for death benefits, any claim arising out of treatment of infertility.
13. For Specified Illness - Cancer does not include pre-malignancies, cancer in situ, and skin cancers except melanoma. Transient Ischemic Attacks (TIA) are excluded.

PANAMED ACCIDENTAL DEATH AND DISMEMBERMENT RIDER
EXCLUSIONS AND LIMITATIONS

In addition to the General Exclusions and Limitation of the Policy, benefits are not provided for Loss, Injury or Illness of a Covered Employee which results directly or indirectly, wholly or partly from:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane.
2. Disease or disorder of the body or mind.
3. Medical or surgical treatment or diagnosis thereof.
4. Loss, Injury or Illness occurring after Termination of Coverage.
5. Ptomaines or bacterial infections, except pyogenic infections at the same time and as a result of a visible wound.
6. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
7. Travel or flight in any vehicle for aerial navigation, including boarding or alighting therefrom:
   a. While being used for any test or experimental purpose; or
   b. While the Covered Person is operating, learning to operate or serving as a member of the crew thereof; or
   c. Any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
8. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Doctor.
9. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.

Frequently Asked Questions

Preventive Care Plan

1. **While the employee is a participant in the Preventive Care Plan, will the employee be eligible for a premium subsidy in connection with any plan offered on an Exchange established under the Affordable Care Act?**
   No.
2. **Are Preventive Care Services covered only when performed in-network?**
   Yes, preventive services are only covered under the preventive care plan when performed by an in-network provider.
3. **How does a member determine which providers participate in the network?**
   PPO participation may be verified with a simple phone call or online. The toll free number and website link can be found in the PPO Provider Network section of this guide, your ID card, and in our web portal. The insured is responsible for verifying the current PPO participation of their provider.
4. **Can dependents be insured in this plan?**
   Yes. If the member is covered by PanaBridge Advantage, dependents are also eligible for coverage.

PanaMed Limited Benefit Indemnity Plan

1. **Is PanaMed Major Medical coverage?**
   No. PanaMed is a limited benefit indemnity plan. This is not basic health insurance or major medical coverage and is not designed as a substitute for either coverage. PanaMed pays a fixed benefit amount to help cover the cost of common medical services. The plan is not designed to cover the costs of serious or chronic illnesses. It contains specific dollar limits that will be paid per day for medical events which may not be exceeded. Specific dollar limits are listed in the summary of benefits.
2. **Does PanaMed have any exclusions or limitations?**
   Benefits are subject to certain exclusions, limitations, and terms for keeping the benefits in force. For example, there are no benefits for the following medical events: infertility treatments, cosmetic surgery, counseling for mental illness or substance abuse, obesity, weight reduction or dietetic control, physical therapy. This is a partial list of non covered events. Members should refer to their certificate to determine which benefits are available.
3. **Will the PanaMed plan provide an indemnity benefit for any Physician or Hospital?**
   Yes. The member is free to seek the services of any licensed Physician or accredited Hospital. There is no requirement that the Physician or Hospital belong to a PPO network to receive benefits.
4. **What is a PPO and the advantage for using?**
   PPO is the abbreviation for Preferred Provider Organization. This organization of providers (referred to as a "network") has agreed to provide their services as a negotiated discount, reducing your out of pocket cost. While PanaMed may be used at any hospital or physician's office, members are encouraged to utilize the PPO network for discounted provider prices.
5. **Is there a pre-existing condition exclusion on the plan?**
   No, because this is a limited benefit indemnity plan there are no pre-existing condition exclusions. The Specified Illness benefit is for first diagnosis only, if available on your plan.
6. **Are Medicare and Medicaid recipients eligible for this plan?**
   Only you can determine whether PanaMed is right for you. As you weigh your decision, be sure to consider that when Medicare or Medicaid benefits are coordinated with PanaMed coverage, that PanaMed is considered primary coverage. As a result, benefits available under PanaMed will be first applied to coverage before anything is paid by Medicare and/or Medicaid.
7. **Can the PanaMed plan be used if the insured has separate health insurance?**
   Yes. The specified benefits pay irrespective of any other private group coverage.

Minimum Value Option

Plan Benefits

	Member Share
Deductible	
Individual	$5,000
Family	$12,500
Out-of-Pocket Limit (*Includes Deductibles, Coinsurance & Copays)*	
Individual	$6,000
Family	$15,000
Provider Network	None – Charges reimbursed based on 150% of Medicare for Facilities and 125% for Professional

Medical	Coverage
Emergency Room Visits	80% after deductible
Primary Care	$50 copay after deductible
Specialty Care	80% after deductible
Preventative Services - *Includes screenings, counseling, immunizations, birth control and other preventative care services*	0% copay
Convenience Care Clinics	$50 copay after deductible
Urgent Care Facility & Physician Services	80% after deductible
Outpatient Mental Health/Substance Abuse	80% after deductible
Outpatient Labs & Outpatient Radiology	80% after deductible
Outpatient X-Rays & Diagnostic Imaging	80% after deductible
Outpatient Imaging (CT/PET/MRI)	80% after deductible
Outpatient Chemotherapy/Radiation/IV Therapy	80% after deductible
Hospital Service – *Inpatient/Outpatient including facility & Physician charges*	80% after deductible
Emergency Room – *Facility charges & Physician Services*	80% after deductible
Hospital Confinement for Rehabilitation	80% after deductible
Skilled Nursing Facility – *30 day limit*	80% after deductible
Surgery – *Physician Charges*	80% after deductible
Outpatient Physical Therapy, Occupational Therapy, Speech Therapy – *Limited to 12 visits per year (combined)*	80% after deductible

Prescriptions	Coverage
Generics	80% after deductible
Preferred Brand Drugs	80% after deductible
Non-Preferred Brand Drugs	50% after deductible
Preventative Drugs & Contraceptives*	0% copay
Specialty Drugs	Not covered

* No copay for generic preventative drugs & contraceptives only unless a generic drug is deemed medically inappropriate by the subscribing physician.

Exclusions

The Minimum Value Plan does not cover or include:

- Home Health Care
- Hospice Care
- Durable Medical Equipment & Supplies
- Prosthetics/Orthotics
- Chiropractic/Spinal Manipulation Services
- Specialty Drugs
- "Me-too" Drugs
- Non-Essential Drugs

Prior Authorization/Utilization Review

- Prior Authorization is required
- Inpatient hospital confinements
- All scans
- IV medication infusions
- Non-emergency surgery

Bi-Weekly Rates

PanaBridge Advantage

Plan 1	Employee	Employee + Spouse	Employee + Child(ren)	Family
Total Maximum Contribution	$12.92	$61.41	$47.85	$100.28

Plan 2	Employee	Employee + Spouse	Employee + Child(ren)	Family
Total Maximum Contribution	$36.56	$113.24	$86.33	$171.21

Minimum Value Option

Minimum Value Option	Employee	Employee + Spouse	Employee + Child(ren)	Family
Estimated Maximum Cost**				

**Based on current census; costs will be finalized once enrollment data is received.

Patient-Centered Outcomes Research Institute fees (PCORI) are an employer fee and are not included in the rates above.

Minimum Value Plan pay period rates are based on ACA affordability calculations and will be provided during individual enrollments.

Patient-Centered Outcomes Research Institute fees (PCORI) are an employer fee and are not included in the rates above.
If you reside in Maine coverage is not available.

For Hawaii residents: This policy is not offered in satisfaction of an employer's obligations under the Hawaii Prepaid Health Care Act (PHCA). Among other things, the PHCA requires that health plans offered to eligible employees, as defined by the PHCA, meet certain minimum standards of coverage. Please note that this health plan does not meet the minimum standards of coverage with respect to individuals defined as eligible employees under the PHCA.

If you reside in New Hampshire coverage is only available if you work outside of New Hampshire.

If you reside in Massachusetts your plan will include certain mandated benefits. Please note, this health plan, alone, does not meet Massachusetts Minimum Creditable Coverage standards and will not satisfy the Massachusetts individual mandate that you have health insurance.

The limited benefit indemnity coverage which is offered as a component of PanaBridge Advantage plans is issued by Pan-American Life Insurance Company on policy form number PAN-POL-13, PAN-POL-13-FL, PAN-POL-13-LA, PAN-POL-13-NC, PAN-POL-13-T, PAN-POL-13-TX, or PAN- POL-13-WA. There are no exclusions for pre-existing conditions. The plan will not pay benefits for any care provided prior to the coverage effective date or if the insured is confined in a hospital at the time the coverage is effective. Hospital does not include a nursing home, convalescent home or extended care facility. Coverage is not available in all states. Like most group benefit programs, our products have exclusions, limitations, waiting periods and terms for keeping them in force. The preventive care coverage under PanaBridge Advantageis offered under a self-funded plan maintained by the plan sponsor. Pan-American Life Insurance Company does not insure benefits under these self-funded plans. Rates subject to change.