

Employee Guide

Limited Benefit Medical Insurance

Plan features and benefits
for the employees of Maricopa County Community College



**With health insurance rates on the rise,
you need an affordable solution.
We can provide one.**

The Kemper Benefits Limited Benefit Medical insurance plan provides basic medical indemnity benefits to you and your family. While this is not major medical insurance, our plan helps cover basic medical expenses for employees who are looking for additional benefits at a reasonable price.

The plan pays daily cash benefits directly to you for hospitalization, doctor's office visits, x-rays, lab tests and other procedures. The coverage

is in addition to any other medical insurance you may already have. Having extra cash on hand during an illness or injury can give you the security you need.

The Kemper Benefits Limited Benefit Medical insurance plan also offers a preferred provider network that allows you to maximize benefits through network negotiated discounts. These negotiated discounts result in lower medical bills for you and your family. (This is not an insurance benefit)

The protection and affordability of a Kemper Benefits Limited Benefit Medical insurance plan provides the right option for the right price.

Our Limited Benefit Medical insurance plan includes:

- No health questions and guaranteed coverage
- No deductibles or coinsurance – making it easy to use
- Benefits are paid directly to you – regardless of other insurance

Pays defined benefits for specific healthcare events and procedures.

Limited Benefit Medical Insurance Plan Benefit Descriptions

	Low Plan	High Plan
Hospital Confinement		
Benefit Amount	\$100/day	\$300/day
Maximum Days per Confinement	30 days	30 days
Maximum Confinements per Benefit Period	2	2
Outpatient Physician Office Visit		
Benefit Amount	\$60/day	\$80/day
Maximum per Benefit Period	6 days	6 days
Outpatient Diagnostic Lab Test		
Benefit Amount	\$80/day	\$90/day
Maximum per Benefit Period	3 days <small>*Routine or wellness lab screens & tests not covered</small>	3 days <small>*Routine or wellness lab screens & tests not covered</small>
Outpatient Diagnostic Test		
Benefit Amount	\$80/day	\$100/day
Maximum per Benefit Period	3 days <small>*Laboratory test and routine wellness screens & tests not covered</small>	3 days <small>*Laboratory test and routine wellness screens & tests not covered</small>
Emergency Room for Injuries		
Benefit Amount	\$300/day	\$500/day
Maximum per Benefit Period	3 days <small>*Treatment must be within 72 hours of the accident</small>	3 days <small>*Treatment must be within 72 hours of the accident</small>
Emergency Room for Sickness		
Benefit Amount	\$100/day	\$100/day
Maximum per Benefit Period	3 days	3 days
Hospital Admission		
Benefit Amount	N/A	\$500/day
Maximum per Benefit Period	N/A	1 day

	Low Plan	High Plan
Intensive Care Unit Confinement		
Benefit Amount	\$200/day	\$600/day
Maximum per Benefit Period	30 days <small>*Paid in addition to Daily Hospital Confinement</small>	30 days <small>*Paid in addition to Daily Hospital Confinement</small>
Inpatient Surgery		
Benefit Amount	\$500/day	\$1,000/day
Maximum per Benefit Period	1 day	1 day
Anesthesia Benefit Amount	25% of Surgery Benefit amount/day	25% of Surgery Benefit amount/day
Outpatient Surgery		
Benefit Amount	\$250/day	\$500/day
Maximum per Benefit Period	1 day <small>*Benefits are not payable for surgical operations performed in a Physician's office.</small>	1 day <small>*Benefits are not payable for surgical operations performed in a Physician's office.</small>
Anesthesia Benefit Amount	25% of Surgery Benefit amount/day	25% of Surgery Benefit amount/day
Skilled Nursing		
Benefit Amount	\$50/day	\$150/day
Maximum per Benefit Period	60 days	60 days
Maximum per Lifetime	120 days <small>*Must be under the age of 65 and admitted to the SNF within 14 days following a Hospital stay of at least three consecutive days.</small>	120 days <small>*Must be under the age of 65 and admitted to the SNF within 14 days following a Hospital stay of at least three consecutive days.</small>
Outpatient Accidents		
Benefit Amount	\$100/day	\$100/day
Maximum per Accident	1 day	1 day
Maximum Accidents per Benefit Period	3	3
Outpatient Advanced Diagnostic Tests		
Benefit Amount Level One Tests	\$100/day	\$200/day
Benefit Amount Level Two Tests	3x Level one Benefit	3x Level one Benefit
Maximum per Benefit Period	3 days (levels one & two combined)	3 days (levels one & two combined)

	Low Plan	High Plan
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**Outpatient Indemnity
Prescription Drug**

Benefit Options	Uses the Broadreach Choice Rx network. Provides a flat indemnity benefit for Outpatient Prescription Drugs that are listed on a predetermined formulary.	Uses the Broadreach Choice Rx network. Provides a flat indemnity benefit for Outpatient Prescription Drugs that are listed on a predetermined formulary.
Formulary Type	Generic only	Generic only
Maximum per insured person per benefit period	\$1,000 *Covered drugs must be prescribed by a physician	\$1,000 *Covered drugs must be prescribed by a physician

Wellness

Benefit Amount	\$100/day	\$150/day
Maximum per Benefit Period	By age - see below	By age - see below
Insured Persons age 1 and older	3 days	3 days
Insured Persons under age 1	4 days *Benefit is payable for each day an insured person has any one of the health screenings, exams or tests listed in the policy performed under the supervision of or recommendation by a Physician	4 days *Benefit is payable for each day an insured person has any one of the health screenings, exams or tests listed in the policy performed under the supervision of or recommendation by a Physician

This policy is not major medical insurance and is not a substitute for major medical insurance. It does not qualify as minimum essential coverage under the Federal Affordable Care Act. This policy will not satisfy the Federal requirements for health coverage that is in effect beginning January 1, 2014.

Limited Benefit Medical Plan Non-Insurance Benefits

The FirstHealth PPO Network¹

The PPO Network * is an optional enhancement to the Kemper Benefits Limited Benefit Medical insurance plan. When added, covered individuals will receive a discount off billed charges when seeing an in-network medical physician or receiving services at an in-network medical facility. Employees can choose to visit any provider, but will only receive discounts from in-network providers. To see a listing of network providers, visit www.firsthealthlb.com. The First Health network is used nationwide. This network has access to more than 5,000 hospitals, over 90,000 ancillary facilities and over 1 million health care professional service locations.²

¹ The PPO network is a non-insurance benefit and is not affiliated with the insurer, Fidelity Security Life Insurance Company.

² Network statistics as of June 2014 First Health Data Warehouse

Limited Benefit Medical Limitations and Exclusions

Limitations

Recurrent Confinements: If the company pays benefits for a period of confinement, and the insured person is readmitted within 30 days of that confinement for the same condition, the later confinement will be treated as a continuation of the prior confinement. If more than 30 days have passed between periods of confinement for the same condition or the successive confinement is for an unrelated cause, the company will treat the later confinement as a new confinement.

Exclusions

Kemper Benefits Limited Benefit Medical does not provide any benefits for the following charges, services or supplies: The policy does not provide any benefits for the following:

1. Suicide or any attempt of suicide, while sane or insane (in Colorado, Missouri or Montana, while sane);
2. Any intentionally self-inflicted injury or sickness or any attempt thereof (in Colorado, Missouri or Montana, while sane);
3. Rest care or rehabilitative care and treatment, except as specifically provided in the skilled nursing facility confinement benefit;
4. Dependent child pregnancy, except complications of pregnancy;
5. Routine newborn care, except as specifically provided for in the wellness benefit;
6. Voluntary abortion, except where medically necessary to save the insured person's life;
7. Participation in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly. For purposes of this exclusion, "participation" means to take an active part in common with others; "riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority;
8. Committing, attempting to commit or taking part in a felony, battery, assault or engaging in an illegal occupation;
9. Any injury occurring while the insured person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Injury took place);
10. Treatment for the voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a physician and taken according to the prescribed dosage;
11. Dental care or treatment, except:
 - a. Care or treatment due to an injury to sound, natural teeth treated within 12 months of the accident;
 - b. Treatment necessary due to congenital defects or birth abnormalities;
 - c. Excision of impacted third molars, or
 - d. Closed or open reduction of fractures or dislocation of the jaw;
12. Sex changes;
13. The reversal of tubal ligation or the reversal of vasectomies;
14. Flying or descending from any aircraft or air conveyance, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route;
15. 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 the company pro rata for any period of active duty);
16. Declared or undeclared war or acts thereof;
17. Injury or sickness arising out of or in the course of any occupation for compensation, wage or profit or benefits that the insured person is entitled to under any occupational disease law or similar law, whether or not application for such benefits have been made;
18. Medical care, services or supplies provided outside of the United States of America or its territories;
19. Treatment of obesity, weight reduction or dietetic control; except morbid obesity or disease etiology;
20. Confinement, care or services incurred prior to the insured person's effective date or that begin after termination of coverage;
21. Confinement, care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law;
22. Confinement or treatment that is not medically necessary; or
23. Any confinement or treatment not specifically covered in the schedule of benefits.

Some provisions, benefits, exclusions or limitations listed herein may vary by state.

Policy No. LM-159/LM-160

Policy Form M-6012/M-6014/R-02818

Outpatient Indemnity Prescription Drug Exclusions and Limitations

Generic Only

Limitations

Dispensing Limits and Authorized Refills. Retail Pharmacy: the lesser of a 30-day supply or specified unit doses.

Exclusions

The policy does not provide any benefits for the following:

1. All prescription drugs not specifically listed in the Formulary;
2. All over-the-counter products and medications;
3. All non-legend prescription drugs;
4. Refills in excess of that specified by the prescribing physician; or refills dispensed after one year from the original date of the prescription;
5. All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication;
6. Any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs;
7. Any drug that the FDA has determined to be contraindicated for the specific treatment;
8. Drugs needed due to conditions caused, directly or indirectly, by an insured person taking part in a riot or other civil disorder; or the insured person taking part in the commission of a felony;
9. Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an insured person while on active duty in any armed forces;
10. Any expenses related to the administration of any drug;
11. Needles or syringes;
12. Drugs or medicines taken while in or administered by a hospital or any other health care facility or office;
13. Drugs covered under workers' compensation, Medicare or other governmental program;
14. Drugs, medicines or products that are not medically necessary; or
15. Brand name prescription drugs.

Some provisions, benefits, exclusions or limitations listed herein may vary by state.

Policy No. IP-102

Policy Form Nos. M-9114/M-9118

Strength. Solutions. Security. That's the Kemper edge.

Kemper Benefits is bringing value back to benefits

Kemper Benefits products are meant to integrate with and supplement benefits already available to you through your employer. Voluntary benefits are simply insurance products that provide added value to your core health benefits.

kemperbenefits.com

Policies marketed by **Reserve National Insurance Company, a subsidiary of Kemper Corporation.**
Policies Issued by **Fidelity Security Life Insurance Company (FSL):**

FSL is the insurance company underwriting the Kemper Benefits Limited Medical plan. FSL is located in Kansas City, Missouri, and has been rated "A-" (Excellent) based on an analysis of financial position and operating performance by A.M. Best Company, an independent analyst of the insurance industry. For the latest rating, access www.ambest.com.

In case of conflict between this brochure, the certificate of insurance and the Master Policy, the language of the Master Policy is overriding. A sample Master Policy is available upon request. Please verify state availability at the time of sale. Group Master Policy No: LM-159/LM-160, IP-102, VC-113. Policy Form No: M-6015/M-9114/M-9059. Form numbers may vary by state.

Kemper Benefits, kemperbenefits.com, is part of Kemper Corporation (NYSE: KMPR) is one of the nation's leading, with subsidiaries that provide an array of products to the individual and business markets.

This is only a summary of products and services offered. Actual offerings may vary by group size and other underwriting considerations, and are subject to the requirements of state insurance laws and regulations, and the benefits/provisions as described may vary due to such requirements. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Please see the specific policy and certificate for details. Policies are not available in all states.

The Kemper Benefits insurance plans, either alone or in combination with each other, are not "minimum essential coverage" under the federal Affordable Care Act.

IMPORTANT: If an individual is insured under one or more Kemper Benefits insurance plans, and is also covered by Medicaid or a state variation of Medicaid, most non-disability benefits are automatically assigned according to state regulations. This means that instead of paying the benefits to the insured individual, we must pay the benefits to Medicaid or the medical provider to reduce the charges billed to Medicaid. Proposed insureds should consider their circumstances before enrolling in Kemper Benefits coverage.