



**CUBS Health Resources Plan  
Offered to Employees of  
Credit Union Business Services (CUBS) PEO Clients**

**Highlights Of  
*CUBS Health Resources Insurance***

- ◆ No Medical Questions or Physical Exams
- ◆ Freedom to Use Any Licensed Doctor or Hospital
- ◆ No Deductibles or Co-Insurance To Pay
- ◆ Benefits Paid Directly to the Insured (Unless Assigned to Provider)
- ◆ Pays in Addition to Other Private Insurance
- ◆ Survivor Benefit—18 Months Premium Free

***CUBS Health Resources Insurance Benefits***

- Benefits include:
- ✓ Doctor's Office Visits
  - ✓ Diagnostic Testing
  - ✓ Emergency Room Treatments
  - ✓ Hospitalization
  - ✓ Surgery
  - ✓ Wellness Visits
  - ✓ Access to Discounts on Physician & Hospital Services, Prescriptions & More
  - ✓ Optional Dental Plan

***The CUBS Health Resources Plan***

**CUBS Health Resources is AFFORDABLE.** This is a lower cost alternative to traditional major medical insurance coverage. Compare the CUBS Health Resources Plan rates to the current national average monthly premium for full health coverage of \$335 single and \$907 family (Source: Kaiser Family Foundation's Employer Health Benefits Survey 2005).

**CUBS Health Resources Plan is ACCESSIBLE.** There are no deductibles, no co-payments, no co-insurance, no gatekeepers! You can use the health care provider of your choice or you can use a Best Benefits provider to secure discounts on services. You also have access to discounts on services that are not covered under CUBS Health Resources.

**CUBS Health Resources Plan is FLEXIBLE.** Choose from a health plan only, a dental plan only, or choose both the health and dental plans. Design a plan that's right for you and your family.

**IMPORTANT! *CUBS Health Resources* is not comprehensive major medical insurance.** It is a low-cost alternative providing fixed amount, limited benefits directly to insureds for the most used types of medical services. You can have this coverage in addition to any comprehensive major medical plan. This plan pays in addition to any other private insurance you may have. Please note that ***CUBS Health Resources* is also not a Medicare Supplement plan.**

**Affordable . . . Accessible . . . Flexible . . . *CUBS Health Resources***



## CUBS Health Resources Advantage Plan

|                                     | <i><b>Advantage Plan pays:</b></i> |
|-------------------------------------|------------------------------------|
| Doctor's Office Visits              | \$50 per visit                     |
| Diagnostic Tests                    | \$75 per visit                     |
| Child Wellness Visits               | \$50 per visit                     |
| Hospitalization                     | \$250 per day                      |
| Surgery<br>(Inpatient / Outpatient) | \$1,000 / \$400<br>per procedure   |
| Emergency Room                      | \$150 per visit                    |
| Best Benefits Discount Card         | Included                           |

**Doctor Office Visits**— *CUBS Health Resources Advantage Plan* pays the amount shown per visit to a doctor's office for treatment of injury or sickness. 5 visits per covered person per calendar year; 1 of which may be used for wellness care.

**Diagnostic Testing or X-ray**—*CUBS Health Resources Advantage Plan* pays the amount shown per visit to a doctor's office or outpatient facility for medically necessary diagnostic testing and x-rays of injury or sickness. 3 visits per covered person per calendar year; 1 of which may be used for wellness care.

**Child Wellness Visits**—*CUBS Health Resources Advantage Plan* pays the amount shown per visit to a doctor's office for well child care at 11 specified age intervals from birth through age 5. Well child care visit includes physical examination, developmental assessment, immunizations and vision and hearing screenings.

**Hospitalization**—*CUBS Health Resources Advantage Plan* pays the amount shown per day for up to 30 days per confinement. Includes double benefits for ICU/CCU for a maximum of 10 days per confinement; 50% of the daily benefit amount is payable for a maximum of 10 days per confinement for mental illness, alcohol or drug abuse; 50% of the daily benefit amount is payable for a maximum of 20 days per confinement in a convalescent facility following within 3 days of a hospitalization of at least 3 days.

**Surgery** —*CUBS Health Resources Advantage Plan* pays the amount shown for 1 inpatient and for 1 outpatient surgery (performed in a hospital or outpatient surgery center) per calendar year.

**Emergency Room** —*CUBS Health Resources Advantage Plan* pays the amount shown for 2 visits to the emergency room for injury and for 1 visit to the emergency room for sickness when not hospital confined per calendar year.

**Best Benefits Discount Card**—Participants receive discounted services from Best Benefits' network of participating doctors, hospitals, pharmacies and other medical service providers. Refer to page 3 for more details on the discounts available.

**Survivor Benefit**—Dependent coverage will continue—premium free—for up to 18 months after the end of the month in which the insured employee's death occurs.



## **BEST BENEFITS Pre-Negotiated Healthcare Discounts (included in CUBS Health Resources)**

The Best Benefits Healthcare Discount Card is a healthcare discount service which provides a valuable complement to *CUBS Health Resources*' insurance benefits. Best Benefits is not insurance. However, using Best Benefits providers can substantially reduce the direct cost of doctor visits, hospitalization, prescription drugs, dental treatment and vision care and a wide variety of other medical expenses.

Best Benefits members can receive care at preferred rates at over 300,000 participating providers nationwide. Cardholders receive discounts without the necessity of special forms. And, there are no "gate-keeper" referrals.

**Note: there is never a requirement to use a Best Benefits provider nor is there any financial or other penalty for choosing a non-participating provider. *CUBS Health Resources* pays the same benefits whether or not a Best Benefits provider is selected.**

The Best Benefits portfolio of providers and services includes:

- Physician services—up to 40% savings
- Hospital—average savings of 27% on inpatient and 20% on outpatient services
- Prescription drugs—up to 30% savings on generic and brand name drugs
- Dental services—up to 50% savings
- Vision services—up to 50% savings on designer frames, bifocals and contact lenses
- Chiropractic care—up to 40% savings
- Hearing services
- 24 / 7 Nurse Help Line

Program participants will receive a Best Benefits Healthcare ID card which may be used by all members of the participant's family. With the ID card, a brochure will be provided which explains the discounts available, how to access the discounts available and a personalized listing of local participating providers. Participants may also search for participating providers for the discount services available by visiting the Best Benefits website ([www.findbestbenefits.com](http://www.findbestbenefits.com)); enter 984005 as the Promo Code and follow the onscreen instructions.

The discounts available through the Best Benefits network of participating providers are NOT a health insurance plan. Members will receive discounts on medical services when they go to certain health care providers who are contracted with the plan. Members are solely responsible for payment of all health care services. No portion of any provider's fee will be reimbursed or otherwise paid by Best Benefits. This discount plan is administered by Best Benefits, Inc., 8420 W. Bryn Mawr, Suite 700, Chicago, IL 60631.



## MONTHLY PREMIUMS—Voluntary

The employee pays 100% of the premium through payroll deduction.

| <u>Employee's<br/>Attained Age</u> | <u>Advantage Plan</u> |                                  |                                      |               |
|------------------------------------|-----------------------|----------------------------------|--------------------------------------|---------------|
|                                    | <u>Employee</u>       | <u>Employee &amp;<br/>Spouse</u> | <u>Employee &amp;<br/>Child(ren)</u> | <u>Family</u> |
| Under 30                           | \$53.00               | \$88.00                          | \$133.00                             | \$167.00      |
| 30-34                              | \$65.00               | \$109.00                         | \$144.00                             | \$189.00      |
| 35-39                              | \$71.00               | \$121.00                         | \$151.00                             | \$200.00      |
| 40-44                              | \$79.00               | \$133.00                         | \$158.00                             | \$213.00      |
| 45-49                              | \$86.00               | \$146.00                         | \$166.00                             | \$226.00      |
| 50-54                              | \$95.00               | \$161.00                         | \$174.00                             | \$240.00      |
| 55-59                              | \$109.00              | \$185.00                         | \$189.00                             | \$265.00      |
| 60-64                              | \$137.00              | \$235.00                         | \$217.00                             | \$315.00      |
| 65+                                | \$177.00              | \$304.00                         | \$256.00                             | \$384.00      |



## DENTAL PLAN OPTION

**This option can be selected by itself or added to the CUBS Health Resources Plan. The employee pays 100% of the premium through payroll deduction.**

|             |  |
|-------------|--|
| Dental Care | \$1,500 annual maximum<br>\$500 periodontics maximum<br>\$750 orthodontics maximum |
|-------------|--|

**Dental Benefits:** Scheduled amounts are payable up to \$1,500 per covered person per calendar year for preventative and diagnostic care, restorative treatment, root canals, periodontics (\$500 lifetime maximum), oral surgery and orthodontia (\$750 maximum per course of treatment). Some benefits require a 12 month waiting period before benefits are available. (See Schedule of Benefits below.)

**Survivor Benefit:** Dependent coverage will continue—premium free—for up to 18 months after the end of the month in which the insured member's death occurs.

### DENTAL SCHEDULE OF BENEFITS

| <b>Category:</b>   | <b>CUBS Health Resources pays:</b> | <b>Category:</b>   | <b>CUBS Health Resources pays:</b> |
|--|------------------------------------|--|------------------------------------|
| <b>Type 1: Preventive &amp; Diagnostic</b>                                   |                                    | <b>Type 5: Periodontics (\$500 Lifetime Maximum)</b>   |                                    |
| a. Oral exams, including prophylaxis   | \$ 36.00                           | a. Tissue grafts or bone surgery   | \$ 96.00                           |
| b. Bitewings, per film   | \$ 4.80                            | b. Gingivectomy (per quadrant),<br>periodontal scaling, periodontal<br>splinting, root planing | \$ 60.00                           |
| c. X-ray, panoramic or cephalometric   | \$ 36.00                           | c. Gingival curettage (per quadrant)   | \$ 36.00                           |
| d. Sealants / topical fluoride   | \$ 10.20                           | d. Gingivectomy (per tooth)  | \$ 24.00                           |
| e. Space maintainers   | \$108.00                           |  |                                    |
| <b>Type 2: Major Restorative</b>   |                                    | <b>Type 6: Oral Surgery</b>  |                                    |
| a. Crowns, bridges & dentures  | \$180.00                           | a. Surgeries Level 1<br>(ex. Removal of exostosis)   | \$120.00                           |
| b. Pre-fabricated crowns   | \$ 60.00                           | b. Surgeries Level 2<br>(ex. Removal of impacted tooth)  | \$ 66.00                           |
| c. Crown build-up procedures   | \$ 48.00                           | c. Surgeries Level 3<br>(ex. Simple extraction)  | \$ 36.00                           |
| <b>Type 3: Minor Restorative</b>   |                                    | <b>Type 7: General Anesthesia and IV</b>   |                                    |
| a. Fillings  | \$ 42.00                           | a. IV, first half hour general, each<br>additional 1/4 hour general                            | \$ 72.00                           |
| b. Crown, bridge and denture repairs   | \$ 24.00                           |  |                                    |
| c. Relining or rebasing dentures   | \$ 60.00                           | <b>Type 8: Orthodontia<br/>(Per Course of Treatment)</b>                                       | \$750.00                           |
| <b>Type 4: Endodontics</b>   |                                    |  |                                    |
| a. Root canals, apicoectomies  | \$192.00                           |  |                                    |
| b. Root amputation   | \$ 96.00                           |  |                                    |
| c. Therapeutic pulpotomy, retrograde<br>fillings, apexification, hemisection | \$ 48.00                           |  |                                    |

**Types 1 through 7 subject to annual maximum of: \$1,500.00**

**Types 2, 5, 6a, 7 and 8 are subject to 12 month waiting period**

### MONTHLY PREMIUMS

|                   |         |                       |         |
|-------------------|---------|-----------------------|---------|
| Employee          | \$18.00 | Employee & Child(ren) | \$50.00 |
| Employee & Spouse | \$36.00 | Family                | \$67.00 |



## Frequently Asked Questions

**Who is eligible for coverage?** All employees in any class designated by the participating employer who have completed the required waiting period (30, 60, 90 days if elected by the employer) are eligible provided they are actively at work by performing all the duties of their job; reside in the U.S.; and are not in full-time military service.

**Are dependents eligible?** Yes, if the employee is eligible and becomes insured under the plan. Spouses (not legally separated or divorced) and children, including stepchildren and adopted children, who are unmarried, dependent on the employee for support and under age 19 (26 if a full-time student) are eligible provided they are engaged in the usual activities of a person who is the same age and gender; reside in the U.S.; and are not in full-time military service.

**How do members enroll?** Once the eligibility requirements above are met, simply complete an enrollment form and give it to your employer.

**Are there any medical questions or physical examinations required?** No, the plan is guaranteed issue for all eligible employees and their eligible dependents.

**When is coverage effective?** Coverage will be effective the 1st of the month following receipt of the enrollment form provided that the full premium is also received.

**When does coverage terminate?** Coverage will remain in effect until the first of the following occurs: the employee requests cancellation; the end of the last period for which all required premium has been paid; the date employment ends; the last day of the month in which the employee is pensioned or retired; the date the employer ceases participation in the plan; the date the group policy terminates.

Spouse and children's coverage terminates concurrently with that of the employee, or earlier if they no longer qualify as a dependent, or the employee requests termination of dependent coverage.

**How are premiums paid?** Your employer will deduct the appropriate premium from your paycheck and forward it to the Administrator on your behalf.

### **Can coverage be continued after termination?**

Coverage may continue, provided the appropriate premium is paid:

- ❖ for up to 2 months after the employee ceases full-time work because of temporary layoff or leave of absence; or
- ❖ for up to 6 months after the employee ceases full-time work because of injury or sickness.

Coverage may not continue if the employee begins work for pay or profit with another employer.

Dependent coverage will continue:

- ❖ provided the appropriate premium is paid under the same conditions above; or
- ❖ with no premium required, for up to 18 months after the end of the month in which the employee's death occurs.

**How are claims paid?** After receiving medical care for services covered under *CUBS Health Resources*, simply submit an itemized bill to the Claims Administrator. Benefits may be assigned to the provider or, if not assigned, benefits will be paid directly to the employee.

When using a Best Benefits provider for medical care, be sure to show your Best Benefits ID card to receive the appropriate discount. Benefit payments for covered services will be based on the discounted amount. It is not required that a Best Benefits provider be used for any medical care; however, the employee's total out-of-pocket expenses may be lower by taking advantage of the discounts available.

The Best Benefits discount program also offers discounts on services which are not covered under *CUBS Health Resources*. The employee is fully responsible for charges for any non-covered services. Transactions are handled directly with the participating provider. There are no claims to file.

### **Are there any limitations on pre-existing conditions?**

A "pre-existing condition" is defined as any injury or sickness for which diagnosis has been made, treatment has been recommended, treatment has been rendered, or expenses have been incurred within 6 months prior to becoming covered under the plan. It includes any condition manifesting itself in symptoms which would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment.

Benefits under the Hospitalization and Surgery provisions of the plan are not payable for a "pre-existing condition" for the first 6 months following an insured's effective date.



## Exclusions and Limitations

The following is a brief list of the major exclusions and limitations of **CUBS Health Resources**. This is **NOT** a complete list. The Certificate of Insurance will contain the full text of the policy's exclusions and limitations.

- ❖ Occupational injury or sickness
- ❖ Dental (except as elected), eye or vision care
- ❖ Experimental treatment; treatment that is not medically necessary; custodial care; care given by family, employers, co-workers
- ❖ Mental Illness or Alcohol or Drug Abuse (except as provided in the Hospitalization provision), Driving under the influence of drugs or alcohol
- ❖ Self-inflicted injury or self-induced sickness
- ❖ Cosmetic surgery
- ❖ Weight control, food supplements, vitamins
- ❖ Infertility treatment, reversal of sterilization, abortion
- ❖ Prescription drugs
- ❖ Treatment rendered outside of the US except in an emergency

## Pre-existing Conditions Limitation

For Hospitalization and Surgery, there is an exclusion for pre-existing conditions until covered under the plan for 6 months ("pre-existing condition" means a condition for which the insured received advice or treatment in the 6 months prior to coverage under the plan) .

## Questions?

Ask your employer or contact :

**CUBS**  
**22 Inverness Center Pkwy, Ste. 240**  
**Birmingham, AL 35242**  
**1-800-846-83741 ext 2266**  
**info@cubsinfo.com**

## Administered By:

Towers Affinity Benefit Services,  
a division of Towers Administrators, Inc.  
4510 Cox Road, Suite 111  
Glen Allen, VA 23060  
Toll Free—(877) 673-9797  
You may also e-mail your inquiries to us—  
info@agu.net

## Insured by:

Markel Insurance Company  
Glen Allen, VA

Markel is rated "A" (Excellent) by A.M. Best Company, a leading insurance rating analyst.

## Claims Administered by:

Pioneer Management Systems,  
A Markel Insurance Company Business Partner  
P.O. Box 9040  
West Springfield, MA 01090  
1-866-653-2542

## Discount Program Provided by:

Best Benefits, Inc.  
Chicago, IL  
www.bestbenefit.com

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of coverage will be set forth in the group policy issued to Credit Union Business Services (CUBS). The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference and refer to the Certificate of Insurance for additional state specific details. Some provisions, benefits, exclusions or limitations listed herein may vary depending on the employer's location.