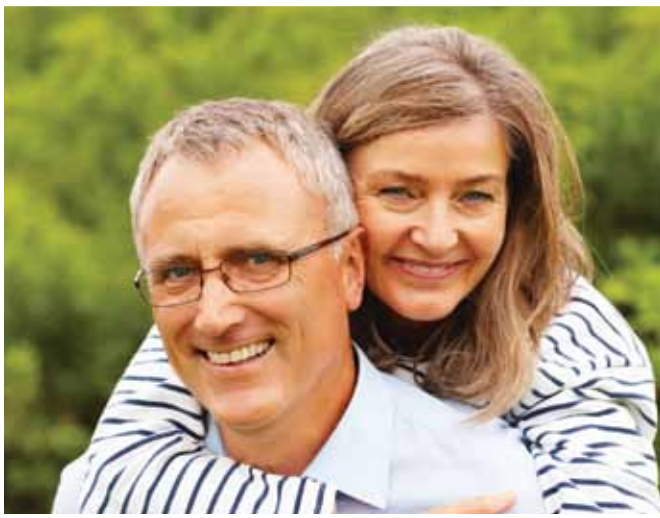

Tavern League Preferred

Affordable Individual Health Coverage for Tavern League of Wisconsin Members

Effective September 1, 2010

MEMBER TAVERN LEAGUE OF WISCONSIN Est. 1935

GIS Greater Insurance Service Corp.

WPS HEALTH INSURANCE®

Tavern League Preferred

Affordable Health Coverage from a Trusted Wisconsin Insurer.

Tavern League Preferred is affordable, high-quality individual health insurance offered exclusively to Tavern League members and their families. This plan is marketed by Greater Insurance Service (GIS). With locations across the state, GIS offers a complete line of insurance products and services for the business owner.

The state's largest not-for-profit insurer, WPS Health Insurance is a trusted Wisconsin-based company that's been providing affordable health coverage since 1946. You can count on WPS to be right here for you!

Plans Designed with You in Mind.

With the Tavern League Preferred, you get a choice of two great plan options, a traditional PPO plan or an HSA-qualified plan.

The PPO plan provides rich benefits with drug and office visit copay options. The HSA-qualified plan features a tax-advantaged personal savings account. Both plans offer first-dollar coverage for routine preventive care services and a 90-day supply of certain smoking cessation drugs to help smokers who want to quit get over the hump.

Whatever plan you choose, you can rest assured knowing your rates are guaranteed for one year.* Both plans also include coverage for work-related injuries not covered by worker's compensation insurance. Ask your agent for details.

Our Network Options Have you Covered

This plan includes two unique network options to meet your individual needs: The WPS Statewide Network with the Beech Street Wrap, and the NEWHVN network.

The WPS Statewide Network is our most comprehensive network offering convenient access to a wide range of providers across Wisconsin and in parts of Illinois, Iowa, and Minnesota. And the Beech Street Wrap offers nationwide coverage in 41 states.

The NEWHVN Network is a cost-effective regional network for members in Brown, Outagamie, Shawano, Waupaca, and Winnebago counties. That provides access to five major health facilities and nearly 600 physicians.

Although both network options have large lists of in-network providers, you can choose to visit an out-of-network provider and still receive coverage.† Unlike an HMO, with the Tavern League Preferred Plan, you have the freedom to choose ANY doctor.

*Unless you enter a new age bracket or you change plan options.
†Out-of-Network benefits vary. See the plan summary on the following pages for more information.

Great benefits. Great value. Check it out.

No two individuals or families are the same. We understand that, so we offer two Tavern League Preferred options so you can choose the one that's right for you. Whether you select the Tavern League Preferred PPO or HSA-qualified plan, you'll receive outstanding customer service that's been our hallmark for more than 60 years.

Tavern League Preferred Plans feature:

- ☑ **Affordable premiums with one year rate guarantee***
- ☑ **First-dollar coverage for routine preventive care**
- ☑ **Copays for office visits and prescription drugs‡**
- ☑ **Freedom to choose any doctor**
- ☑ **Coverage for certain smoking cessation medication**
- ☑ **EyeMed discount vision plan**
- ☑ **Exceptional member service from a Wisconsin-based company**

‡ Available to PPO plan members only

Free Vision Care Discount Plan.

As a Tavern League Preferred member, you'll also receive a vision discount plan from EyeMed that can save you money on vision exams, frames, lenses, and even laser vision correction when you choose eye care professionals from the EyeMed Vision Care Network.

Simply show your WPS ID card at participating providers to receive your discount. For more information call EyeMed toll-free at 1-866-559-5252.

Healthy Rewards for Members.

As a WPS member, you're automatically enrolled in HealthSense Rewards™, a WPS program that provides discounted access to a variety of health clubs, weight-management centers, and other wellness resources. With HealthSense Rewards, it's easy to get on the path to a healthier lifestyle. To receive your discount, present your WPS ID card when you visit participating HealthSense Reward businesses, and they'll take it from there. To locate participating providers in your area visit www.wpsic.com.

Powerful Web Tools at Your Fingertips.

Our comprehensive, easy-to-use Web tools help you learn how to work more effectively with health care providers and better understand and utilize your health plan.

- **Better understand health conditions and treatment options** by accessing information on more than 3,200 health and wellness topics through our online health encyclopedia.
- **Save time and money by ordering prescription refills online,** then have them delivered right to your door through convenient mail order service.
- **Quickly and easily locate Preferred Providers close to home** using our Find a Doctor tool.
- **Make more informed provider and care choices** that lead to safer outcomes for you and your family after reviewing our hospital quality and safety data.

Going the Extra Mile for Members.

When you call WPS, you reach people who care. Your questions are answered promptly and accurately by highly trained Member Services representatives supported by state-of-the-art technology. Our friendly representatives are evaluated according to how well they "go the extra mile" to assist members. Maybe that's why outstanding member service has been our hallmark for more than 60 years.

When you have questions, simply call the toll-free number on your WPS ID card. Our Member Services representatives are available to answer your questions: Monday – Thursday 7:00 a.m. to 7:00 p.m., Friday 7:00 a.m. to 4:30 p.m. We're right here for you.

www.wpsic.com

Tavern League Preferred PPO Plan

Annual Maximum: $2,000,000 per person

PLAN OPTIONS - INDIVIDUAL/FAMILY

Deductible		Coinsurance		Out-of-Pocket Max	
In-Network Individual/Family	**Out-of-Network** Individual/Family	**In-Network**	**Out-of-Network**	**In-Network** Individual/Family	**Out-of-Network** Individual/Family
$750/$2,250	$1,500/$4,500	100%	70%	$750/$2,250	$3,000/$9,000
$750/$2,250	$1,500/$4,500	80%	60%	$1,750/$5,250	$3,500/$10,500
$1,250/$3,750	$2,500/$7,500	100%	70%	$1,250/$3,750	$4,000/$12,000
$1,250/$3,750	$2,500/$7,500	80%	60%	$2,250/$6,750	$4,500/$13,500
$2,000/$6,000	$4,000/$12,000	100%	70%	$2,000/$6,000	$5,500/$16,500
$2,000/$6,000	$4,000/$12,000	80%	60%	$3,000/$9,000	$6,000/$18,000

General information: Benefit payments are subject to the applicable: selected calendar year deductible and coinsurance, copays, out-of-pocket maximums, participant lifetime maximum, exclusions, limitations and other terms and conditions of the policy. In-network and out-of-network deductible and coinsurance amounts must be satisfied separately. Plan provides benefits for health care services that are: for the treatment of a covered illness or injury, medically necessary as determined by us, ordered by a "physician" as defined in the policy, and within the scope of the provider's license.

SUMMARY OF SERVICES

	Preferred Providers (In-Network)	All Other Providers (Out-of-Network)
OFFICE VISIT COPAYS		
• Primary Physician/Speciality Physician**	$25/$50	Deductible & Coinsurance
PREVENTIVE CARE		
• A & B Preventive Services *(Preventive services rated A or B by the U.S. Preventive Services Task Force (USPSTF) are covered at 100%, including recommended immunizations, preventive care for infants, children, and adolescents, and additional preventive care and screenings for women. See policy for a complete listing of A and B services.)*	100%	Deductible & Coinsurance
HOSPITAL SERVICES		
• Room and Board, Miscellaneous Hospital Expenses, and Intensive Care Unit *(prior approval required*)*	Deductible & Coinsurance	Deductible & Coinsurance
• Outpatient Facility Fees	Deductible & Coinsurance	Deductible & Coinsurance
• Outpatient Radiology, Pathology, and Lab Services	Coinsurance	Deductible & Coinsurance
EMERGENCY SERVICES		
• Emergency Room Facility Fees	$150 copay, then 100%	
• Emergency Room Care *(including physician charges & miscellaneous expenses)*	Preferred Deductible & Coinsurance	
• Ambulance *(prior approval required for non-emergency transport*)*	Preferred Deductible & Coinsurance	
TRANSPLANTS		
(determined by WPS to be medically necessary; prior approval required)* • Heart • Heart/Lung • Lung • Liver • Pancreas • Bone Marrow • Kidney/Pancreas • Kidney/Liver	Deductible & Coinsurance	Deductible then 50% of charges
SINGLE KIDNEY TRANSPLANTS AND DIALYSIS TREATMENTS		
(prior approval required)*	Deductible & Coinsurance	Deductible & Coinsurance

Tavern League Preferred PPO Plan

SUMMARY OF SERVICES (CONT.)

	Preferred Providers (In-Network)	All Other Providers (Out-of-Network)
PROFESSIONAL SERVICES		
• Office Visits *(including chiropractors)*	Copay then 100%	Deductible & Coinsurance
• Maternity Services (*except those covered as preventive)*	Not Covered	Not covered
• Medical and Surgical Services	Deductible & Coinsurance	Deductible & Coinsurance
• Corneal Transplants, Bone and Skin Grafts	Deductible & Coinsurance	Deductible & Coinsurance
• Rehabilitative Therapy *(occupational/physical/speech/ respiratory/massage; up to 40 visits per calendar year)*	Deductible & Coinsurance	Deductible & Coinsurance
• Radiation and Chemotherapy Services	Deductible & Coinsurance	Deductible & Coinsurance
• Cardiac Rehabilitation Services	Deductible & Coinsurance	Deductible & Coinsurance
• Independent Anesthesiologist	Deductible & Coinsurance	Deductible & Coinsurance
• Independent Pathologist and Radiologist Services	Coinsurance	Coinsurance
• X-ray and Lab Services	Coinsurance	Deductible & Coinsurance
HOME HEALTH CARE		
• Home Health Services *(up to 40 visits per year; prior approval required*)*	Deductible & Coinsurance	Deductible & Coinsurance
• Home IV Therapy and Supplies *(prior approval required*)*	Deductible & Coinsurance	Deductible & Coinsurance
OTHER HEALTH CARE SERVICES		
• Breast Reconstruction *(following a mastectomy)*	Deductible & Coinsurance	Deductible & Coinsurance
• Durable Medical Equipment *(DME costing more than $500 requires prior approval or benefits payable at 50%)*	Deductible & Coinsurance	Deductible & Coinsurance
• Diabetic Equipment and Self-management Education Programs	Deductible & Coinsurance	Deductible & Coinsurance
• Autism Services *(subject to limits as stated in the policy)*	Deductible & Coinsurance	Deductible & Coinsurance
• Hearing Aids† *(One per ear, per child, every three years)*	Deductible & Coinsurance	Deductible & Coinsurance
• Cochlear Implants†	Deductible & Coinsurance	Deductible & Coinsurance
• Skilled Nursing Care Facility *(up to 30 days per confinement)*	Deductible & Coinsurance	Deductible & Coinsurance
PRESCRIPTION DRUGS		
(including insulin, disposable diabetic supplies, oral contraceptives, contraceptive patch, Nuva Ring, and transplant drugs; prior approval required for certain drugs)*	$20-generic $40-preferred $60-all others	Preferred reimbursement level
• First tier is for generic drugs; second tier is for preferred brand-name drugs; third tier is for all other drugs		
• Disposable diabetic supplies not subject to copays or supply limits		
• Smoking Cessation Drugs: 90 consecutive day supply for oral prescription medications per calendar year. Subject to copay.		
• Mail order: 90-day supply for 2½ times the 30-day copay		
• Mandatory generic substitution program applies		
Specialty drugs obtained in a physician's office, outpatient department of a hospital, or home health agency require prior approval. Without prior approval benefits may not be payable under the policy.		

*Prior approval is required to receive certain benefits; without prior approval, benefits may be denied or substantially limited.

**__Primary Care Physician:__ non-specialized physicians whose primary practice is one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics.

**__Specialty Physician:__ any physician whose primary practice is other than one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics.

†Available only to children under the age of 18 who are certified as deaf or hearing impaired by a physician or audiologist.

All benefits are subject to the applicable limitations and exclusions as defined in the policy. Annual benefit limitations apply per calendar year.

Tavern League Preferred HSA-Qualified Plan

Annual Maximum: $2,000,000 per person

PLAN OPTIONS - INDIVIDUAL/FAMILY

Deductible		Coinsurance		Out-of-Pocket Max	
In-Network Individual/Family	**Out-of-Network** Individual/Family	**In-Network**	**Out-of-Network**	**In-Network** Individual/Family	**Out-of-Network** Individual/Family
$1,750/$3,500	$1,750/$3,500	100%	70%	$1,750/$3,500	$2,750/$5,500
$2,500/$5,000	$2,500/$5,000	100%	70%	$2,500/$5,000	$3,500/$7,000
$3,250/$6,500	$3,250/$6,500	100%	70%	$3,250/$6,500	$4,250/$8,500
$5,950/$11,900	$5,950/$11,900	100%	70%	$5,950/$11,900	$6,950/$13,900

General information: Benefit payments are subject to the applicable: selected calendar year deductible and coinsurance, copays, out-of-pocket maximums, participant lifetime maximum, exclusions, limitations and other terms and conditions of the policy. In-network and out-of-network deductible and coinsurance amounts must be satisfied separately. Family deductible must be satisfied before this plan pays benefits. One person can satisfy family deductible. Plan provides benefits for health care services that are: for the treatment of a covered illness or injury, medically necessary as determined by us, ordered by a "physician" as defined in the policy, and within the scope of the provider's license.

SUMMARY OF SERVICES

	Preferred Providers (In-Network)	All Other Providers (Out-of-Network)
PREVENTIVE CARE		
• A & B Preventive Services *(Preventive services rated A or B by the U.S. Preventive Services Task Force (USPSTF) are covered at 100%, including recommended immunizations, preventive care for infants, children, and adolescents, and additional preventive care and screenings for women. See policy for a complete listing of A and B services.)*	100%	Deductible & Coinsurance
HOSPITAL SERVICES		
• Room and Board, Miscellaneous Hospital Expenses, and Intensive Care Unit *(prior approval required*)*	Deductible & Coinsurance	Deductible & Coinsurance
• Outpatient Facility Fees	Deductible & Coinsurance	Deductible & Coinsurance
• Outpatient Radiology, Pathology, and Lab Services	Deductible & Coinsurance	Deductible & Coinsurance
EMERGENCY SERVICES		
• Emergency Room Facility Fees	Preferred Deductible & Coinsurance	
• Emergency Room Care *(including physician charges & miscellaneous expenses)*	Preferred Deductible & Coinsurance	
• Ambulance (*prior approval required for non-emergency transport**)	Preferred Deductible & Coinsurance	
TRANSPLANTS		
(determined by WPS to be medically necessary; prior approval required)* • Heart • Heart/Lung • Lung • Liver • Pancreas • Bone Marrow • Kidney/Pancreas • Kidney/Liver	Deductible & Coinsurance	Deductible then 50% of charges
SINGLE KIDNEY TRANSPLANTS AND DIALYSIS TREATMENTS		
(prior approval required)*	Deductible & Coinsurance	Deductible & Coinsurance

Tavern League Preferred HSA-Qualified Plan

SUMMARY OF SERVICES (CONT.)

	Preferred Providers (In-Network)	All Other Providers (Out-of-Network)
PROFESSIONAL SERVICES		
• Office Visits *(including chiropractors)*	Deductible & Coinsurance	Deductible & Coinsurance
• Maternity Services *(except those covered as preventive)*	Not Covered	Not Covered
• Medical and Surgical Services	Deductible & Coinsurance	Deductible & Coinsurance
• Corneal Transplants, Bone and Skin Grafts	Deductible & Coinsurance	Deductible & Coinsurance
• Rehabilitative Therapy *(occupational/physical/speech/ respiratory/massage; up to 40 visits per calendar year)*	Deductible & Coinsurance	Deductible & Coinsurance
• Radiation and Chemotherapy Services	Deductible & Coinsurance	Deductible & Coinsurance
• Cardiac Rehabilitation Services	Deductible & Coinsurance	Deductible & Coinsurance
• Independent Anesthesiologist, Pathologist, and Radiologist Services	Deductible & Coinsurance	
• X-ray and Lab Services	Deductible & Coinsurance	Deductible & Coinsurance
HOME HEALTH CARE		
• Home Health Services *(up to 40 visits per year; prior approval required*)*	Deductible & Coinsurance	Deductible & Coinsurance
• Home IV Therapy and Supplies *(prior approval required*)*	Deductible & Coinsurance	Deductible & Coinsurance
OTHER HEALTH CARE SERVICES		
• Breast Reconstruction *(following a mastectomy)*	Deductible & Coinsurance	Deductible & Coinsurance
• Durable Medical Equipment *(DME costing more than $500 requires prior approval or benefits payable at 50%)*	Deductible & Coinsurance	Deductible & Coinsurance
• Diabetic Equipment and Self-management Education Programs	Deductible & Coinsurance	Deductible & Coinsurance
• Autism Services *(subject to limits as stated in the policy)*	Deductible & Coinsurance	Deductible & Coinsurance
• Hearing Aids† *(One per ear, per child, every three years)*	Deductible & Coinsurance	Deductible & Coinsurance
• Cochlear Implants†	Deductible & Coinsurance	Deductible & Coinsurance
• Skilled Nursing Care Facility *(up to 30 days per confinement)*	Deductible & Coinsurance	Deductible & Coinsurance
PRESCRIPTION DRUGS		
(including insulin, disposable diabetic supplies, oral contraceptives, contraceptive patch, Nuva Ring, and transplant drugs; prior approval required for certain drugs)*	Deductible, then in-network coinsurance	
• Smoking Cessation Drugs: 90 consecutive day supply for oral prescription medications per calendar year. Subject to deductible and coinsurance.		
• Mail order benefits available		
• Mandatory generic substitution program applies		
Specialty drugs obtained in a physician's office, outpatient department of a hospital, or home health agency require prior approval. Without prior approval benefits may not be payable under the policy.		

*Prior approval is required to receive certain benefits; without prior approval, benefits may be denied or substantially limited.
†Available only to children under the age of 18 who are certified as deaf or hearing impaired by a physician or audiologist.
All benefits are subject to the applicable limitations and exclusions as defined in the policy. Annual benefit limitations apply per calendar year.

Additional Information

Pre-existing Conditions

A participant may have had an illness or injury, whether physical or mental, for which medical advice, diagnosis, care or treatment was recommended or received within 12 months prior to a participant's effective date of coverage under this policy. If so, benefits are not payable for expenses incurred as a result of that illness or injury and any complications of any such illness or injury until the participant has been insured under this policy for 12 months in a row. No benefits are payable for charges for treatment, services, supplies or other expenses incurred during the waiting period for any such illness or injury and any complications of any such illness or injury. Charges for covered expenses for treatment of a pre-existing illness or injury and any complications of any such illness or injury which are incurred after the expiration of the waiting period for it are eligible for benefits as provided under this policy. We'll shorten the 12 calendar-month waiting period for a participant by the number of days he/she was continuously covered for such illness or injury under an immediately prior WPS health insurance policy. Waiting periods don't apply to participants under age 19. Medical conditions are not considered pre-existing conditions if they are both:

- Disclosed on the enrollment application and
- Not excluded or limited by an exclusion rider upon evaluation by our Underwriting Department

Dependent Children

WPS group plans include coverage for married dependents to age 26 and unmarried dependents to age 27. (See policy for details.) There may be tax consequences to employees who enroll dependents that do not meet the IRC § 152 definitions of dependents/spouses. Employees should consult with a tax advisor prior to enrolling for this coverage.

Renewal Terms

We'll guarantee your rates for one year unless one of the following occurs:

- You enter a new age bracket. Age brackets are: 18-29, 30-34, 35-39, 40-44, etc. If your birthday puts you into a new age bracket, the resulting rate change will be reflected on your next premium bill.
- You change plan factors/options (e.g., deductible or coinsurance).

Grievance Procedure

Situations might arise when you have a question or concern about your benefits or our claim payment decisions. Most benefit and claim questions or concerns can be resolved informally by contacting our WPS Member Services Department. Our in-state toll-free telephone number is **1-800-765-4977**. Our Member Services address is:

WPS Health Insurance
Attention: Member Services
1717 W. Broadway, P.O. Box 8688
Madison, WI 53708

If your question or concern can't be resolved by our Member Services Department, you or an authorized representative can file a written grievance as follows:

- Write down your claim or benefit concern including the reason you disagree with our payment or coverage decision
- Mail, deliver, or fax your written grievance, along with copies of any related materials (such as letters or other supporting documents), to us at the following address:

WPS Health Insurance
Attention: Grievance/Appeal Committee
1717 W. Broadway, P.O. Box 7062
Madison, WI 53707
Fax: 608-223-3603

If your life, health, or ability to regain maximum function is in serious jeopardy, or your pain can't be managed without the care or treatment being grieved, call us toll-free at **1- 800-765-4977** and we can expedite the grievance process for you.

You can designate a representative to act for you by sending us a signed letter of authorization with your written grievance. We'll provide a prompt, complete, and unbiased review of your request and our decision. If you designate a representative, we'll send the results of our review to him or her instead of to you. The results will include our claim or benefit decision, the reason for our decision, and identify the policy provisions on which we based our decision.

Definition: Grievance means any dissatisfaction with the provision of services or claims practices of an insurer offering a health benefit plan or administration of a health benefit plan by the insurer that is expressed in writing to the insurer by, or on behalf of, a member.

NOTICE:

LIMITED BENEFITS WILL BE PAID WHEN NONPARTICIPATING (OUT-OF-NETWORK) PROVIDERS ARE USED.

You should be aware that when you elect to utilize the services of a nonparticipating provider for a covered service, benefit payments to such nonparticipating provider are not based upon the amount billed. The basis of your benefit payment will be determined according to your policy's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined by the policy.

YOU RISK PAYING MORE THAN THE COINSURANCE, DEDUCTIBLE, AND CO-PAYMENT AMOUNT DEFINED IN THE POLICY AFTER THE PLAN HAS PAID ITS REQUIRED PORTION. Nonparticipating providers may bill enrollees for any amount up to the billed charge after the plan has paid its portion of the bill. Participating providers have agreed to accept discounted payment for covered services with no additional billing to the enrollee other than co-payment, coinsurance, and deductible amounts.

You may obtain further information about the participating status of professional providers and information on out-of-pocket expenses by calling the toll-free telephone number on your identification card or visiting the WPS Health Insurance Web site at www.wpsic.com.

General Exclusions: This is an outline of the limitations and exclusions. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions. The following aren't covered under the policy. The policy provides no benefits for:

Health care services provided in connection with any injury or illness arising out of, or in the course of, any employment for wage or profit. If workers' compensation laws or any similar laws apply to you, this exclusion applies regardless of whether benefits under workers' compensation laws or any similar laws have been claimed, paid, waived or compromised, or whether you're covered under workers' compensation insurance.

This exclusion does not apply to health care services provided in connection with any injury or illness arising out of, or in the course of, any employment for wage or profit: (1) by a sole proprietor or partner if they elect not to become an employee under Section 102.075, Wisconsin Statutes, as amended; or (2) by a corporate officer if they elect not to become an employee under Section 102.076, Wisconsin Statutes, as amended; or similar laws of the state in which the participant works. The sole proprietor, partner or corporate officer must provide us with written proof of such election. However, (1) and/or (2) of this paragraph do not apply to participants employed in one of more of the following occupations as defined by the National Council on Compensation Insurance, Inc. (NCCI) as amended: aircraft or helicopter operation, asbestos, athletic team, atomic energy, farm, fire, fireworks, hay baling and drivers, mining NOC, police officers and drivers, salvage operation, sawmill, and trucking.

Health care services furnished by the U.S. Veterans Administration, except for such health care services for which under applicable federal law the policy is the primary payer and the U.S. Veterans Administration is the secondary payer. • Health care services furnished by any federal or state agency or a local political subdivision when you are not liable for the costs in the absence of insurance, unless such coverage under the policy is required by any state or federal law. • Health care services covered by Medicare, if you have or are eligible for Medicare, to the extent benefits are or would be available from Medicare, except for such health care services for which under applicable federal law the policy is the primary payer and Medicare is the secondary payer. • Cosmetic treatment or surgery. • Reconstructive surgery, except for such surgery required: (a) to repair a significant defect caused by an injury; (b) to repair a defect caused by congenital anomaly causing a functional impairment of a dependent child; (c) incidental to a mastectomy; or (d) due to a physical illness. • Health care services which aren't medically necessary for the treatment of an illness or injury, as determined by us. • Routine medical exams, including eye exams and hearing exams, and related services, unless specifically stated in the policy. • Well baby care, except as specifically stated in the policy. • Routine eye and hearing exams; preparation, fitting, or purchase of eyeglasses or contact lenses, except as specifically stated in the policy; vision therapy, including orthoptic therapy and pleoptic therapy; or eye refractive surgery. • Health care services provided at any nursing facility or convalescent home or expense in any place that's primarily for rest, for the aged or for drug abuse or alcoholism treatment. • Custodial care or rest care. • Health care services which are experimental or investigative, except for the investigational drugs used to treat the HIV virus as described in Section 632.895 (9), Wisconsin Statutes, as amended. • Medical supplies and durable medical equipment for your comfort, personal hygiene or convenience, including, but not limited to: air conditioners; air cleaners; humidifiers; physical fitness equipment; physician's equipment; disposable supplies, other than colostomy supplies; or self-help devices not medical in nature. • Sterilization procedures; reversal of sterilization procedures. • Therapy services such as recreational therapy, educational therapy, physical fitness, or exercise programs, except as specifically stated in the policy. • Artificial insemination or fertilization methods, including, but not limited to, in vivo and in vitro fertilization, embryo transfer, gamete intra fallopian transfer (GIFT), and similar procedures and related hospital, professional and diagnostic services and medications that are incidental to such insemination or fertilization methods. In addition, infertility diagnostic services or infertility evaluation and management services, and related services that are provided after the commencement of the participant's infertility treatment are not covered under this policy. • Follicle-stimulating hormone (FSH), activity medications, or ovulatory stimulant medications, including, but not limited to, Menotropins, Chorionic Gonadotropins,

Urofollitropins and Clomiphene Citrate. • Health care services not specifically identified as being covered under the policy. • Dental treatment, services, procedures, drugs, medicines, devices and supplies, except as specifically stated in the policy. • Health care services not provided by a physician or any of the health care providers listed in section "Covered Expenses" of the policy. • Health care services provided: (a) in the examination, treatment or removal of all or part of corns, callosities, hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet which are billed as routine and not associated with a medical diagnosis; (b) in the cutting or trimming or toenails which are billed as routine or associated with a medical diagnosis, except for the medical diagnosis of diabetes; in the non-operative partial removal of toenails which are billed as routine or not associated with a medical diagnosis. • Abortion procedures for the termination of pregnancy, except as stated in the policy. • Health education; marriage counseling; complimentary, alternative or holistic medicine; or other programs with an objective to provide complete personal fulfillment. • Health care services for, or used in connection with, transplants of human and non-human body parts, tissues or substances, implants of artificial or natural organs or any complications of such transplants or implants, except as specifically stated in the policy. • Health care services provided during any waiting periods for pre-existing conditions, including any complications of such pre-existing conditions. • Health care services for obesity, weight reduction, dietetic control or morbid obesity, except as specifically stated in the policy; obesity surgery for GERD. • Maintenance care or supportive care. • Room, board, services and supplies that are furnished to you by a hospital on the Friday and Saturday of the weekend of hospital admission if you are admitted as a registered resident patient to the hospital on one of those days, unless your hospital admission is medically necessary or such admission is required to provide you with emergency medical care of a covered illness or injury. • Health care services provided in connection with the temporomandibular joint or TMJ syndrome, except as specifically stated in the policy. • Oral surgical services, except as specifically stated in the policy. • Health care services provided in connection with a health care service not covered under the policy. An example would be inpatient hospital services in connection with a health care service not covered under the policy. • That portion of the amount billed for a health care service covered under the policy that exceeds our determination of the charge for such health care service. • Health care services for which you have no obligation to pay. • Health care services resulting or arising from complications of, or incidental to, any health care service not covered under the policy. • Stem cell transplants and related health care services, including high dose chemotherapy and component procedures such as, but not limited to, autologous and allogenic bone marrow, peripheral blood or cord blood stem cell harvest, rescue and reinfusion, for any illness or injury, except for the following ten diagnoses: (a) acute and chronic leukemia; (b) aplastic anemia; (c) Albers-Schoenberg syndrome (infantile malignant osteopetrosis); (d) combined immunodeficiency; (e) Wiskott-Aldrich syndrome; (f) Hodgkin's and non-Hodgkin's lymphomas; (g) neuroblastoma; (h) multiple myeloma; (i) Ewing's sarcoma; and (j) myelodysplastic syndrome. • Stem cell transplants and related health care services, including high dose chemotherapy and component procedures such as but not limited to autologous and allogenic bone marrow, peripheral blood or cord blood stem cell harvest, rescue and reinfusion, for the treatment of tumors of the breast or metastases thereof, for the diagnoses of thalassemia, sickle cell anemia, polycythemia vera, and solid tumors. • Health care services for which proof of claim isn't provided to us in accordance with subsection "Proof of Claim". • Health care services and prescription legend drugs provided in the connection with alcoholism, drug abuse and nervous or mental disorders. • Health care services not for or related to an illness or injury, other than as specifically stated in the policy. • Indirect services provided by health care providers for services such as, but are not limited to: creation of a laboratory's standards, procedures, and protocols; calibrating equipment; supervising the testing; setting up parameters for test results; and reviewing quality assurance data. • Dental repair of your sound natural teeth due to an accident caused by chewing resulting in damage to your sound natural teeth. • Maintenance therapy for chronic conditions. • Treatment of weak, strained, flat, unstable or unbalanced feet; arch supports; heel wedges; lifts; orthopedic shoes; or the fitting of orthotics to aid walking or running. • Medications, drugs, or hormones to stimulate human biological growth, unless there is a laboratory-confirmed physician's diagnosis of the participant's growth hormone deficiency. • Sleep therapy, or services provided in a premenstrual syndrome clinic or holistic medicine clinic. • Massage therapy, except as specifically stated in the policy. • Therapy and testing for treatment of allergies, including, but not limited to services related to clinical ecology, environmental allergy, allergic immune system dysregulation, sublingual antigen(s), RAST test, extracts, neutralization tests and/or treatment unless such therapy or testing is approved by The American Academy of Allergy, Asthma, and Immunology. • Treatment, services and supplies, including, but not limited to, surgical services, devices and drugs for, or used in connection with, sexual dysfunction, including, but not limited to, impotence, or for the purpose of enhancing or affecting sexual performance, regardless of whether the origin of the sexual dysfunction is organic or psychological in nature, including, but not limited to, Viagra, Caverject, MUSE, Yohimbine, Cialis, Levitra or their generic equivalent, penile implants and sex therapy. • Genetic testing of a participant, except as specifically stated in the policy • Telephone, computer or internet consultations between a participant and any health care provider, completion of claim forms or forms necessary for a participant's return to work or school or for an appointment a participant did not attend. • Smoking deterrents, such as, but not limited to, prescription legend drugs, patches, gum, hypnosis. • Cochlear implants, and all health care services provided in connection with cochlear implants, except as stated in the policy. • Durable medical equipment or prosthetics that have special features. • Maternity services. • Preparation, fitting or purchase of hearing aids and other internal or external hearing devices, including related services, except as stated in the policy. • Nutritional counseling, except as specifically stated in the policy. • Health care services provided for your convenience or for the convenience of a physician, hospital, or other health care provider.

IMPORTANT: This brochure, provides only a general description of benefits, limitations, and exclusions. You can find a detailed description of coverage in the applicable policy issued to you. Coverage is subject to all the terms and conditions of the policy and any endorsements.

If there's ever a discrepancy between the policy and this brochure, the policy has final authority.

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