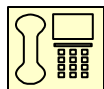


MANAGED HEALTH CARE

ACMS must be contacted for all inpatient hospitalizations, as well as for skilled nursing facility, hospice and home health care or a reduction in benefits may occur.

The toll-free telephone number for ACMS Patient Services Center is:

1-877-304-0761



ACMS hours are 8:00 a.m. to 5:00 p.m. EST Monday through Friday. Please note that in the event of a life threatening emergency, you should immediately contact your physician or go to the nearest emergency care facility.

NOTE: Payment will only be made for eligible expenses submitted within eighteen (18) months from the date such expenses were incurred.

LIFE INSURANCE

A schedule of life insurance in amounts set forth below is automatically included in the PPO Medicare Plan.

Age:	Under 40	40-59	60-70
Employee	\$50,000	\$20,000	\$10,000
Spouse	10,000	10,000	10,000

*Children
14 days to
6 months 100 100 100

*Children
6 months
To age 23 5,000 5,000 5,000

*Children under 14 days old have no life insurance. All life insurance terminates at age 70.

VISION BENEFITS

The Vision benefits set forth below are automatically included in the medical plans.

SCHEDULE OF VISION EXPENSE BENEFITS

Complete Examination..... 100% of UCR* to \$40
Lenses and Frames..... 100% of UCR* to \$125

Contact Lenses

(In lieu of lenses and frames)..... 100% of UCR* to \$125

Corrective Surgery Allowance..... 100% of UCR* to \$125
(Lifetime Maximum Benefit)

- Expenses incurred for one eye examination, but in no event more than one such examination per covered person during any calendar year;
- Expenses incurred for two eyeglass lenses, but in no event for more than two lenses per covered person during any two year period;
- Expenses incurred for one eyeglass frame, but in no event for more than one frame per covered person during any two year period;
- Expenses incurred for medical or surgical treatment for the correction of vision, subject to the Lifetime Maximum Benefit shown above; and
- Expenses incurred for the first pair of lenses and frames after cataract surgery.

DENTAL PLAN

Dental benefits are available with each medical plan and are the same regardless of the medical plan you choose. Also, you may elect to participate in the Dental Plan only.

SCHEDULE OF DENTAL BENEFITS

Maximum Benefit Per Calendar Year

Per Covered Person (excluding orthodontics).....\$1,500

Orthodontic Lifetime Maximum Benefit

Per Covered Person Under 19 Years of Age.....\$1,500

Lifetime Orthodontic Deductible

Per Covered Person.....\$50

Calendar Year Deductible

Per Covered Person (Waived for Preventive Care).....\$50

Benefit Percentages

Preventive Services(Deductible Does Not Apply). 100% UCR

Basic Care.....80% UCR

Major Care.....50% UCR

Orthodontic Care.....50% UCR

*UCR—Usual, Customary and Reasonable Charge



OHIO FUNERAL DIRECTORS ASSOCIATION PPO Plan 250 MEDICAL BENEFIT PLAN

Effective January 1, 2008

INTRODUCTION

Your Ohio Funeral Directors Association is pleased to offer a PPO health care plan. This PPO Plan uses the PPO provider network (SuperMed Plus) which offers significant discounts to PPO participants. You may choose the PPO Plan at the beginning of the year and by utilizing PPO (SuperMed Plus) hospitals or physicians, you may reduce healthcare costs for you and your family.

Please note that the PPO Plan 250 contributions are lower than Plan 250 contributions, and the PPO Plan 250 benefits offer several improvements over Plan 250 benefits.

It is important to recognize that using a non-PPO hospital will result in a reduction of benefits. Please see the Schedule of Benefits.

Additional Benefits with your PPO Medical Plan:

- Life Insurance (Included)
- Prescription Drug Plans (Included)
- Vision Plan (Included)
- Dental Plan (Optional)

This brochure is a summary of plan benefits. For complete explanations of all benefits, conditions and limitations please refer to the insurance contracts and Plan Document which govern this Plan.

For further information contact the OFDA Office 1-800-589-6332 or 614-486-5339

SCHEDULE OF BENEFITS FOR THE OFDA PPO 250 PLAN

MAXIMUM LIFETIME BENEFIT PER COVERED PERSON		\$2,000,000
Organ/Tissue Transplants Maximum Lifetime Benefit.....		\$250,000
Temporomandibular Joint (TMJ) Maximum Lifetime Benefit.....		\$10,000
CALENDAR YEAR DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Per Covered Person.....	\$ 250	\$ 500
Per Covered Family.....	\$ 750	\$ 1,500
MAXIMUM OUT-OF-POCKET PER CALENDAR YEAR		
Per Covered Person (Includes Deductible).....	\$3,000	\$6,000
Note: Under the PPO plan, amounts applied to the In-Network Calendar Year Deductible and Out-of-Pocket Maximum will also apply to the Out-of-Network Calendar Year Deductible and Out-of-Pocket Maximum.		
HOSPITAL INPATIENT BENEFITS		
Inpatient Hospital Deductible (Waived if ACMS is notified at 1-800-831-6677 as required)....	\$ 125	\$ 250
Medically Necessary Room, Board and Miscellaneous Expenses.....	80% UCR	70% UCR
Note: Inpatient confinements for mental illness/nervous disorders are limited to thirty (30) days per calendar year; inpatient confinements for alcoholism and drug dependency are also limited to thirty (30) days per calendar year. Includes Day Treatment Program and Intensive Outpatient Treatment Program.		
HOSPITAL OUTPATIENT BENEFITS		
Pre-Admission Testing, Emergency Room, Surgical Facilities.....	80% UCR	70% UCR
Emergency Accident or Illness Care.....	80% UCR	70% UCR
Diagnostic X-Ray and Laboratory Testing.....	80% UCR	70% UCR
Radiation Therapy, Chemotherapy, Physical Therapy and Kidney Dialysis.....	80% UCR	70% UCR
SKILLED NURSING FACILITY BENEFIT	80% UCR	*In-Network
	120 Days/yr	
HOME HEALTH CARE AND PRIVATE DUTY NURSING BENEFIT	80% UCR	*In-Network
	\$25,000/yr	
HOSPICE CARE BENEFIT	80% UCR	*In-Network
PHYSICIAN'S CARE BENEFIT – Inpatient and Outpatient Maximum Benefit		
Surgeon and Hospital Doctor Visits.....	80% UCR	70% UCR
Anesthesia.....	80% UCR	*In-Network
Hospital Emergency Room, Radiology/Pathology Interpretation.....	80% UCR	*In-Network
Radiation Therapy, Chemotherapy and Kidney Dialysis.....	80% UCR	*In-Network
SECOND SURGICAL OPINION (Calendar Year Deductible Waived).....	100% UCR	100% UCR
DIAGNOSTIC X-RAY AND LABORATORY BENEFIT (Non-Hospital).....	80% UCR	80% UCR
OUTPATIENT MENTAL ILLNESS AND NERVOUS DISORDERS BENEFIT	80% UCR	70% UCR
	90 Visits	90 Visits
OUTPATIENT ALCOHOLISAM AND DRUG DEPENDENCY BENEFIT	80% UCR	70% UCR
	\$5,000	\$5,000
NEUROMUSCULOSKELETAL BENEFIT	50% UCR	50% UCR
	\$1,500	\$1,500
Wellness Care Benefit (Deductible Waived)		
Covered Employee, Spouse, and Dependent Child Over Age 19		
\$500 Maximum Benefit Per Calendar Year	100% UCR	100% UCR
Covered Dependent Child To Age 19	100% UCR	100% UCR
Colonoscopy or Sigmoidoscopy	100% UCR	100% UCR
Limited to the First of Either Test per Calendar Year		
ALL OTHER COVERED MEDICAL EXPENSES	80% UCR	70% UCR

*Paid as In-Network

PRESCRIPTION DRUG PROGRAM

	NETWORK PHARMACY
	CO-PAYMENT
RX CARD PROGRAM.....	\$15 Generic
(For a 34-day or 100-unit dose supply)	\$25 Preferred Brand
	\$35 Non-Preferred Brand
RX MAIL ORDER PROGRAM.....	\$30 Generic
(For up to a 90 day supply)	\$50 Preferred Brand
	\$70 Non-Preferred Brand
NOTE: Prescription drug co-payments do not apply to the calendar year deductible nor to the Out-of-Pocket maximum under Comprehensive Medical Expense Benefits but do apply to the \$2,000,000 Maximum Lifetime Benefit Per Covered Person.	

(Eligible Employees and Dependents)

QUESTIONS AND ANSWERS

- Q: Why should I choose the OFDA PPO Plan?**
- A: - Higher Plan payment for most In-Network medical services.**
- Lower monthly premiums than Plan 250.
- Q: -How do I know if my hospital and doctors are in the PPO?**
- A: To confirm whether your doctor or hospital participates in the PPO Network, please call 1-800-601-9208 or visit them online at: www.supermednetwork.com.**
- Q: What if I receive care at a PPO hospital but my doctor, radiologist or anesthesiologist is not in the PPO Network?**
- A: The Plan will pay benefits (80%) for PPO hospital care, and you will not suffer any penalty for in-hospital physician's visits, emergency room physicians, radiologists or anesthesiologists who are not in the PPO. Please note that Out-of-Network benefits are the same as In-Network for these providers.**
- Q: Do I have to choose a "gate-keeper", or primary care doctor for my healthcare needs?**
- A: No, you have complete freedom to choose a physician at the point of service. However, benefits may be paid for PPO providers and/or your benefits may**