

MEDICAL PLANS AVAILABLE

These are two medical plans available to you that offer medical benefits for members and dependents. You may choose the one that best fits your needs and the needs of your employees and their families. Each plan is designed to cover eligible medical expenses both in and out of the hospital as well as eligible physician charges.

NOTE: These Plans require a second surgical opinion as determined by ACMS for certain surgical procedures without which benefits will be reduced by 50%. ACMS must be contacted to certify all hospital confinements, any surgery, and maternity cases. If ACMS is not notified, a \$250 penalty deductible will apply and the benefit percentage will be reduced to 70%. The toll free number for the Patient Services Center of ACMS is:

1-877-304-0761

****ACMS**—Alternative Care Management Systems, Inc.

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 medical plans 250 and 750.

<u>Age:</u>	<u>Under 40</u>	<u>40-59</u>	<u>60-70</u>
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

250/750 MEDICAL BENEFIT PLANS

Effective January 1, 2008

INTRODUCTION

Your Ohio Funeral Directors Association offers a wide range of healthcare plans. These plans are made available to you as part of your annual membership. They are administered through the OFDA Benefit Trust by an experienced professional benefit administrator. Because of the size of our membership we can obtain these plans for you at lower rates than would be required on the open market.

Additional Benefits with your 250 or 750 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	Plan 250	Plan 750
Overall Lifetime Maximum Benefit	\$2,000,000	\$2,000,000
Organ/Tissue Transplants Lifetime Maximum Benefit	\$250,000	\$250,000
Temporomandibular Joint (TMJ) Lifetime Maximum Benefit	\$10,000	\$10,000
Inpatient Mental & Nervous Disorders/ Inpatient Alcoholism and Drug Dependency		
Maximum Benefit per Calendar Year	30 days	30 days
Calendar Year Deductible for All Benefits		
Per Covered Person/year	\$250	\$750
Per Covered Family/year	\$750	\$2,250
Benefit Percentages and Maximums/year		
Outpatient Mental, Nervous and Alcohol, Drug Dependency	80% UCR for 90 Visits	80% UCR for 30 Visits
Private Duty Nursing and Home Health Care	80% UCR to \$25,000	80% UCR to \$7,500
Hospital Inpatient (Deductible Applies)	80% UCR	80% UCR
Semi-Private Room and Board and Miscellaneous Expenses	(Waived \$125 of Deductible if SuperMed Classic Hospital is utilized)	
Hospital Outpatient	80% UCR	80% UCR
Surgical Facilities Emergency Accident or Illness Care Medical Emergency Care (24 hrs) Lab and X-Ray exams, EKG, EEG, Basal Metabolism, Radiation Therapy, Physical Therapy Chemotherapy, Kidney Dialysis, Pre-Admission Testing		
Skilled Nursing Facility	80% UCR up to 120 days	80% UCR up to 30 days
Hospice Care	80% UCR	80% UCR
Neuromusculoskeletal Expense	50% UCR to \$1,500/yr	50% UCR to \$750/yr
Wellness Care Expense 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 Limited to the First of Either Test per Calendar Year	100% UCR	100% UCR
All Other Covered Expenses	80% UCR	80% UCR
Out-Of-Pocket Maximum Per Calendar Year Per Person including the deductible	\$3,000/yr	\$3,000/yr

NOTE: UCR means Usual, Customary and Reasonable Charge

PRESCRIPTION DRUG PLANS

CARD PLAN

The prescription drug card is included with Medical Plans 250 and 750. This managed drug card program allows you to purchase prescriptions at local network pharmacies. Please refer to the card program brochure for a list of participating pharmacies in your area. The co-payment per prescription order is:

Plan 250		Plan 750
\$15	- generic -	\$17
\$25	-Preferred brand -	\$27
\$35	- Non Preferred brand-	\$37

For maintenance prescriptions, the retail pharmacy will only be permitted to fill up to a 34-day or 100 dosage supply, whichever is greater. Additional savings are possible under the mail order program outlined below for maintenance prescriptions.

MAIL ORDER PLAN

The mail order drug plan is included with medical Plans 250 and 750. The mail order plan provides up to a 90-day supply after payment of the co-payment per prescription order for generic or brand name maintenance drugs. The Plan provides automatic substitution of generic drugs. Delivery is usually achieved in ten days and a refill order slip is sent with each order. Mailing envelopes are available in the OFDA office. The co-payment per prescription order is:

Plan 250		Plan 750
\$30	- generic -	\$34
\$50	-Preferred brand -	\$54
\$70	- Non Preferred brand-	\$74