

Sterling Benefit Solutions



Sterling Benefit Solutions™ Plans				
Coverages	BRONZE	SILVER	GOLD	PLATINUM
Combined Limited Medical Benefit Calendar Year Maximum	\$100,000	\$100,000	\$100,000	\$100,000
Deductible per person per calendar year	None	None	None	None
Outpatient Benefit				
Outpatient Physician Office Visit Indemnity Benefit (Bodily Sickness & Injury) Maximum 6 visits per person	\$50 per visit	\$40 per visit	\$60 per visit	\$80 per visit
Outpatient Testing/Diagnostic Procedures Indemnity Benefit Benefits are paid for X-Ray & Laboratory Testing. Maximum of 3 testing days per person per calendar year.	None	\$100 per day	\$125 per day	\$150 per day
Wellness Benefit - Maximum \$150 per person per calendar year	\$50 per visit	\$100 per visit	\$125 per visit	\$150 per visit
Ambulance Indemnity Benefit				
Calendar Year Maximum - 3 trips per person Lifetime Maximum - 5 trips per person	None	\$50 per trip	\$50 per trip	\$50 per trip
Hospital Emergency Room Indemnity Benefit				
Accident Only Pays indemnity amount for treatment in an emergency room if performed within 72 hours of the accident.	\$300 per occurrence	\$500 per occurrence	\$1,000 per occurrence	\$1,000 per occurrence
Hospital Inpatient Benefit				
Hospital Admission Indemnity Benefit (Bodily Sickness & Injury) Requires a 24 hour hospital stay. Paid in addition to Daily Hospital Confinement Benefit. Maximum 1 benefit payment per person per calendar year.	None	\$500 benefit	\$1,000 benefit	\$1,000 benefit
Daily Hospital Confinement Indemnity Benefit (Bodily Sickness & Injury) Requires a 24-hour hospital stay. Benefits are payable from 1 st day of confinement.	\$100 per day	\$100 per day	\$300 per day	\$500 per day
Daily Intensive Care Confinement Indemnity Benefit Paid in addition to Daily Hospital Confinement Benefit. Maximum of 10 days per person per calendar year.	\$100 per day	\$500 per day	\$750 per day	\$1,000 per day
Mental or Nervous Disorders Daily Hospital Confinement Indemnity Benefit Requires a 24-hour hospital stay. \$5,000 calendar year/\$30,000 lifetime maximum	100% of HIP (\$100 Per Day)	100% of HIP (\$100 Per Day)	100% of HIP (\$300 Per Day)	100% of HIP (\$500 Per Day)
Substance Abuse Daily Hospital Confinement Indemnity Benefit Requires a 24-hour hospital stay. 30 days per person per calendar year maximum	100% of HIP (\$100 Per Day)	100% of HIP (\$100 Per Day)	100% of HIP (\$300 Per Day)	100% of HIP (\$500 Per Day)



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Surgical Schedule Indemnity Benefit				
Inpatient Surgical Indemnity Benefit = the amount shown on the Surgical Schedule by procedure, with no benefit to exceed the inpatient maximum	None	Per person, Per Calendar Year Maximums: \$1,000 Inpatient \$500 Outpatient	Per person, Per Calendar Year Maximums: \$2,000 Inpatient \$1,000 Outpatient	Per person, Per Calendar Year Maximums: \$2,000 Inpatient \$1,000 Outpatient
Outpatient Surgical Indemnity Benefit = 50% of scheduled Inpatient Surgery Benefit				
Anesthesiology	None	20% of Surgical Benefits	20% of Surgical Benefits	20% of Surgical Benefits
Pregnancy Coverage				
Covered the same as any other sickness in all plans	Included	Included	Included	Included
REQUIRED - Outpatient Prescription Drug Benefit				
Affordable RX (Catalyst) \$10 Co-Pay Generic Formulary \$15 Co-Pay Generic Oral Contraceptive Formulary Drugs \$1,500 Annual Max per covered person Discount on all Name Brand Drugs	Included	Included	Included	Included
REQUIRED - Employee Only Term Life/AD&D Benefit				
Amount elected by employer	\$5,000/\$5,000 or \$10,000/\$10,000	\$5,000/\$5,000 or \$10,000/\$10,000	\$5,000/\$5,000 or \$10,000/\$10,000	\$5,000/\$5,000 or \$10,000/\$10,000
OPTIONAL – Dependent Term Life Benefit				
Spouse Benefit: 50% of Employee Term Life Benefit Child(ren) age 6 mos + : 25% of Employee Term Life Benefit Age 14 days to 6 mos: 2.5% of Employee Term Life Benefit	Optional to Employee	Optional to Employee	Optional to Employee	Optional to Employee

Note: Dependents must be covered under the Limited Medical plan to be covered under the Outpatient Prescription Drug or Dependent Term Life Benefits.

This is a brief description of the Group Limited Medical Benefit Plan underwritten by Fidelity Security Life Insurance Company and does not replace or modify the comprehensive description of all benefits, limitations and exclusions contained in the Policy/Certificates and Riders. Benefits, Limitations, Exclusions and Rates may vary by state.