



Basic Benefits Health Insurance Endorsed by the Marketing Research Association

Highlights Of *FringeMark*

- ◆ No Medical Questions or Physical Exams
- ◆ Freedom to Choose Any Provider
- ◆ No Deductibles - First Dollar Coverage
- ◆ Fixed Benefit Amounts—Benefits Paid Directly to the Insured
- ◆ Pays in Addition to Other Private Insurance
- ◆ Survivor Benefit—18 Months Premium Free

FringeMark Benefits

Benefits include:

- ✓ Doctor's Office Visits
- ✓ Diagnostic Testing
- ✓ Hospitalization
- ✓ Surgery
- ✓ Emergency Room
- ✓ Wellness Visits
- ✓ Discounts on Prescription Drugs

The *FringeMark* Plan

The FringeMark Plan provides fixed benefit amounts for basic medical care services. You can use the provider of your choice—there are no gatekeepers or referrals required. There are also no deductibles or co-insurance percentages involved for health benefits. Plus, all benefits under the FringeMark Plan are paid directly to you.

Even if you already have insurance through another source, you can still elect to be covered under this plan. This plan pays benefits regardless of other medical insurance in place.

Choose from 3 different plans PLUS the Dental option to design coverage that meets the needs of you and your family.

Enroll today! Complete the enrollment form and give it to your manager.

IMPORTANT! *FringeMark* 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. If you currently have comprehensive major medical insurance, you should NOT terminate that coverage and replace it with this plan. You can, however, have this coverage in addition to any comprehensive major medical plan. This plan pays in addition to any other insurance you may have. Please note that *FringeMark* is also not a Medicare Supplement plan.



Choose one of the following plans

	Value Plan pays:	Standard Plan pays:	Enhanced Plan pays:
Doctor's Office Visits	\$40	\$50	\$65
Diagnostic Tests	\$40	\$50	\$65
Child Wellness Visits	\$40	\$50	\$65
Hospitalization	\$200	\$350	\$500
Surgery—Inpatient	\$500	\$1,500	\$2,000
Surgery—Outpatient	\$200	\$600	\$800
Emergency Room	\$100	\$250	\$300
BeneScript Prescription Drug Discount Card	Included	Included	Included

Doctor Office Visits— *FringeMark* 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—*FringeMark* 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—*FringeMark* 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—*FringeMark* pays the amount shown per day for up to 100 days per confinement. Includes double benefits for ICU/CCU for a maximum of 30 days per confinement; 50% benefits for a maximum of 30 days per confinement for mental illness, alcohol or drug abuse; 50% benefits for a maximum of 60 days per confinement in a convalescent facility following within 3 days of a hospitalization of at least 3 days.

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

Emergency Room—*FringeMark* pays the amount shown for 3 visits to the emergency room for injury and for 1 visit to the emergency room for sickness when not hospital confined per calendar year.

BeneScript Prescription Drug & Vision Discount Card: Discounts of up to 25% off average wholesale drug prices are provided through a network of 45,000 national, regional and local participating pharmacies (including Walgreens, Wal-Mart, CVS and Target). Discounts on eye exams, frames, lenses and contacts available through national participating providers. Website includes Information on health-related issues and a health encyclopedia.

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.



DENTAL PLAN OPTION

This option can be selected by itself or added to the Value, Standard or Enhanced Plans.

Dental Care	\$1,500 annual maximum \$500 periodontics maximum \$750 orthodontics maximum
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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)

Dental Schedule of Benefits

Category:	FringeMark pays:	Category:	FringeMark pays:
Type 1: Preventive & Diagnostic		Type 5: Periodontics (\$500 Lifetime Maximum)	
a. Oral exams, including prophylaxis	\$ 48.00	a. Tissue grafts or bone surgery	\$128.00
b. Bitewings, per film	\$ 6.40	b. Gingivectomy (per quadrant), periodontal scaling, periodontal splinting, root planing	\$ 80.00
c. X-ray, panoramic or cephalometric	\$ 48.00	c. Gingival curettage (per quadrant)	\$ 48.00
d. Sealants / topical fluoride	\$ 13.60	d. Gingivectomy (per tooth)	\$ 32.00
e. Space maintainers	\$144.00		
Type 2: Major Restorative		Type 6: Oral Surgery	
a. Crowns, bridges & dentures	\$240.00	a. Surgeries Level 1 (ex. Removal of exostosis)	\$160.00
b. Pre-fabricated crowns	\$ 80.00	b. Surgeries Level 2 (ex. Removal of impacted tooth)	\$ 88.00
c. Crown build-up procedures	\$ 64.00	c. Surgeries Level 3 (ex. Simple extraction)	\$ 48.00
Type 3: Minor Restorative		Type 7: General Anesthesia and IV	
a. Fillings	\$ 56.00	a. IV, first half hour general, each additional 1/4 hour general	\$ 96.00
b. Crown, bridge and denture repairs	\$ 32.00		
c. Relining or rebasing dentures	\$ 80.00	Type 8: Orthodontia (Per Course of Treatment)	\$750.00
Type 4: Endodontics			
a. Root canals, apicoectomies	\$256.00		
b. Root amputation	\$128.00		
c. Therapeutic pulpotomy, retrograde fillings, apexification, hemisection	\$ 64.00		

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

Employees pay 100% of premium through payroll deduction.

Value Plan

<u>Employee's Attained Age</u>	<u>Employee</u>	<u>Employee & Spouse</u>	<u>Employee & Child(ren)</u>	<u>Family</u>
Under 30	\$35.83	\$65.71	\$95.75	\$121.62
30-34	\$44.97	\$82.09	\$104.88	\$138.00
35-39	\$50.31	\$91.42	\$110.22	\$147.34
40-44	\$55.65	\$100.63	\$115.57	\$156.55
45-49	\$61.17	\$110.05	\$121.08	\$165.96
50-54	\$67.36	\$120.72	\$127.28	\$176.63
55-59	\$79.85	\$141.93	\$139.77	\$197.85
60-64	\$105.01	\$186.23	\$164.92	\$242.15
65+	\$135.90	\$240.91	\$195.82	\$296.82

Standard Plan

<u>Employee's Attained Age</u>	<u>Employee</u>	<u>Employee & Spouse</u>	<u>Employee & Child(ren)</u>	<u>Family</u>
Under 30	\$59.03	\$108.04	\$155.14	\$200.16
30-34	\$74.49	\$135.99	\$170.60	\$228.11
35-39	\$84.77	\$154.24	\$180.88	\$246.36
40-44	\$95.34	\$172.50	\$191.45	\$264.61
45-49	\$106.41	\$191.36	\$202.52	\$283.47
50-54	\$118.98	\$213.00	\$215.10	\$305.11
55-59	\$144.70	\$256.47	\$240.81	\$348.58
60-64	\$196.02	\$346.64	\$292.13	\$438.76
65+	\$263.06	\$465.21	\$359.17	\$557.33



MONTHLY PREMIUMS

Employees pay 100% of premium through payroll deduction.

Enhanced Plan

<u>Employee's Attained Age</u>	<u>Employee</u>	<u>Employee & Spouse</u>	<u>Employee & Child(ren)</u>	<u>Family</u>
Under 30	\$77.10	\$140.93	\$201.91	\$261.74
30-34	\$97.43	\$177.72	\$222.24	\$298.54
35-39	\$111.06	\$201.88	\$235.88	\$322.69
40-44	\$125.12	\$226.15	\$249.94	\$346.96
45-49	\$139.83	\$251.22	\$264.64	\$372.03
50-54	\$156.59	\$280.05	\$281.40	\$400.86
55-59	\$190.83	\$337.91	\$315.64	\$458.72
60-64	\$259.40	\$458.44	\$384.22	\$579.25
65+	\$348.93	\$616.79	\$473.75	\$737.61

Dental Plan Option

Employee	\$21.93
Employee & Spouse	\$43.14
Employee & Child(ren)	\$57.90
Family	\$79.11



Frequently Asked Questions

Am I eligible for coverage? All employees who are actively at work performing all the normal duties of their job, reside in the U.S., and are not in full-time military service are eligible. Your employer may also require completion of a waiting period before you are eligible.

Are my dependents eligible? Yes, if you are eligible and become insured under the plan. Spouses (not legally separated or divorced) and children, including stepchildren and adopted children, who are unmarried, dependent on you for support and under age 19 (26 if a full-time student) are eligible provided they are actively performing the normal duties of persons of like age and gender, reside in the U.S. and are not in full-time military service.

How do I enroll? Once you've met the eligibility requirements above, complete an enrollment form and give it to your employer. Your employer has a supply of enrollment forms.

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

When is coverage effective? Coverage will be effective the 1st of the month following receipt of your enrollment form provided that the full premium is also received and all eligibility requirements are satisfied.

When does coverage terminate? Coverage will remain in effect until the first of the following occurs: you request 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 when you are pensioned or retired; the date your employer ceases participation in the plan; the date the group policy terminates.

Spouse and children's coverage terminates concurrently with yours, or earlier if they no longer qualify as a dependent, or you request termination of coverage.

How are premiums paid? You pay 100% of the premium through payroll deduction. Your employer forwards the monthly premium 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 you cease full-time work because of temporary layoff or leave of absence; or
- ❖ for up to 6 months after you cease full-time work because of injury or sickness.

Coverage may not continue if you begin 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 your death occurs.

How Are Claims Paid? All claims for all benefits, except services and discounts on prescription drugs, are paid **directly to the insured employee**—benefits are not assignable. Your employer has a supply of claim forms.

For the prescription drug program, the transaction is handled entirely with the participating pharmacy. There are no claim forms 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 benefit exclusions and limitations of *FringeMark*. This is **NOT** a complete list. Your Certificate of Insurance will contain the full text of the policy's exclusions and limitations.

- ❖ Occupational injury or sickness
- ❖ Dental, 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 or Surgery benefits, 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? Contact Your Employer

Administered By:

Towers Affinity Benefit Services,
A division of Towers Administrators, Inc.
4510 Cox Road, Suite 111
Glen Allen, VA 23060
Telephone—(877) 673-9797
FAX—(804) 273-9989
E-mail to info@agu.net

Insurance Carrier (for all benefits except prescription drugs):

Markel Insurance Company
Glen Allen, VA

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

Claims Paid On Markel's Behalf By:

Pioneer Management Systems,
A Markel Insurance Company Business Partner
P.O. Box 6600
Holyoke, MA 01041
Toll free: (866) 653-2542

Discount Card Provided By:

BeneScript Services, Inc.
Norcross, GA

To use Pharmacy Locator, go to www.benescript.com. Click on Members tab; enter UserID as "fringemark" and password as "search" .

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 each participating member firm of the Marketing Research Association. The group policy is subject to the laws of the state of delivery. The availability of this offer may change. Please keep this material as a reference and refer to the Certificate of Insurance for additional details. Check with your employer regarding your eligibility status.

This plan is currently available to employer groups with 2 or more eligible employees in: AL, AK, AZ, AR, DC, DE, GA, HI, IL, IA, KY, MD, MS, MO, MT, NE, NM, NC, ND, OK, OR, PA, RI, SC, SD, TN, TX, VA, WI, WY.
This plan is currently available to employer groups with 51 or more eligible employees in: CO, FL, IN, MA, MI, NV.