



BENEFITS	STRATA 300	STRATA 600	STRATA 800	STRATA 1000
Out-Patient Benefits				
Physician's Office Visit (5/yr p. person - 10/yr p. family)	\$50	\$50	\$75	\$75
Health Screening (3/yr p. person)	\$25	\$25	\$50	\$75
Routine Well-Child (6 within 1st 12 months of child's life)	\$30 per visit	\$40 per visit	\$50 per visit	\$60 per visit
Oklahoma Only: Immunization	\$20	\$20	\$20	\$20
Emergency Room (4 visits pp/yr) (Accident & Sickness)	\$50	\$100	\$150	\$250
DXL test (3/yr pp - 6/yr per family)	N/A	\$50	\$100	\$125
Hospital & Surgical Benefits				
Hospital Admission (Limit 2 per year)	\$300	\$600	\$800	\$1,000
Hospital Confinement (First 30 days)	\$300	\$600	\$800	\$1,000
Mental Nervous and Substance Abuse	Covered	Covered	Covered	Covered
Intensive Care - First 15 days	\$300	\$600	\$800	\$1,000
Surgical Schedule % (of amount listed in schedule)	N/A	100%	100%	100%
Anesthesia - 25% (of surgical scheduled Amt.)	N/A	25%	25%	25%
Ambulatory Surgery Center (per day)	N/A	\$100	\$150	\$250
Accident Benefits				
Accidental Death Benefit	\$10,000	\$20,000	\$30,000	\$40,000
Ambulance Benefit (4 visits pp/yr)	N/A	\$100	\$200	\$300
Common Carrier Benefit	\$2,500	\$5,000	\$7,500	\$10,000
Critical Illness Benefits				
Critical Illness - 1st diagnosis	N/A	\$5,000	\$7,500	\$10,000
Critical Illness - Waiting Period	N/A	30 Days	30 Days	30 Days
Invasive Cancer Benefit %	N/A	100%	100%	100%
InSitu Cancer Benefit %	N/A	25%	25%	25%
Heart Attack Benefit %	N/A	100%	100%	100%
Stroke Benefit %	N/A	100%	100%	100%
Renal Failure Benefit %	N/A	100%	100%	100%
Coronary Bypass Surgery %	N/A	100%	100%	100%
ADL Deficit Benefit %	N/A	100%	100%	100%
Dismemberment Benefits				
Loss of Both Hands or Both Feet	\$10,000	\$10,000	\$15,000	\$20,000
Loss of Sight in Both Eyes	\$10,000	\$10,000	\$15,000	\$20,000
Loss of One Hand AND One Foot	\$10,000	\$10,000	\$15,000	\$20,000

BENEFITS	STRATA 300	STRATA 600	STRATA 800	STRATA 1000
Loss of One Hand AND Sight in One Eye	\$10,000	\$10,000	\$15,000	\$20,000
Loss of One Hand OR One Foot	\$10,000	\$10,000	\$15,000	\$20,000
Loss of Speech AND Hearing in Both Ears	\$10,000	\$10,000	\$15,000	\$20,000
Loss of Hearing in One Ear	\$10,000	\$10,000	\$15,000	\$20,000
Loss of Thumb AND Index Finger of Same	\$10,000	\$10,000	\$15,000	\$20,000
Loss of One or More Fingers or Toes	\$2,500	\$2,500	\$2,500	\$2,500
Loss of Sight of One Eye	\$10,000	\$10,000	\$15,000	\$20,000
Dislocation Benefits (all)	\$1,000	\$1,000	\$1,250	\$1,500
Concussion	\$100	\$100	\$125	\$150
Fractures- Rib	\$500	\$500	\$500	\$500
Fractures- Other	\$1,000	\$1,000	\$1,250	\$1,500
Additional Benefits				
Patient Advocacy	Included	Included	Included	Included
24 – Hour Nurse Hotline	Included	Included	Included	Included

STRATA 1 Benefit (included in plans)*	STRATA 300	STRATA 600	STRATA 800	STRATA 1000
\$15 Generic Co-pay Drug Card	Included	Included	Included	Included
EyeMed Standard Vision Program (\$20 Co-pay Eye exam)	Included	Included	Included	Included
Careington POS Dental Network Discount Program	Included	Included	Included	Included
Lab & Imaging Discount Program	Included	Included	Included	Included
GTL Accident Medical Coverage** (Per Occurrence - \$100 Deduct.)	\$2,500	\$2,500	\$2,500	\$2,500
GTL Accidental Death Coverage	\$5,000	\$5,000	\$5,000	\$5,000

* Unless otherwise specified, these items are not insurance. **The STRATA Benefit Programs** except for vision is **neither underwritten nor insured by National Union Fire Insurance Company of Pittsburgh, Pa.** National Union Fire Insurance Company of Pittsburgh, Pa. assumes no responsibility or liability for any of the listed services, the providers of the services, the quality of the services, the delivery of the services or the outcomes of the services. Questions or concerns about the services should be addressed directly to the providers.

**The accident medical benefits are underwritten by Guarantee Trust Life Insurance Company and are not available in NY, ME and OR.

STRATA HealthCare is not a major medical plan. It is not a substitute for major medical coverage. Its intent is to provide specific, supplemental or limited health coverage that pays a lump-sum payment directly to covered insured's for covered events. STRATA plan have no deductibles or co-payments, and it is not a reimbursement plan.

BENEFIT DESCRIPTIONS

OUT-PATIENT BENEFITS

Physician's Office Visits Benefit—Pays a Per Visit benefit if an Insured Person visits a Physician's office for treatment of Sickness or Injury.

Health Screening Benefit—Pays a Per Test Amount when an Insured Person undergoes specified routine examinations or other preventive testing.

Routine Well-Child Benefit—Pays a Per Physician's Visit amount when an Insured Dependent Child visits a Physician and undergoes physical examination and/or appropriate immunizations during the first 12 months following birth.

Emergency Room Accident Treatment Benefits—Pays a Per Accident Benefit shown when an Insured Person suffers an injury that, within 72 hours of the accident that caused the injury, requires him or her to receive Emergency Treatment in the Emergency room of a Hospital.

Emergency Room Sickness Treatment Benefit—Pays a Per Visit Benefit when an Insured Person visits the emergency room of a Hospital for Emergency Treatment of Sickness.

Outpatient Diagnostic X-Ray and Laboratory Benefit—Pays an Outpatient Diagnostic X-Ray and Laboratory Benefit when an Insured Person visits a Physician's office or other outpatient setting except an emergency room, and undergoes diagnostic x-ray and laboratory tests for treatment of Sickness or Injury.

HOSPITAL & SURGICAL BENEFITS

Hospital Admission Benefit—Pays a lump sum Hospital Admission Benefit if an Insured Person is admitted as an inpatient to a Hospital for treatment of Sickness or Injury.

Hospital Confinement Benefit—Pays a Daily Hospital Confinement Benefit for each day that an Insured Person is charged for a room as an Inpatient when that Insured Person becomes confined as an Inpatient to a Hospital for treatment of Sickness Injury.

Intensive Care Unit Benefit—If benefits have become payable for an Insured Person under the Hospital Confinement Benefit, and such Insured Person becomes confined in an Intensive Care Unit, pays an additional Daily Intensive Care Unit Benefit for each day and Insured Person is confined in and charged for an Intensive Care Unit.

Surgical/Anesthesia Benefits - Pays a scheduled Surgical Benefit when an Insured Person undergoes a surgical procedure for treatment of Sickness of Injury.

Anesthesia—Pays an Anesthesia Benefit for the administration of anesthesia for which a charge is incurred during a covered surgical procedure.

ACCIDENT BENEFITS

Accidental Death Benefit—Pays a lump sum benefit if an Insured Person suffers an injury that results in death.

Note -The Accidental Death Benefit for an Insured Spouse will be 50% of the Insured's Benefit. The Accidental Death Benefit for an Insured Dependent Child will be 25% of the Insured's Benefit.

Accidental Dismemberment Benefits - If Insured Person suffers an Injury that results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified in the Schedule of Benefits, the Company will pay the Accidental Dismemberment Benefit shown in the Schedule of Benefits for that Loss. If more

than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

Critical Illness Benefits - The Company will pay this benefit, subject to the Reduction Schedule and Benefit Payment Conditions listed below, if while this Rider is in force, an Insured Person is first Diagnosed with a Critical Illness by a Physician. Once 100% of the Maximum Benefit Amount has been paid for an Insured Person, coverage terminates and no further benefits are payable for that Insured Person.

Benefit Payment Conditions

Payment of benefits upon the first Diagnosis of the Critical Illnesses listed below is subject to the following:

- 1.the Diagnosis is made within the United States;
- 2.the Diagnosis is made while the Insured Person's coverage is in force under this Rider; and
- 3.payment is not precluded by any general or specific exclusion or limitation set forth in this Rider or any failure to meet any condition precedent set out below.

Invasive Cancer - If an Insured Person is first Diagnosed with Invasive Cancer more than 30 days after the effective date of coverage under this Rider, the Company will pay the indicated Benefit Amount shown in the Rider Schedule.

In-Situ Cancer - If an Insured Person is first Diagnosed with In-Situ Cancer more than 30 days after the effective date of coverage under this Rider, the Company will pay the indicated Benefit Amount shown in the Rider Schedule.

Heart Attack - If an Insured Person is first Diagnosed as having suffered a Heart Attack more than 30 days after the effective date of coverage under this Rider, the Company will pay the indicated Benefit Amount shown in the Rider Schedule.

Kidney (Renal) Failure - If an Insured Person is first Diagnosed with Kidney (Renal) Failure more than 30 days after the effective date of coverage under this Rider, the Company will pay the indicated Benefit Amount shown in the Rider Schedule.

Stroke - If an Insured Person is first Diagnosed with having suffered a Stroke more than 30 days after the effective date of coverage under this Rider, the Company will pay the indicated Benefit Amount shown in the Rider Schedule.

ADL Deficit - If an Insured Person is first Diagnosed as having an ADL Deficit more than 30 days after the effective date of coverage under this Rider, the Company will pay the indicated Benefit Amount shown in the Rider Schedule.

Coronary Artery Bypass - If an Insured Person is first Diagnosed, more than 30 days after the effective date of coverage under this Rider, with a condition that necessitates a Coronary Artery Bypass and receives the Coronary Artery Bypass, the Company will pay the indicated Benefit Amount shown in the Rider Schedule.

Techniques that do not involve open heart surgery, such as balloon angioplasty, laser relief of an obstruction and/or other intra-arterial procedures are not covered.

Physician and Hospital Discounts— we offer the Discount Provider Network from Beech Street to complement the benefits provided by STRATA Plans. Discounted rates are available at premier physicians, hospitals, and medical centers around the country.

ACCIDENT MEDICAL WITH AD&D**



ACCIDENT MEDICAL

If you are injured in a covered accident and receive treatment from a physician, you are eligible for benefits during the benefit period of 52 weeks; you will be paid up to \$2,500 for X-rays, Physician Services, Emergency Room Services, Supplies and Appliances. This benefit is available on a per occurrence basis with a \$100 deductible per event.

ACCIDENTAL DEATH AND DISMEMBERMENT

The Beacon Plans also includes \$5,000 of AD&D coverage. See certificate for breakdown of benefits.

Underwritten and insured by Guarantee Trust Life Insurance Company

GTL Group Accident Medical coverage NOT available in NY, ME, OR.

EYE MED VISION PROGRAM

ONE OF TODAY'S MOST WANTED BENEFIT



Approximately 60% of the U.S. population wears corrective lenses.¹ So it's no surprise that vision care tops the most wanted benefits list² or that two-thirds of workers believe coverage for eye exams and eyeglasses should be among their benefits.³ AIG Beacon Vision Care Insurance gives companies a cost-effective way to meet their work force's need for affordable, quality vision care, making it an excellent benefit for companies eager to attract and keep skilled people.

A CUSTOMIZED PROGRAM WITH STRONG BENEFITS

The program offers a broad range of eye care programs through EyeMed, a leading, full-service vision care provider network.

It provides key advantages not often available with other vision care programs, including coverage through out-of-network providers.

Full-service plans provide 100% coverage for comprehensive vision exams; standard glasses or plastic eyeglass lenses; eyeglass frames, up to a stated allowance; and contact lenses, up to a stated allowance, in lieu of benefits for lenses.

After covered benefits are paid, additional discounts may apply.

Plan design can be easily tailored to a company's specific requirements with frequency of benefit options, copayment options and varying levels of materials coverage.

¹ *Best's Review*, 2004.

² *Employee Benefit Plan Review*, March 2004.

³ *Best's Review*, 2004.

PROGRAM FEATURES AND DETAILS

Exam - Covered 100% every 12 months after \$20 co-pay

EYEMED MEMBER DISCOUNTS

Note that members in addition receive 40% discount off complete pairs of eyeglasses and a 15% discount off conventional contact lenses once the funded benefit has been used. As well members will receive a 20% discount at network providers on items not covered by the plan, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services or contact lenses.

The following are discounts participants receive for being part of the EyeMed network.

Lens Options – In Network Only	
UV Coating	\$15
Tint (Solid and Gradient)	\$15
Standard Scratch-Resistance	\$15
Standard Polycarbonate	\$40
Standard Progressive	\$65
Standard Anti-Reflective	\$45
Other Add-Ons and Services	20% off retail price
Contact Lenses – In Network Only	
Conventional	15% discount off balance over the applicable insured allowance
Frames	20% discount off balance over the applicable insured allowance.
Laser/PRK Surgery	15% discount off the retail price of LASIK or PRK laser vision correction procedures or 5% off promotional price. LASIK and PRK correction procedures are provided by the U.S. Laser Network, owned and administrated by LCA-Vision. This discount is available only at U.S. Laser Network providers.

PRESCRIPTION DRUG BENEFIT OPTIONS

\$15 CO-PAY FOR GENERIC DRUGS

PRAM Summary Plan Description Insured Generic Only Prescription Drug Benefit Program

Unless otherwise noted below, your benefit plan covers prescription drugs approved for use by the Food and Drug Administration (FDA) and prescribed by a licensed provider, dispensed by a licensed pharmacy, and deemed by your plan to be medically necessary. You may obtain covered medications subject to the limitations described below:

Days' Supply:	Retail Pharmacy	Mail Order Pharmacy	Paper or Out-of-Network Pharmacy*
You may receive up to the designated days supply or quantity per prescription	30 consecutive days	90 consecutive days	NA
Co-Payments for which you are responsible:			
Deductible	None	None	NA
Preferred and Non-Preferred Brand Name Drug	The lesser of 100% of the network discounted drug pricing or the pharmacies U&C	The lesser of 100% of the network discounted drug pricing or the pharmacies U&C	Reimbursed at the Contract rate not the retail rate
Generic Drugs	The lesser of \$15.00 or the pharmacies U&C	The lesser of \$30.00 or the pharmacies U&C	NA
Mandatory Generic	Yes Generics are covered. Brands are not covered They may be purchased at the lesser of 100% of the network discounted drug pricing or the pharmacies U&C		NA
Free prescriptions through PPAP's	Free Qualification for Manufactures Free Prescription programs at www.pram.com Click on Products and Services and follow the steps.		
Monthly Limit	\$200.00 PEPM or \$400.00 PFPM		\$-0-

Drug Formulary Disclosure

(A) PRAM utilizes a drug formulary (also known as a Preferred Drug List) in conjunction with its prescription drug programs. Generally, the Preferred Drug List applied to the Brand Wrap program.

(B) A formulary or preferred drug list is a list of recommended prescription medications that is created, reviewed and continually updated by a team of physicians and pharmacists. The preferred drug list contains a wide range of generic and brand name preferred products that have been approved by the Food and Drug Administration (FDA). Your doctor can use this list to select medications for your health care needs, while helping you maximize your prescription drug benefit.

A medication becomes a preferred drug based first on safety and efficacy, then on cost-effectiveness.

(C) PRAM contracts with a PBM who then contracts with an independent National Pharmacy & Therapeutics (P&T) Committee comprised of practicing physicians and pharmacists who have evaluated all of the medications in these categories.

(D) The P&T Committee meets at least quarterly to evaluate drugs for addition to or deletion from the Preferred Drug List.

(E) An insured may contact PRAM at 1-800-262-7726 to find out if a specific drug is on the Preferred Drug List.

NOTE: The presence of a drug on a drug formulary does not guarantee that an enrollee's health care provider will prescribe that drug for a particular medical condition or mental illness.

COVERED DRUGS / EXCLUDED DRUGS

Prescription Drug means all outpatient Medically Necessary Legend non-injectable medications shown on the Formulary, unless otherwise specifically excluded and any of the following. Outpatient means a Prescription Drug is not taken in or administered by a hospital or any other health care facility or office.

Diabetic Products - Over-the-counter

Diabetic supplies - alcohol swabs, lancets, lancets devices, test strips and tablets (urine, blood glucose, ketone). Insulin and insulin syringes.

Family Planning Oral Contraceptives.

Nutritional Products Prenatal Legend Vitamins.

Other Legend Drugs Acne products (Retin-A only up to 24th birthday). Compounds, one ingredient must be Legend. Cough and Cold. Immunosuppressant's.

All over-the-counter and injectable medications are excluded unless shown above. If classifications contain both prescribed and over-the-counter or both injectable and non-injectable products, only the non-injectable, prescribed products will be covered unless shown above.

EXCLUSIONS/LIMITATIONS

Exclusions Prescription Drug benefits are not payable for the following items except as set forth above:

1. All over-the-counter products and medications unless shown under the definition of Prescription Drug. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements and all other over-the-counter products and medications.
2. Blood glucose meters; insulin injecting devices.
3. Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.
4. Biologicals (including allergy tests); blood products; growth hormones; hemophilic factors; MS injectables; immunizations; all other injectables unless shown under the definition of Prescription Drug.
5. All other medical supplies and durable medical equipment unless shown under the definition of Prescription Drug.
6. Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid and Niacin - used in treatment versus as a dietary supplement; all other Legend Drug vitamins and nutritional supplements.
7. Anorexiant; Any cosmetic drugs including, but not limited to, Renova, skin pigmentation preps; any drugs or products used for the treatment of baldness; Topical dental fluorides.
8. Refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription.
9. Any drug labeled "Caution - limited by Federal Law for Investigational Use" or experimental drugs.
10. Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.
11. Drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder; or the Insured Person taking part in the commission of a felony.
12. Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an Insured Person while on active duty in any armed force.
13. Any expenses related to the administration of any drug.
14. Drugs or medicines taken while in or administered by a hospital or any other health care facility or office.
15. Drugs covered under Worker's Compensation, Medicare, Medicaid or other Governmental program.
16. Drugs, medicines or products which are not Medically Necessary.
17. Diaphragms; Erectile dysfunction Legend drugs, unless specifically listed in the definition of Prescription Drug; Infertility Legend drugs.
18. Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; Imitrex-auto injection
19. Smoking deterrents, Legend or over-the-counter.
20. Vacation supplies and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs.
21. All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication.

PLANS ADMINISTERED BY:
ADROIT MUTUAL BENEFITS, LLC
400 CHISHOLM PLACE
SUITE 400
PLANO, TX 75075
(866) 972-ADMU (2368)