



MARKEL BASIC HEALTH INSURANCE

A Lower Cost Alternative To Comprehensive Major Medical



Offered to Employees of:

Highlights Of *Markel Basic Health Insurance*

- **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**

IMPORTANT! MBHI 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. You can 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 **MBHI is also not a Medicare Supplement plan.**

Markel Basic Health Insurance Benefits

- ü Benefits include:
- ü Doctor's Office Visits
- ü Diagnostic Testing
- ü Emergency Room Treatments
- ü Hospitalization
- ü Surgery
- ü Wellness visits
- ü Discounts on Prescription Drugs

The Markel Basic Health Insurance Plan

The MBHI Plan is **AFFORDABLE**. This is a lower cost alternative for those without traditional major medical insurance coverage.

The MBHI Plan is **ACCESSIBLE**. There are no deductibles, no co-insurance, no gatekeepers or provider directories! Visit the health care provider of your choice, pay for the services up front and submit a claim for reimbursement based on the plan's benefits.

The MBHI Plan is **FLEXIBLE**. You decide who should be covered – Just you or your entire family



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Enhanced Plan Option 1

Markel Basic Health Insurance pays:	
Doctor's Office Visits	\$ 55
Diagnostic Tests	\$ 55
Child Wellness Visits	\$ 55
Hospitalization	\$ 400
Surgery—Inpatient	\$1,500
Surgery—Outpatient	\$ 600
Emergency Room	\$ 250

Doctor Office Visits – The MBHI Plan pays the amount shown per visit to the 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 – The MBHI Plan 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 – The MBHI Plan 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 – The MBHI Plan 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 60 days per confinement in a convalescent facility following within 3 days of a hospitalization of at least 3 days.

Surgery – The MBHI Plan pays the amount shown for 1 inpatient surgery and 1 outpatient surgery (performed in a hospital or outpatient surgery center) per calendar year.

Emergency Room – The MBHI Plan 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.

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.

MONTHLY PREMIUMS

Employee	\$ 75.79*	Employee & Child(ren)	\$160.51
Employee & Spouse	\$135.74	Family	\$220.47

*Your employer pays at least 50% of this amount. Through payroll deduction, you pay the balance plus the premium for any family members to be covered.



Frequently Asked Questions

Who is eligible for coverage? All employees of an eligible class (as determined by the employer) may enroll in the plan following any required waiting period provided that he or she is actively at work performing all the normal duties of his/her job, reside in the U.S., and not be in full-time military service.

Are dependents eligible? Yes, if the employee is eligible and becomes insured under the plan. Spouses (not legally separated or divorced) and children, including stepchildren and adopted children, who are unmarried, dependent on the employee for support and under age 19 (26 if a full-time student) are eligible provided they meet the same requirements as the employee. In addition, dependents must be actively performing the normal duties of person of like age and gender in order to become covered under the plan.

How do employees enroll? Once you've met the eligibility requirements above, simply complete an enrollment form and give it to your employer.

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

When is coverage effective? Coverage will be effective the 1st of the month following receipt of the enrollment form provided that the full premium is also received.

When does coverage terminate? Coverage will remain in effect until the first of the following occurs; the employee requests 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 the employer ceases participation in the plan; the date the group policy terminates. Spouse and children's coverage terminates concurrently with that of the employee, or earlier if they no longer qualify as a dependent, or the employee requests termination of dependent coverage.

How are premiums paid? Your portion of the premium, including premium for family members if elected, is collected through payroll deduction.

Can coverage be continued after termination? Coverage may continue, provided the appropriate premium is paid:

- ✓ for up to 2 months after the employee ceases full-time work because of temporary layoff or leave of absence; or
- ✓ for up to 6 months after the employee ceases full-time work because of injury or sickness. Coverage may not continue if the employee begins 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 the employee's death occurs.

Transactions for the prescription drug discount program are handled directly with the participating provider. There are no claims 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.



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Exclusions and Limitations

The following is a brief list of the major benefit exclusions and limitations of *Markel Basic Health Insurance*. This is **NOT** a complete list. The group policy will contain the full text of exclusions and limitations.

- ✓ Occupational injury or sickness
- ✓ Dental, eye or vision care (except as elected)
- ✓ 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 and Surgery, 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) .

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 employer. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference and refer to the group master policy for additional state specific details. Some provisions, benefits, exclusions or limitations listed herein may vary, depending on the employer’s state or the employee’s state of residence.

Questions?

Contact your Employer

Insured by:

Markel Insurance Company
PO Box 3870
Glen Allen, VA 23058

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

Administered by:

Pioneer Management Systems,
A Markel Insurance Company Business Partner
P.O. Box 9040
West Springfield, MA 01090
1-866-653-2542

Discount Rx Program Provided by: New Benefits