

***FUNCTIONAL PATHWAYS
AFFORDABLE MEDICAL OPTION***



***PRESENTING
"CHI BASICCARE"***

***EXCLUSIVELY OFFERED BY
CARRIAGE HILL INSURANCE AGENCY
CHRIS WAMPLER, PRESIDENT
PH 865-988-3777***

BasicCare Highlights

- Affordable to all employees; Full time, PRN, part-time, "1099" contract
- Guaranteed acceptance: No health questions
- Includes a "Pay Check Protection" benefit
- Benefits may be paid to you, in addition to other coverage, or you may assign to the Provider
- No deductible
- No coinsurance
- Use any provider
- No required "networks"
- If you have a high deductible medical plan, can also be used to fill out of pocket expenses
- EZ to enroll
- BasicCare gets you to the doctor or Urgent Care center for the daily treatment needed by you and your family



BASIC CARE – SIMPLIFIED CASH PAYMENTS

When you or a covered family member have a claim, your BasicCare plan will pay the Cash Payment per procedure as listed below. You can receive the payment direct, or if your Provider will accept assignment of the benefits, you can assign the payment direct to the Provider. Remember, there are no deductibles or coinsurance.

Type of Benefit	Best Choice	High Option
Pay Check Protection 67% of salary; after 7 days; 13 weeks	\$150/week max	\$300/week max
Critical Illness Lump Sum (Cancer, Heart, Stroke, Kidney) (50% on dependents)	\$5000	\$10,000
Vision	\$300/year	\$300
Emergency Accident	\$500 per acc	\$1000 per acc
Ambulance per trip	\$150	\$150
Doctor Office Visits Up to 6 per Year	\$50/visit 6/year	\$60/visit 6/ year
Preventative Care	\$50/visit	\$75/visit
Outpatient Lab and X-ray	\$50 (\$150/year)	\$60 \$180/year)
Advanced Studies (MRI, for example)	\$400 (\$1200/year)	\$600 (\$1800/year)
Emergency Room Sickness	\$75 (\$300/year)	\$75 (\$300/year)
Daily Hospital Room to 500 Days	\$400/day	\$600/day
Add'l Cash 1 st Day of Inpatient Admission	\$400	\$600
Daily Intensive Care	\$800	\$1200
Mental Illness Daily Confinement	\$200/day	\$300/day
Inpatient Skilled Nursing Facility	\$200/day	\$300/day
Inpatient Lump Sum Surgery Cash	\$1500	\$2000
Outpatient Lump Sum Surgery Cash	\$750	\$1000
Anesthesiology Lump Sum	\$375	\$500
Discount Wellness Program	Included	Included
Generic Rx Recommend new plans from (\$4.00 co-pay) Saves you money	Walmart, Target	Kroger

Contact us for rate information

QUESTIONS AND ANSWERS

1. IS BASICCARE A FULL "MAJOR MEDICAL PLAN"? No. BasicCare provides for your routine daily treatment for primary care, testing, and accidents. However, for most routine medical expenses, BasicCare will pay from 50-70% of typical charges. You might consider adding an individual "high deductible major medical" to protect against major claims.
2. WHEN DOES COVERAGE START? The 1st of the month after you enroll
3. CAN I USE ANY DOCTOR OR AM I RESTRICTED TO A "PPO PROVIDER"? You may use any Provider.
4. CAN I BE COVERED BY A REGULAR GROUP PLAN AND ALSO ENROLL FOR BASICCARE? Yes. In fact, if you have a "high deductible medical plan", you may want to use BasicCare to supplement that plan
5. WHO RECEIVES THE BENEFITS PAYMENTS? You may be paid direct or you may assign to the Provider
6. I HAVE HEALTH PROBLEMS AND MY SPOUSE IS ALSO ILL. Can I enroll? Yes. All employees are accepted. No one may be declined.
7. WHAT ABOUT A "PRE-EXISTING" CONDITION. Your Medical Plan covers all pre-existing health conditions Remember, the Paycheck Protection Disability and Lump Sum Critical Illness do not cover pre-existing conditions for 12 months
8. I WORK AS A "1099" EMPLOYEE. MAY I ENROLL? Yes. All employees may enroll?
9. DOES THAT INCLUDE PART TIMERS, SEASONAL, AND PRN? Yes, any worker associated with us may enroll.
10. IS THIS PLAN INSURED? Yes, the plan is insured by Standard Security Life, an "A" rated insurer
11. DOES THE INSURER HAVE A TOLL FREE PHONE FOR CLAIM OR POLICY ASSISTANCE? Yes
12. WILL I RECEIVE AN ID CARD? Yes. You will receive a color plastic ID card with your kit
13. HOW DO I ENROLL? You will be furnished with a "pick out" sheet that you can easily fill in with you and any dependents information who you want covered. Your local office can transmit your form to the service office
14. IS THIS PORTABLE? No.

REMEMBER

- Lo Cost
- EZ to enroll
- Pays in addition to other insurance
- No medical plan pre-existing limits
- All enrollees are accepted



Employee Name _____

BasicCare Pick Out Sheet
Fax completed form to 866-281-6862

Yes, I want to enroll for BasicCare, in order to supplement my medical plan and/or cover my dependents. I understand that when I cover my spouse and/or children, I will also be covered. BasicCare benefit will pay in addition to any other coverage. BasicCare has no pre-existing condition limitations.

I want to enroll (check option desired)		Monthly Premium
Employee Only	[]	\$ _____
Employee + Child(ren)	[]	\$ _____
Employee + Spouse	[]	\$ _____
Employee, Spouse, Children	[]	\$ _____

CONFIDENTIAL PERSONAL INFORMATION FOR EACH COVERED PERSON

Employee Name (first, middle, last) _____

SS# _____ DOB _____ Hire Date _____

Phone Number _____

Street Address _____

City _____ State _____ ZIP _____

Spouse Name (First, middle, last) _____

SS# _____

Child Name _____ DOB _____ SS# _____

Child Name _____ DOB _____ SS# _____

Child Name _____ DOB _____ SS# _____

Child Name _____ DOB _____ SS# _____

Child Name _____ DOB _____ SS# _____

Child Name _____ DOB _____ SS# _____

X _____ Today's Date _____

Employee Signature

I want coverage to begin on: _____

HOW TO ENROLL

- Select the plan you want
- Decide whether or not you want to also cover any dependents
- Complete the "Pick Out" sheet that has your confidential family information
- Sign the attached "ACH" (bank draft" form) and be sure to check whether you want to pay from your checking or from your savings account
- Check the plan you want
- Take the Pick Out Sheet and signed "ACH" form to the local business office, as well as a voided check (to verify your account information)

SUBMITTING YOUR ENROLLMENT

- Fax the Pick Out Sheet, Signed ACH form, and Voided Check to the BasicCare business office at 866-281-6862
- Your coverage will begin on the 1st month your premium is received by HAC

WHEN YOU MAY ENROLL

- All employees may enroll immediately following their association with Functional Pathways, regardless of the number of hours worked, and regardless of whether you are PRN, Part-time, Full time, temp, seasonal, or "1099 Contract" employee
- Your coverage begins on the first of the month following your enrollment and upon payment of premium
- Premium payments that are "NSF" from your bank will result in immediate coverage termination, without re-instatement

POLICY CERTIFICATES AND ID CARDS

- Shortly after you enroll, you will receive a personal kit with your plastic ID card and a full manual explaining all the details of your plan
- Toll Free Phone: The claims service number is printed on your ID card
- Billing or banking contact: HAC is the billing administrator, and may be reached at 800-560-6779 x 102; or toll free fax at 866-281-6862
- Carriage Hill Insurance: Your servicing broker; phone 865-988-3777

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS
(ACH DEBITS)**

ENROLLEE NAME: _____

SS NUMBER: _____

I hereby authorize **Healthcare Assurance Corporation (PO Box 51686, Knoxville, TN 37950)** hereinafter called "Company", to initiate debit entries and to initiate, if necessary, credit entries and adjustments for debit entries in error to my (our): _____ Checking _____ Savings account indicated below and the financial institution named below, hereinafter called "Depository" to debit and/or credit the same to such account. Insured shall notify Company a minimum of 30 days in advance of any account changes.

FINANCIAL INSTITUTION: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA (9 positions) _____ ACCT #: _____

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and the financial institution named above a reasonable opportunity to act on it. This shall be a monthly recurring ACH Debit on the First (1st) Business day of every month. The Company shall terminate this ACH upon any incident of NSF, stop pay, or other failure to pay. Any NSF debit shall result in insurance termination retroactively to the last day of the calendar month that premiums were paid. NSF debit accounts will not be re-processed for payment.

I want Best Choice Plan High Option Plan

Single Plus Children Plus Spouse Entire Family

DATE: _____

SIGNED: _____

Plans Selected (Total amount authorized \$ _____)
(Includes Plan Administration)

This Agreement follows American Banking regulations.

For the convenience of all employees of Functional Pathways



A fax copy shall be as binding as an original copy. Please retain a copy for your records. The administration is not provided by Functional Pathway and enrollee holds Functional Pathway harmless in regard to any administrative dispute.

Who to Contact for Additional Information

Benefit Consultant: Mr. Chris Wampler, President Carriage Hill Insurance

Phone 865-988-3777

General Administration, Billing, and Special Services for Change of Bank Draft Information (ACH): Omega Group and HAC

Phone 865-588-0177x 102 800-560-6779 x 102

Fax 865-588-7853 or 866-281-6862 (for out of area faxes)

Plan Assistance from the Insurer: Fringe Benefits, Inc. Customer Service (lost ID cards, etc.)

Phone 800-551-3424

Claims: See toll free number on your ID card

Provided as a courtesy to all associates of Functional Pathways, nationwide. Serving our full time, part time, PRN, seasonal, and "1099" contract employees ...