

*GROUP LIMITED HEALTHCARE PROGRAM
BY AMERICAN GENERAL®*

Employer-Funded and Employee-Paid Plans



PRODUCT
SPECIFICATIONS

Important: This program provides access to limited benefit accident and sickness indemnity insurance. It is a program offering discounts on certain medical care and health-related services. This program is **NOT** basic health insurance and is not a substitute for health insurance.

Program not available in CT, MA, MN, MT, NH, NJ or WA.

American General
Life Companies

Everyone wants to feel protected when it comes to taking care of their health and their loved ones. Health insurance plans may not cover all expenses associated with a hospital stay or major medical treatment. The deductibles, co-payments and leftover balances can lead to significant out-of-pocket costs for your employees.

With Group Limited Healthcare, you can easily offer your employees valuable healthcare products and services to supplement your group benefits plan — and help fill the benefit gaps. This limited benefit program offers:

- Supplemental medical benefits such as physician's office and emergency room visits, hospitalization, diagnostic tests and intensive care, as well as accidental death and dismemberment benefits.
- Prescription drug insurance program available to help employees address the high costs of outpatient prescription drugs.¹
- Optional group critical illness or term life insurance benefits may be added to the plan.²
- A rich portfolio of discount medical services offered through **Careington**, including a national medical provider network of 3,800 hospitals and more than 1.3 million provider locations.

Plan Highlights

- Guaranteed issue means no health questions asked, and there are no pre-existing condition exclusions (except pregnancy).
- Benefits paid directly to the insured (unless the insured assigns them to the doctor or hospital).
- Spouse and children coverage available.
- Covers pregnancy, provided conception occurs after the effective date of coverage.
- 24-hour physician and nurse lines.³
- Discount dental, vision and prescription services.³
- Three of the largest nationwide health networks — Beech Street, Galaxy and Personal Healthcare Services (PHCS).

For more information on the Group Limited Healthcare program, contact your Agent, Broker or Benefit Solutions Representative. Or visit www.americangeneral.com/employeebenefits.

¹ Catalyst Rx is the full service Pharmacy Benefit Manager. The prescription drug insurance program is administered by Core V Solutions, Inc., Frisco, TX and underwritten by Fidelity Security Life Insurance Company, Kansas City, MO. Form numbers M-9031 and M-9022; policy numbers PD-329 and PD330. Sold in conjunction with the Group Limited Healthcare program — cannot be sold standalone. Not available in MA, ME, MN, NH, NY, UT or WA.

² Not available in NY. Term Life not available in FL.

³ These are discount services and are not insurance products.

Group Limited Healthcare Program Benefits⁴

	Bronze	Silver	Gold	Platinum
Wellness				
Physician Office Visit (per visit) Benefit paid if covered person visits a doctor's office for care or advice of injury or sickness covered under the policy	\$40	\$75	\$75	\$75
Health Screening (per calendar year) One routine or preventive test per calendar year per insured	\$50	\$75	\$100	\$100
Outpatient Prescription Drug Benefit (per prescription)	\$15	\$15	\$15	\$15
Routine Child Care (per visit) Up to 4 visits per calendar year per insured child under 12 months of age	\$50	\$50	\$50	\$50
Hospital-Related				
Emergency Room Visit — Accident-Related (per visit) Up to 2 visits per calendar year per insured	\$100	\$200	\$300	\$500
Emergency Room Visit — Sickness-Related (per visit) Up to 2 visits per calendar year per insured	\$75	\$75	\$100	\$100
Hospital Admission (1 admission per calendar year) Admitted to a hospital as a resident bed patient due to a covered accident or sickness	\$250	\$500	\$750	\$1,000
Hospital Confinement (per day) <ul style="list-style-type: none"> ▪ Up to 30 days per confinement ▪ No elimination period ▪ Confined to a hospital as a resident bed patient due to a covered accident or sickness 	\$100	\$250	\$500	\$1,000
Intensive Care (per day) <ul style="list-style-type: none"> ▪ Up to 30 days per confinement ▪ Pays in addition to hospital confinement benefit while confined in a hospital intensive care unit for a covered accident or sickness 	\$100	\$250	\$500	\$1,000
Continuous Care (per day) Up to the lesser of the hospital confinement or 30 days	\$50	\$100	\$200	\$250
Ambulance to Hospital via Ground 2 per calendar year	\$100	\$100	\$200	\$200
Ambulance to Hospital via Air 2 per calendar year	\$500	\$1,000	\$1,000	\$1,000
Surgery-Related				
Surgery (based on surgical schedule) <ul style="list-style-type: none"> ▪ Performed by a physician ▪ Performed on an inpatient or outpatient basis for a covered accident or sickness 	N/A	Up to \$1,090	Up to \$1,090	Up to \$1,635
Anesthesia (percentage of the surgery benefit)	N/A	25 percent	25 percent	25 percent
DXL				
Diagnostic Tests, X-rays, Labs (per test) Performed on an outpatient basis due to covered sickness and also injuries from a covered accident	N/A	\$75	\$100	\$100
Death				
Accidental Death Spouse and child amounts only if included in coverage (per insured person)	Employee \$10,000 Spouse \$5,000 Child \$2,500	Employee \$10,000 Spouse \$5,000 Child \$2,500	Employee \$15,000 Spouse \$7,500 Child \$3,750	Employee \$20,000 Spouse \$10,000 Child \$5,000
Common Carrier Accidental death while riding in or on a common carrier	\$10,000	\$10,000	\$15,000	\$20,000

⁴ Plan benefits and provisions are subject to state insurance law, and may vary due to such law.

Group Limited Healthcare Program Benefits⁴ (continued)

	Bronze	Silver	Gold	Platinum
Dismemberment				
Loss of: <ul style="list-style-type: none"> ▪ Both hands and feet ▪ Sight in both eyes ▪ One hand and one foot ▪ One hand or one foot ▪ Speech and hearing in both ears ▪ Hearing in one ear ▪ Thumb and index finger of same hand ▪ Sight in one eye ▪ One hand and sight in one eye 	Employee \$10,000 Spouse \$5,000 Child \$2,500	Employee \$10,000 Spouse \$5,000 Child \$2,500	Employee \$15,000 Spouse \$7,500 Child \$3,750	Employee \$20,000 Spouse \$10,000 Child \$5,000
Loss of: One or more fingers or toes	Employee \$2,500	Spouse \$1,250	Child \$625	
Paralysis				
Quadriplegia Total paralysis of the body from the neck down	Employee \$2,500.00	Spouse \$1,250.00	Child \$625.00	
Hemiplegia Complete paralysis of only one side of the body	Employee \$1,250.00	Spouse \$625.00	Child \$312.50	
Paraplegia Complete paralysis of the lower half of the body	Employee \$1,250.00	Spouse \$625.00	Child \$312.50	
Uniplegia Complete paralysis of one limb	Employee \$625.00	Spouse \$312.50	Child \$156.25	
Group Critical Illness Insurance Rider (Employer-Choice)⁵				
<ul style="list-style-type: none"> ▪ Lump-sum benefits payable upon initial diagnosis of a covered illness or condition ▪ Includes invasive cancer, heart attack, kidney failure, stroke, ADL at 100 percent of the benefit amount ▪ Includes in situ cancer and coronary artery bypass at 25 percent of the benefit amount ▪ Spouse and child coverage available 			\$2,500 \$5,000 \$7,500 \$10,000	
Group Term Life Insurance (Employer-Choice)⁵				
<ul style="list-style-type: none"> ▪ Full benefit amounts for employee ▪ Accelerated death benefit included ▪ Available for employee, spouse and children 	Employee \$5,000; \$10,000	Spouse \$2,500; \$5,000	Child \$2,000; \$2,500	

Prescription Drug Insurance Program⁴

Employer Choice	Plan 1	Plan 2
Generic Formulary Medications	\$10 copayment per 30-day supply	\$15 copayment per 30-day supply
Generic Formulary Oral Contraceptives	\$15 copayment per 30-day supply	\$15 copayment per 30-day supply
Brand-Name Formulary Medications	N/A	\$50 copayment per 30-day supply
Non-Formulary Medications (unlimited use)	100% of the discounted price	100% of the discounted price
Annual Maximum (per individual)	\$1,500	\$2,500

⁵ There may be a charge for the rider. See the rider for details regarding the benefit description, limitations and exclusions.

Group Limited Healthcare Program Provisions⁴

Guaranteed Issue	Yes, if participation requirements are met
Issue Ages	<ul style="list-style-type: none"> ■ Employee: 18 to 69 ■ Spouse: 18 to 69 ■ Dependent Child: to 23; to 25 if full-time student
Participation Requirement	<ul style="list-style-type: none"> ■ 2 to 14 eligible employees — the greater of 2 employees enrolled or 75 percent eligible ■ 15 to 99 eligible employees — the greater of 10 employees enrolled or 20 percent eligible ■ 100 or more eligible employees — the greater of 20 employees enrolled or 10 percent eligible
Pre-existing Condition Exclusion	None except pregnancy prior to the effective date
Critical Illness Pre-existing Condition	12/12
Critical Illness Waiting Period	90 days, except invasive cancer, which is 30 days
Continuation of Coverage when Employment Terminates	<ul style="list-style-type: none"> ■ Available ■ Coverage continuation ceases at age 75 or at retirement, upon nonpayment of premium or when group policy terminates
Group Term Life Insurance Accelerated Death Benefit	<ul style="list-style-type: none"> ■ 75 percent to maximum benefit amount ■ Allows an insured person to receive a portion of his or her life insurance benefit before death if diagnosed with a terminal illness or cognitive impairment, or is unable to perform activities of daily living without assistance ■ The beneficiary receives the remaining benefit after death
Benefit Reduction	<ul style="list-style-type: none"> ■ Applies only to AD&D and critical illness benefits ■ At age 65, benefit reduces to 50 percent of the original face amount
Employer Contribution	Employee may pay all, but an employer contribution of 100 percent will qualify the plan for a lower premium schedule
Rate Guarantee	1 year
Employee Service Waiting Period	Employer choice

Discount Medical Services

The Group Limited Healthcare program includes a rich portfolio of discount medical products and services offered through **Careington**. (American General Life Insurance Company of Delaware and The United States Life Insurance Company in the City of New York are not affiliated with any of the services listed in this section.)

Instant Savings on Healthcare Costs

- Access to three national networks with more than 1.3 million provider locations, 3,800 hospitals and 40,000 ancillaries (lab, X-ray imaging, durable medical equipment and home healthcare).⁶
- Savings average 10 to 45 percent on medical services.
- Chiropractic/therapy treatment discounts of 25 to 30 percent at more than 17,000 providers nationwide.

24-Hour Nurse Line

- Immediate access to licensed, registered nurses through one toll-free number — available 24/7, 365 days a year.
- Information about prescription and over-the-counter medication usage and drug intervention.

Discount Vision

- Savings from 20 to 40 percent on exams, glasses and contact lenses at more than 40,000 providers nationwide.
- Replacement contact lenses may also be ordered by mail.

Discount Prescription

- Prescription discounts will continue even after the insured benefit has reached its maximum.
- On average, save 15 percent on brand-name drugs and 40 percent on generic drugs.
- Accepted in more than 56,000 pharmacies nationwide.

24-Hour Physician Line

- Access to a network of licensed primary-care physicians providing cross-coverage consultations 24/7, 365 days a year. Members pay a \$38 consultation fee.
- Physicians diagnose routine, nonemergency, medical problems, recommend treatment and prescribe any necessary medication.

Discount Dental

- Save 20 to 50 percent on everything from general dentistry and cleaning to root canals, crowns and orthodontia; 20-percent savings for specialists.
- Access to more than 65,000 available dental practice locations nationwide.

Disclosures

1. THIS PLAN IS NOT INSURANCE.
2. Discount medical services are not available in NV.
3. The plan provides discounts at certain healthcare providers for medical services.
4. The plan does not make payments directly to the providers of medical services.
5. Plan members are obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount medical plan organization.
6. Discount Medical Plan Organization and Administrator: **Careington**, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

Note to Utah residents: This contract is not protected by the Utah Life and Health Guaranty Association. The program and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers.

State Variations

Alabama, Maine, Maryland, North Dakota, West Virginia

Group Critical Illness Insurance Rider
30-day waiting period.

California

Wellness Benefits

Mammogram benefit of \$100.

Plan Provisions

- No pre-existing exclusion for pregnancy.
- Issue age 18 to 64.

District of Columbia

Wellness Benefits

- Colorectal cancer screening \$100/1.
- Diabetes treatment \$100.
- Child health screening (does not replace the well child benefit) \$50/1.
- Mental Illness and Substance Abuse Rider (no variability).
- Prostate cancer screening \$100/1.

Florida

Plan Provisions

- Dependent child eligible up to age 26.
- Must issue Florida Policy and Certificate if any employee in Florida applies. If the group is domiciled in Florida, must have at least 51 members enrolled to issue case.

Idaho

Plan Provisions

Hospital confinement, intensive care unit and continuous care benefits up to 31 days per confinement.

Group Critical Illness Insurance Rider

30-day waiting period, 12/6 for pre-existing conditions.

Illinois

Group Critical Illness Insurance Rider
30-day waiting period, 12/6 for pre-existing conditions.

- No waiting period, except 12/6 for pre-existing condition.
- 90-day loss for AD&D.

Kansas

Wellness Benefits

- Diabetes benefit \$100.
- Prostate screening benefit \$100 — 1 per calendar year.
- Routine child care visits to 72 months.
- Breast Reconstruction Benefit Rider.
- Outpatient treatment from Substance Abuse and/or Nervous or Mental Conditions Rider — \$100 for the first outpatient visit, \$80 for the second outpatient visit and \$50 for any additional outpatient visits thereafter in 1 calendar year, subject to a maximum annual benefit of \$1,020 and a lifetime maximum benefit of \$7,500. Treatment must be rendered by a physician or a psychologist licensed to provide such treatment in the state of Kansas.
- Inpatient treatment for substance abuse and/or nervous or mental conditions provided by a licensed facility — Covered the same as any other condition for up to 30 days per calendar year.
- Surgical procedures are payable in accordance with Surgical/Anesthesia Benefits. The benefit payable for a breast prosthesis is \$250.

- Any exclusion pertaining to dental care is hereby modified to the following extent — notwithstanding any other provision of this certificate to the contrary, any medical facility benefits and other applicable benefits will be payable for administration of general anesthesia for dental care provided to the following insured persons on the same basis as for any other condition:
 - Any insured dependent child five years of age and under.
 - Any insured person who is severely disabled.
 - Any insured person who has a medical or behavioral condition which requires hospitalization or general anesthesia when dental care is provided.

New Mexico

Plan Provisions

Dependent child eligible up to age 25/26.

New York

See NY-specific collateral.

Oklahoma

Plan Provisions

Routine child immunization to age 18 — \$20 per year/2 immunizations per year.

Tennessee

Plan Provisions

Dependent child eligible up to age 24/25.
Group Critical Illness Insurance Rider
30-day waiting period.

Texas

Group Critical Illness Insurance Rider

- 12/12 for pre-existing conditions.
- No waiting period.

Utah

Plan Provisions

Dependent child eligible ages 19 to 27.

⁶ Network hospitals are not available in AR, MD, UT, WV and WI.

Pre-existing Conditions, Limitations and Exclusions

Group Accident and Sickness Indemnity Insurance N20000, N20001, N20005, N20009, N20010

No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks.

1. Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury or any act of auto-eroticism.
2. Travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the insured person is:
 - a. Riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - b. Performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft;
 - c. Riding as a passenger in an aircraft owned, leased or operated by the insured person's employer.
3. Declared or undeclared war, or any act of declared or undeclared war.
4. Full-time active duty in the armed forces, national guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the insured person is not covered due to his or her active duty status will be refunded. Loss caused while on short-term national guard or reserve duty for regularly scheduled training purposes is not excluded.)
5. The insured person's being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
6. The insured person's being under the influence of drugs unless taken under the advice of and as specified by a physician.
7. The insured person's commission of or attempt to commit a felony.
8. Services and supplies which are not prescribed by a physician as necessary to treat an injury or sickness; are received without charge or legal obligation to pay; would not normally be paid in the absence of insurance; are received outside of the United States; or are received while incarcerated by legal authorities of any state or country for any reason.
9. Dental treatment unless due to an injury.
10. Cosmetic care, except for reconstructive plastic surgery required as a result of injury; to restore a normal bodily function; to improve functional impairment by anatomic alteration made as necessary as a result of a congenital birth defect; or for breast reconstruction following mastectomy.
11. Any injury or sickness covered under any state or federal workers compensation, Employers' Liability Law or similar law.
12. Services and supplies which are not due to an injury or sickness except as specifically provided.
13. Participating in any sport or sporting activity for wage, compensation or profit, including officiating or coaching; or racing any type of vehicle in an organized event.
14. Driving any taxi for wage, compensation or profit.
15. Mountaineering using ropes and/or other equipment; parachuting; or hang gliding.
16. Custodial care or rest.
17. Pregnancy if conception occurs prior to the effective date of the insured person's coverage under the policy.

Group Critical Illness Insurance Rider (N20005)

This rider does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. The insured person's suicide, or intentional self-inflicted injury or sickness, while sane or insane.
2. The insured person's being under the influence of an excitant, depressant, hallucinogen, narcotic, other drug or intoxicant, including those taken as prescribed by physician.
3. The insured person's commission of or attempt to commit an assault or felony.
4. The insured person's engaging in an illegal activity or occupation.
5. The insured person's voluntary participation in a riot.
6. Any illness, loss or condition specifically excluded from the definition of any critical illness.
7. War, whether declared or not.
8. Balloon angioplasty, laser relief of an obstruction and/or other intra-arterial procedure.
9. Any injury or sickness covered under any state or federal workers compensation, Employers' Liability Law or similar law.

Group Term Life Insurance (G-L-60000 and G-LAD-40000)

For the term life portion of the policy, upon receipt of written proof, satisfactory to us, of an insured's death, we will pay the amount of insurance shown on the schedule of benefits page for the insured in accordance with the Beneficiary and Payment of Benefits and the Facility of Payment provisions shown in the policy. Covered spouse will receive 50 percent of amount of insurance shown on the schedule of benefits. Covered children will receive 25 percent of amount of insurance shown on the schedule of benefits.

Prescription Drug Insurance Program

Prescription drug benefits are based on a formulary not available for the following list of drugs.

1. All over-the-counter products and medications unless shown under the definition of prescription drug, including, but 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, levonorgestrel, 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.
 5. Aerochamber, Aerochamber with Mask, Peak Flow Meter, all other medical supplies and durable medical equipment.
 6. Liquid nutritional supplements, pediatric Legend Drug Vitamins, prenatal Legend Drug Vitamins, prescribed versions of Vitamins 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 prescription.
 9. 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.
 10. Any drug labeled "Caution - limited by Federal Law for Investigational Use" or experimental drugs.
 11. Any drug which the FDA has determined to be contraindicated for the specific treatment.
 12. Drugs needed due to conditions caused, directly or indirectly, by an insured person taking part in a riot or civil disorder, or the insured person taking part in the commission of a felony.
 13. Drug 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 Forces.
 14. Any expenses related to the administration of any drug.
 15. Needles or syringes.
 16. Drug or medicines taken while in or administered by a hospital or any other health care facility or office.
 17. Drugs covered under Workers' Compensation, Medicare, Medicaid or other Governmental program.
 18. Drugs, medicines or products which are not medically necessary.
 19. Diaphragms, Erectile Dysfunction Legend Drugs; Infertility Legend Drugs.
 20. Epi-Pen, Epi-Pen Jr, Ana-Kit, Ana-Guard, Glucagon-auto injection, Imitrex-auto injection.
 21. Smoking deterrents, Legend or over-the-counter.
 22. Brand-name prescription drugs are not covered under Plan One.
- Dispensing limits and authorized refills: Retail - the lesser of a 30-day supply or specified unit doses.
- Non-insurance drugs are available at a discounted price adjudicated at the time of purchase.

Policies issued by:

American General Life Insurance Company of Delaware

Wilmington, Delaware

Policy Form Numbers G-LAD-40000, N20000, N20001, N20005, N20009 and N20010

The United States Life Insurance Company in the City of New York

New York, New York

Policy Form Number G-L-60000

www.americangeneral.com/employeebenefits

American General Life Companies, www.americangeneral.com, is the marketing name for the insurance companies and affiliates comprising the domestic life operations of American International Group, Inc., including American General Life Insurance Company of Delaware and The United States Life Insurance Company in the City of New York.

American General Life Companies insurers offer a broad spectrum of life insurance, fixed annuities, accident and health products and worksite benefits to serve the financial and estate planning needs of customers throughout the United States.

The underwriting risks, financial and contractual obligations and support functions associated with products issued by American General Life Insurance Company of Delaware and The United States Life Insurance Company in the City of New York are the issuing insurer's responsibility. The United States Life Insurance Company in the City of New York is authorized to conduct insurance business in New York. Policies are not available in all states.

This is a summary only of products and services offered. Actual offerings may vary by group size and are subject to state insurance law, and the benefits/provisions as described may vary due to such law. All products are subject to the terms, conditions, limitations and exclusions of the policy. Please see policy and certificate for details.

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