

# *Fantastic Sams*<sup>®</sup>

HAIR SALONS

## Fantastic Sams Benefit Plan



**FANTASTIC SAMS BENEFIT PLANS: EXCLUSIVELY FOR FANTASTIC SAMS SALON OWNERS, MANAGERS AND STYLISTS**

**OFFERED TO PART-TIME AND FULL-TIME EMPLOYEES**

**ENROLLMENT DATES: JULY 1 - AUGUST 15**

# Fantastic Sams Benefit Plan

GROUP HOSPITAL INDEMNITY INSURANCE BENEFITS

## Features

- ▶ **Guaranteed Issue—No Health Questions Asked!**
- ▶ **No pre-existing conditions, except pregnancy.**
- ▶ **Benefits outlined below are paid directly to you or to your assigned doctor or hospital.**



## Benefits

### PHYSICIAN OFFICE VISIT/HOSPITAL EMERGENCY ROOM VISIT (PER VISIT)

If you are injured in a covered accident or have treatment as the result of a covered sickness, benefits will be paid for each visit as shown in the Benefit Schedule for Physician's office charges and Emergency room charges.

### DAILY HOSPITAL CONFINEMENT BENEFIT (PER DAY)

This benefit is payable for a maximum of 30 days, when you are confined to a hospital as a resident bed patient as the result of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, you must be confined to a hospital within 6 months of the date of the covered accident.

### INTENSIVE CARE BENEFIT (PER DAY)

If you are confined in a hospital intensive care unit due to an injury received in a covered accident or because of a covered sickness, the daily benefit amount shown will be paid for a maximum of 30 days. In order to receive this benefit for a covered accident, you must be admitted to a hospital intensive care unit within 6 months of the date of the covered accident. This benefit pays in addition to the Daily Hospital Confinement Benefit.

### SURGICAL BENEFIT (PER SURGERY/PER PROCEDURE)

If surgery due to an injury received in a covered accident or because of a covered sickness is performed by a physician, we will pay the amount for the Surgical Operation shown opposite the procedure listed in the Schedule of Operations up to the maximum shown per surgical procedure. The surgery can be performed in a Hospital (on an inpatient or outpatient basis), in an Ambulatory Surgical Center, or in a Physician's office. Anesthesia Benefit will be 25% of the amount paid under Surgical Benefit.

### DIAGNOSTIC TESTS

We will pay the amount shown for the following diagnostic procedures performed on an outpatient basis because of a covered sickness or injuries received in a covered accident:

Magnetic Resonance Imaging (MRI)	\$250/\$500
Computed Axial Tomography (CAT Scan)	\$250/\$500
X-ray	\$50/\$100

We will pay no more than the amount shown per calendar year for each insured due to the above outpatient diagnostic procedures.

### AMOUNT COVERED

	BASIC	ENHANCED	PREMIER
<b>PHYSICIAN OFFICE VISIT/HOSPITAL EMERGENCY ROOM VISIT (PER VISIT)</b>	\$50 6 visits per calendar year	\$50 8 visits per calendar year	\$75 8 visits per calendar year
<b>DAILY HOSPITAL CONFINEMENT BENEFIT (PER DAY)</b>	\$250 \$7,500 maximum per confinement	\$500 \$15,000 maximum per confinement	\$1,000 \$30,000 maximum per confinement
<b>INTENSIVE CARE BENEFIT (PER DAY)</b>	\$250 \$7,500 maximum per confinement	\$500 \$15,000 maximum per confinement	\$1,000 \$30,000 maximum per confinement
<b>SURGICAL BENEFIT (PER SURGERY/PER PROCEDURE)</b>	UP TO \$1,200	UP TO \$1,800	UP TO \$2,400
<b>DIAGNOSTIC TESTS</b>	UP TO N/A	UP TO \$1,250	UP TO \$1,250

YOU CAN ENROLL BY EITHER CALLING OUR ENROLLMENT CENTER AT 1-888-883-0080 OR VISITING THE ENROLLMENT WEBSITE [WWW.NEBENEFIT.COM/FANTASTICSAMS](http://WWW.NEBENEFIT.COM/FANTASTICSAMS).

		AMOUNT COVERED		
		BASIC	ENHANCED	PREMIER
<b>OUTPATIENT DIAGNOSTIC LAB (PER TEST)</b> We will pay the amount shown for tests performed in an Outpatient Lab because of a covered sickness or injuries received in a covered accident. We will pay no more than 3 tests per calendar year for each insured due to outpatient diagnostic lab procedures. Not paid in addition to Wellness Benefit.		N/A	\$100	\$100
<b>OUTPATIENT ACCIDENT EXPENSE (PER ACCIDENT)</b> If you are injured in a covered accident and receive treatment in an outpatient facility from a physician within one year after the accident, we will pay up to the amount shown for actual expenses related to: emergency room services and supplies; appliances; physician services.	UP TO	\$500	\$1,000	\$1,000
<b>PRESCRIPTION DRUGS (PER PRESCRIPTION)</b> Limit 10 prescriptions per year.		N/A	\$20	\$20
<b>WELLNESS BENEFIT</b> We will pay the amount shown per calendar year when you visit a doctor and you are neither injured nor sick.		\$50	\$75	\$100
<b>WELL BABY CARE (only applicable if children are covered)</b> We will pay the amount shown on the Benefit Schedule page per visit. Pays for up to 4 visits per calendar year per insured baby. (The definition of a baby is a dependent child 12 months of age or younger.)		\$50	\$50	\$50

## Discount Medical Benefits and Services

### PROVIDER NETWORK – instant savings on health care costs

With a network of over 300,000 physicians nationwide, 4,000 hospitals, and over 50,000 ancillaries (lab, x-ray, imaging, durable medical equipment, home health care), members can benefit significantly on medical services utilizing the contracted provider networks.

### RX DISCOUNT – save on prescriptions

RX Discount assures you and your immediate family the lowest price on your prescription needs, saving on most prescriptions. This local pharmacy card is welcomed at over 52,000 participating pharmacies nationwide.

### VISION DISCOUNT – save from 5% up to 50% on glasses, contacts, and eye exams

Members will save on vision care expenses by visiting one of the network providers. Benefits include savings from 5% up to 50% off regular retail prices of your glasses or contact lenses. Also, contact lenses may be ordered through the mail.

### NURSE LINE\* – convenient 24-Hour service

Members are provided with a 24-hour-a-day, 365-day-a-year telephone service that allows members to ask pertinent questions and receive answers about health, illnesses, and alternative medicine or non-prescription pharmacy. This is a non-directive advice service aimed at assisting our members to become more informed about their healthcare. This is a time-proven comprehensive health information program that combines confidential, non-directive healthcare decision counseling by credentialed Registered Nurses with medical information.

Members and their dependents have unlimited access to Registered Nurses via a toll-free number in the USA 24 hours a day, 365 days a year. These nurses are especially trained to offer prompt, confidential medical counseling to help members make informed decisions about their health and the medical care they receive. However, our nurses do not diagnose or provide treatment, nor can they assist in case of emergency. Members should call their local emergency number in case of emergency.

### DENTAL DISCOUNT\* – save 10% to 50% on dental expenses

Members will save on dental care expenses through one of the largest, independent network of dental providers nationwide. The discount program is designed to save money not only on routine and preventive care, but also on more extensive treatments such as fillings, crowns, root canals, dentures, bridges, oral surgery and more! Even orthodontics and cosmetic dentistry services are discounted.

\*In the following states: AK, KS, MT, UT, FL IN, NV, IL, SD and VT, only the Provider Network and Prescription Discount are available. These discounts are not administered by VantageAmerica Solutions, Inc.

**THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE. HOSPITAL INDEMNITY PLANS ARE EXEMPT FROM COORDINATION OF BENEFITS PROVISIONS.**

## WEEKLY PREMIUMS

	BASIC	ENHANCED	PREMIER
<b>Employee</b>	<b>\$15.23</b>	<b>\$27.05</b>	<b>\$37.27</b>
<b>Employee and Spouse</b>	<b>\$23.77</b>	<b>\$50.15</b>	<b>\$71.11</b>
<b>Employee and Children</b>	<b>\$21.46</b>	<b>\$39.99</b>	<b>\$54.71</b>
<b>Family</b>	<b>\$30.00</b>	<b>\$63.09</b>	<b>\$88.55</b>

## Limitations and Exclusions

### Hospital Indemnity Insurance

We will not pay benefits for loss contributed to, caused by, or resulting from: 1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service. 2. Suicide - committing or attempting to commit suicide, while sane or insane. 3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally. 4. Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica. 5. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician. 6. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.

A pre-existing condition during the 6 months immediately preceding the effective date of coverage, for which medical advice, diagnosis, care or treatment was recommended or received. The exclusions for pre-existing conditions will only be applicable to pregnancy (treatment for complications of pregnancy will be treated as any other illness).

### Discount Medical Benefits and Services

1. The products are non-insurance; 2. The products provide discounts at certain health care providers for medical services; 3. The products do not make payments directly to the providers who have contracted with the network; 4. Providers are subject to change without notice and program may vary in some states; 5. This is a membership program and may be discontinued or modified at any time.

### Disclosures

a. The discount medical card plan is not a health insurance policy; b. The plan provides discounts at certain health care providers for medical services; c. The plan does not make payments directly to the providers of medical services; d. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with VantageAmerica Solutions, Inc., a discount medical card plan organization.

Managed and Administered by:  
VantageAmerica Solutions, Inc.  
1275 Milwaukee Avenue  
Glenview, IL 60025  
www.vantageamericasolutions.com

Note to Utah Resident: a. This program is not protected by the Utah Life and Health Guaranty Association; b. This program and the program administrators have no liability for providing or guaranteeing service nor any liability for the quality of service rendered.

### ATTENTION MARYLAND RESIDENTS:

Some discounts under the Physician and Hospital Referral Plan benefit are not applicable in Maryland. Discounts are not available for all In-Patient Procedures and certain Out-Patient Procedures under Maryland law. Out-Patient Procedures at network hospitals such as laboratory and diagnostics services are eligible for the discount.

**This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of policy form series CA FS-MPMA.**

UNDERWRITTEN BY:



2801 DEVINE STREET  
COLUMBIA, SC 29205

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