

Reliance Plus Individual Supplemental Policy

REQUIRED OUTLINE OF COVERAGE

- (1) **Read Your Policy Carefully** – This Outline provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

For the purposes of this Outline of Coverage, the term "Capital" means Capital Advantage Insurance Company, a wholly owned subsidiary of Capital Blue Cross, independent licensees of the Blue Cross Blue Shield Association.

- (2) **Limited Benefits** – This Policy is designed to provide limited benefits for dental, vision and hearing procedures. Coverage is subject to cost-sharing in the form of copayments and coinsurance. Some benefits are also subject to dollar maximums or benefit frequency limitations.
- (3) **Benefit Period** – The Benefit Period is the specified period when charges for Benefits must be incurred to be eligible for payment. A charge for Benefits is incurred on the date the service or supply is received. Although this Policy is on a month-to-month basis, the Benefit Period is a calendar year. However, the Benefit Period does not include any part of a calendar year during which the Subscriber has no coverage under this Policy, or any part of a year before the date this Policy or similar provision(s) takes effect.
- (4) **Coverage Schedules** – Subject to the condition, limitations, and exclusions of the Policy, a Subscriber is entitled to the dental, vision, and hearing benefits described in the following coverage schedules during the Benefit Period. All items not listed below are presumed to be not covered.

DENTAL COVERAGE SCHEDULE	Subscriber Cost-Sharing	
	In-Network Providers	Out-of-Network Providers
NETWORK: Capital Blue Cross Dental PPO		
DEDUCTIBLE	\$0	
BENEFIT PERIOD PROGRAM MAXIMUM When the program maximum is reached, the Subscriber pays 100% until benefit period ends.	\$500 per member per benefit period	
WAITING PERIODS	None	
• Preventive	None	
• Comprehensive	Three Months	
PREVENTIVE Routine Exams, Cleaning, Fluoride (two per calendar year)	Covered in full after \$15 copay	30% coinsurance

DENTAL COVERAGE SCHEDULE	Subscriber Cost-Sharing	
X-RAYS <ul style="list-style-type: none"> • Bitewing X-rays (two per calendar year) • Full Mouth or Panoramic X-rays (one per 5 years) 	Covered in full after \$15 copay	30% coinsurance
BASIC SERVICES <ul style="list-style-type: none"> • Amalgam and composite fillings (one per tooth every 24 months) 	20% coinsurance	50% coinsurance
<ul style="list-style-type: none"> • Simple Extractions (two per Year) 	50% coinsurance	70% coinsurance
NONCOVERED DENTAL SERVICES Exclusions	Any other dental services not listed as covered are excluded under this plan.	

VISION COVERAGE SCHEDULE	PLAN ALLOWANCES	
NETWORK: Capital Blue Cross Vision PPO	In-Network Providers	Out-of-Network Providers
EXAMINATION Once every 12 months	100% after \$20 copay	\$32 ⁵ Allowance
FRAMES Once every 12 months OR CONTACT LENSES Once every 12 months Contacts: Disposable, Conventional, Specialty, Elective, Cosmetic and Medically Necessary	\$125 Allowance ^{1, 2 & 3} Frames -plus 30% off the retail balance ² OR Contacts -plus 25% off the retail balance ^{1, 2, 3 & 4}	\$60 Allowance ^{3 & 5} (eyeglass frames or contacts)
EYEGLASS LENSES (per pair) ^{1 & 3} Once every 12 months		
<ul style="list-style-type: none"> • Single Vision Standard Lenses 	100%	\$24 ⁵ allowance
<ul style="list-style-type: none"> • Bifocal Standard Lenses 	100%	\$36 ⁵ allowance
<ul style="list-style-type: none"> • Trifocal Standard Lenses 	100%	\$46 ⁵ allowance

¹ Walmart/Sam's Club: To maintain comparable values with Walmart's pricing structure, your frame allowance will be 50% of the allowance shown above with no additional retail discounts. Your contact lens allowance will be 75% of the allowance shown above with no additional retail discount. Walmart/Sam's Club stores accept Capital Blue Cross Vision for materials, not Lens Options. Doctors affiliated with Walmart/Sam's Club are not Walmart employees; therefore, participation for exams varies.

² Some optometrist affiliated with Optical Retail locations (i.e., Walmart, Visionworks, etc.) are independent providers and may not participate in the Capital Blue Cross Vision program. Discounted amounts may vary and may not be honored at all optical retailers.

³ Payment will be made for either frames or contact lenses within a benefit period. Payment will not be made for both.

⁴ Retail discounts do not apply to Contact Fill.

⁵ The plan will pay up to this maximum amount when using an out of network provider, member is responsible for the remaining balance.

HEARING COVERAGE SCHEDULE	Subscriber Cost-Sharing	
NETWORK: Nations Hearing ⁶	In-Network Providers	Out-of-Network Providers
DEDUCTIBLE	\$0	
HEARING EXAMS	Covered in full after \$20 copay	30% coinsurance
PRESCRIPTION HEARING AID ALLOWANCE When the program maximum is reached, the Subscriber pays 100% until benefit period ends.	\$500 per benefit period	
FREQUENCY/LIMIT	1 set of prescription hearing aids every year	
WAITING PERIOD Prescription Hearing Aid Waiting Period	6 Months	
EXCLUSIONS	Excluded OTC Hearing Aids	

⁶ NationsHearing is an independent company whose products and services are not Capital Blue Cross products and services. NationsHearing is solely responsible for these hearing discounts and services.

- (5) **Limitations** – In addition to any limitations listed in the Coverage Schedule in this Policy, the Benefits provided under this Policy are subject to the following limitations:
1. Vision payment will be made for either eyeglass or contact lenses within a benefit period. Payment will not be made for both.
 2. In-Network providers are not contractually obligated to offer sale prices in addition to the outlined coverage.
 3. Benefits may be subject to limitations or not applicable when used in conjunction with promotional offers.
 4. Regardless of Necessity, Benefits are not available more frequently than and are subject to the other limitations as specified in the Coverage Schedule section of this Policy.
 5. Waiting periods must be satisfied before certain Benefits listed in the Coverage Schedule of this Policy are available.
- (6) **Exclusions** – Except as specifically provided in this Policy, or as Capital is mandated or required to pay based on state or federal law, no Benefits are provided under this Policy for services, supplies, or equipment described or otherwise identified below.
1. Services or supplies which are provided by any federal or state government agency except Medicaid, or by any municipality, county, or other political subdivision.
 2. Services that are the responsibility of Workers' Compensation or employer's liability insurance, or for treatment of any automobile-related injury.
 3. Charges for which benefits or services are provided to the Subscriber by any hospital, medical or vision service corporation, any group insurance, franchise, or other prepayment plan for which an employer, union, trust or association makes contributions or payroll deductions (unless the Coordination of Benefit provisions provide otherwise).

4. Services provided or supplies furnished or devices started prior to the effective eligibility date of a Subscriber.
5. For services incurred after the date of termination of the Subscriber's coverage except as provided for in this Policy.
6. For services provided before the stated benefit Waiting Period.
7. For services which exceed the Allowance Amount.
8. For services which are the Subscriber's portion of the costs required of the Subscriber under this Policy.
9. For services received by a Subscriber in a country with which United States law prohibits transactions.
10. Treatment or supplies for which the Subscriber would have no legal obligation to pay in the absence of this or any other similar coverage.
11. For examinations or materials which are not listed herein as a covered service.
12. For drugs or any other medications.
13. For procedures determined to be special or unusual.
14. For examinations or materials required for employment.
15. For examinations or materials sponsored by the subscriber's employer without charge to the Subscriber.
16. For duplicate and temporary devices, appliances, and services.
17. For replacement of lost, stolen, broken or damaged materials, unless the Subscriber would otherwise meet the frequency limitations.
18. For parts or repair of frames.
19. For lenses which do not require a prescription.
20. For sunglasses.
21. For two pair of glasses in lieu of bifocals.
22. For low vision aids (i.e., magnifying glasses to help people with severe sight issues).
23. For industrial safety lenses and safety frames with or without side shields.
24. For travel expenses incurred in conjunction with Benefits.
25. For court ordered services when not of Necessity and/or not a covered Benefit.
26. For any services rendered while in custody of, or incarcerated by any federal, state, territorial, or municipal agency or body, even if the services are provided outside of any such custodial or incarcerating facility or building, unless payment is required under law.
27. Which are not billed by and either performed by or under the supervision of an eligible provider.
28. For services rendered by a provider who is a Member of the Subscriber's immediate family.

29. For telephone and electronic consultations between a provider and a Subscriber.
 30. For charges for failure to keep a scheduled appointment with a provider, for completion of a claim or insurance form, for obtaining copies of records, or for a Subscriber's decision to cancel a procedure.
 31. For over the counter (OTC) Hearing Aids or Personal Sound Amplifications Products (PSAPs).
 32. No coverage for hearing aid batteries; or repairs to existing hearing aids.
 33. For reconstructive, plastic, cosmetic, elective or aesthetic procedure.
 34. For treatment required for conditions resulting while on active duty as a member of the armed forces of any nation or from war or acts of war, whether declared or undeclared.
 35. For any other service or treatment, except as provided in this Policy.
- (7) **Eligibility** – To be eligible to enroll as a Subscriber for coverage under this Policy, an individual must:
- A. Be currently enrolled as a policyholder of a Medicare Supplement plan issued by Capital Advantage Insurance Company or Capital Blue Cross and Capital Advantage Insurance Company; and
 - B. Reside in the geographic area in which the product represented by this Policy is available.
- (8) **Notice of Ineligibility** – It shall be the responsibility of the Subscriber to immediately notify Capital of any changes that will affect his or her eligibility for coverage under this Agreement.
- (9) **Termination** – When a Subscriber ceases to be eligible under this Policy, the Subscriber's coverage will automatically terminate at the end of the last month for which payment was made. For purposes of this Section, "end of the month" means the last day of a calendar month. The Subscriber may terminate this Policy on the last day of any calendar month by giving written notice to Capital at least 31 days in advance. This Policy may be terminated by Capital only for the following reasons:
- A. The Subscriber's non-payment of Premiums in accordance with this Policy.
 - B. Capital ceases to offer this coverage, provided that Capital provides the Subscriber with 90 days prior written notice of the discontinued coverage.
 - C. The Subscriber is no longer enrolled in a Medicare Supplement plan offered by Capital Advantage Insurance Company, or Capital Blue Cross and Capital Advantage Insurance Company.
- (10) **Terms and Conditions of Renewability of the Policy** – Benefits continue for one (1) month from the Effective Date of the Policy and continue from month-to-month thereafter upon renewal of the Policy and until discontinued, terminated, or voided as provided herein. Benefits shall cease upon the termination and cessation of benefits coverage under the Policy.
- (11) **Premium Rates and Benefit Changes** – Subject to the approval of the Pennsylvania Insurance Department, if such approval is required, Capital may increase or change the Benefits or Premiums on a class basis on the renewal date of the Policy. In any such event, Capital shall notify the Subscriber in writing prior to the effective date of a change in Benefits or Premiums.

(12) **Notice of Nondiscrimination** – Capital Advantage Insurance Company complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. Coverage for medically necessary health services is made available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender. Capital will not deny or limit coverage to any health service because an individual’s sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. Capital will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual.

Healthcare benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.