

---

Creative Solutions



***THE ALPHA COMPANIES***



---

Superior Service

# **WHO WE ARE**

## **Information Technology Services, Inc. Established 1963**

We provide data processing services to the insurance industry. No job is too large for us with our knowledgeable programming staff plus our large-scale processor. With our enhanced Internet capabilities, you can be online with us anywhere in the country. We provide total outsourcing of your data processing department or provide all back room functions. From our inception, IBM has been our hardware and software vendor of choice. IBM is the world's top provider of computer hardware and ranks among the best in IT solutions. We employ sufficient full time staff to operate, maintain and create new and better solutions to service our business and meet or exceed our customers' expectations.

## **Alpha Data Systems, Inc. Established 1971**

We market and administer fully insured life and health products. We also function as a Third Party Administrator (licensed in 34 states) for large self-funded employer groups by working closely with brokers and employee benefit consultants, as well as the agency workforce. Our objective is to form the best strategic relationships with quality insurance companies and other partners offering value added products in order to provide the convenience and satisfaction of one-stop shopping for our customers.

- ◆ Complete TPA services for large self-funded groups
- ◆ Group Insurance for employers of 2 through 50 and employers of 51 and over
- ◆ Voluntary dental plans/vision care
- ◆ Managed Care and Network matches
- ◆ COBRA/HIPAA administration/compliance
- ◆ "Gap Insurance" plans (Alpha Care Connect)
- ◆ "Worksite" Indemnity Reimbursement plans (Alpha Care Essentials)

### **Strengths**

- ◆ Our Employee Team
- ◆ State of the art system technology
- ◆ Strategically formed partnerships
- ◆ Relationships
- ◆ Flexibility/Adaptability
- ◆ Knowledge

---

# **ALPHA DATA SYSTEMS, INC.**

---

Presents

# **ALPHA CARE GOLD HEALTH PLAN**

**Plans Available for Employer Groups of 2 through 50**

**And**

**Employer Groups of 51 and Over**

**Special Features:**

**\$2 RX GENERIC CO-PAY**

**ADULT PREVENTATIVE SERVICES UP TO \$200 PER YEAR (AFTER CO-PAY)**

**PPO ACCESS FOR EACH INSURED PERSON**

**TERM LIFE, AD&D AND DEPENDENT LIFE AVAILABLE**

**ADDITIONAL SILVER AND BRONZE INDEMNITY PLAN OPTIONS**

## **HOW THE PLAN WORKS**

- ◆ This plan was designed to give you the greatest value for your health insurance dollar when you use providers inside the extensive network of Preferred Provider Organization (PPO) doctors and hospitals.
- ◆ Each insured person must meet a calendar year deductible (except when office co-payments apply). Then, depending on whether the service is provided in-network (PPO provider) or out-of-network (non-PPO provider), the insured must pay the coinsurance percentage up to the coinsurance limit (out-of-pocket maximum).
- ◆ All hospital confinements will require PRE-CERTIFICATION. Without the Pre-certification, a penalty of an additional 20%\* of covered charges is to be paid by the insured person. \*(Does not apply to calendar year coinsurance.)
- ◆ There are network and out-of-network maximums that accumulate separately and distinctly. After reaching the selected out-of-pocket maximum for covered charges during a calendar year, the plan will pay 100% of covered charges.
- ◆ The following do not accumulate toward the out-of-pocket maximums: any co-pays, deductibles and charges excluded under the plan.
- ◆ Premiums may change during a rate guarantee period if: the Employer adds or deletes 20% or more Employees, existing Employees move into a higher age bracket, the business moves to another geographic area, or the Provider Access or other Administrative fees change.
- ◆ Initial rates are guaranteed for 12 consecutive months.
- ◆ The first premium payment is due on the date of issue of the plan. Subsequent premiums are due on the first of each succeeding month. A Grace Period of 31 days will be allowed for the payment of any premium due after the initial premium. If not paid within that period, coverage will terminate automatically as of the due date of the unpaid premium.
- ◆ We guarantee the employer the right to renew coverage under the Group Policy on a monthly basis, at the Employer's option. However, we may refuse the coverage under this policy if we elect to discontinue offering this type of group health insurance coverage, or elect to discontinue all health insurance coverage, in accordance with applicable State and Federal laws.
- ◆ Insurance will automatically terminate on the earliest of the following dates:
  - 1) The date of termination of the Policy;
  - 2) The last day of the month in which the Insured Employee is no longer at work (as defined in the Certificate of Insurance);
  - 3) The date the Insured Employee or Employer fails to make the required premium contribution;
  - 4) The date the Insured Employee enters the armed forces of any country, state or international organization;
  - 5) The date coverage is terminated because of failure to cooperate with the administration of the Policy;

- 6) Material misrepresentation, fraud or omission of information on any application form, or the misuse by the Insured Employee of his/her identification card;
  - 7) The date the Insured Employee's Employer ceases to be an insured Employer under the Policy; or
  - 8) The premium due date coinciding with or next following the Employee's retirement.
- ◆ **If an Employer's participation in the Policy terminates for non-payment of premiums**, the Employer may reinstate coverage for Employees and Dependents by paying all current and past due premiums within 20 calendar days immediately following the expiration of the 31-day Grace Period. This Reinstatement Provision is available only one time during any consecutive 24-month period.

## ENROLLMENT INFORMATION

### ◆ ELIGIBLE EMPLOYEES

An eligible insured is an employee who is working full time at least 30 hours per week on the date the Insurance Company plan becomes effective, or who later becomes an employee. Part-time and temporary employees are not eligible.

### ◆ EMPLOYER CONTRIBUTION AND PARTICIPATION REQUIREMENTS

Employers must pay 50% of the employee's cost for health coverage. Employers must maintain 75% participation of eligible employees at all times.

### ◆ DEDUCTIBLE CREDIT

Credit will be allowed for the Deductible amount satisfied under prior qualifying coverage during the 90 days prior to Insured's effective date of coverage under this Policy.

## AGENT NEW BUSINESS CHECKLIST

- ◆ Group/Employer Application of Coverage, including requested effective date;
- ◆ Copy of sold proposal with selected plan and options marked as "Sold";
- ◆ Copy of current benefit plan booklet and most recent billing statement;
- ◆ Copy of most recent Quarterly Tax & Wage statement (TEC Report);
- ◆ Census completed and signed by Employer;
- ◆ Copy of Workers' Compensation Declaration Sheet;
- ◆ Employee Enrollment Applications;
- ◆ Medical Questionnaires on all eligible employees, including employees in the waiting period, on vacation, disability, Leave of Absence, FLMA, and COBRA participants;
- ◆ COBRA election forms and eligibility history;
- ◆ Waiver of Coverage form completed for each eligible employee or dependent not electing plan coverage;
- ◆ Field Underwriting Form, current within 30 days of effective date;
- ◆ Any additional information as required by sold proposal;
- ◆ Check for estimated first month's premium payable to Alpha Data Systems, Inc.;
- ◆ Certificates of Creditable Coverage for waiver or credit to the pre-existing waiting period;
- ◆ If this is the first case submitted by a new agent, please submit a license appointment form, a copy of a valid state insurance license and a check payable to TDI in the amount of \$10.00.

## EXPENSES NOT COVERED

- ◆ Any occupational injury or sickness;
- ◆ Custodial care, education or training;
- ◆ Acupuncture, except for anesthesia as specified in the group certificate, acupressure or massage therapy;
- ◆ Dental care or treatment except as specified in the group certificate;
- ◆ Treatment of obesity, weight loss programs;
- ◆ Exercise equipment and exercise programs;
- ◆ Gastroplasty regardless of physician's recommendation for medical necessity;
- ◆ Transsexual surgery;
- ◆ Injury or sickness caused by an act of declared or undeclared war or resulting from committing or attempting to commit an assault or felony or while engaged in an illegal occupation;
- ◆ Such charges which are not medically necessary;
- ◆ Care or treatment of military service-related conditions, furnished by an institution owned and operated by the U.S. government or for which payment is not required of the insured;
- ◆ Eyeglasses, contact lenses, vision therapy, radial keratotomy and laser refractory surgery, refractions;
- ◆ Hearing aids and their fitting and related testing for hearing loss or implants;
- ◆ Plastic or cosmetic surgery procedures that alter the appearance, but do not restore impaired physical function, except as specified in the group certificate or required by law;
- ◆ Expenses exceeding usual and customary charges;
- ◆ Medical care or treatment furnished by a person who ordinarily resides in the insured's home or is a member of the insured's immediate family;
- ◆ Pre-existing conditions per group certificate;

- ◆ Self-inflicted sickness or injury, suicide or attempted suicide regardless of the covered person's mental condition;
- ◆ Sickness or injury resulting from voluntary taking of any gas or poison, or voluntary taking of any drug, sedative or narcotic unless prescribed by a Physician and taken according to the prescribed dosage;
- ◆ Sickness or injury resulting from driving a motor vehicle while legally intoxicated according to the laws of the state where the injury occurs;
- ◆ Sickness or illness occurring while outside of the United States, Canada, Puerto Rico and the Virgin Islands for more than 60 consecutive days;
- ◆ Expenses for artificial insemination or infertility treatment or reversals of sterilizations;
- ◆ In vitro or in ovum fertilization;
- ◆ Elective abortions;
- ◆ Dependent child maternity expenses;
- ◆ Breast reduction regardless of physician's recommendation for medical necessity;
- ◆ Any charge for programs, services or supplies related to cessation of tobacco use;
- ◆ Orthotics and strapping or routine foot care;
- ◆ Orthognathic surgery/mandibular/maxillary jaw repair **not related to TMJ**, regardless of physician's recommendation for medical necessity;
- ◆ Experimental, investigational or unproven services, treatment or procedures;
- ◆ **Weekend Admission Limitation**  
To avoid unnecessary costs as well as extra days away from home, the plan does not cover weekend

admissions unless the patient requires immediate hospital attention and it is medically appropriate;

- ◆ Such charges for services or treatment that are not for an existing injury or sickness or which are preventive in nature, except as specified in the group certificate;
- ◆ Charges incurred after the date coverage terminates under the policy.
- ◆ The following prescription drugs are not covered:
  1. Any drug or medicine for cosmetic use, including but not limited to, Retin-A, Avita, Renova, and Differin;
  2. Allergy serums;
  3. Topical Minoxodil (Rogaine) in any form for the treatment of alopecia;
  4. Smoking cessation drugs including, but not limited to Nicorette;
  5. Vitamins and dietary supplements;
  6. Infertility drugs;
  7. Anoretics;
  8. Growth hormones;
  9. Drugs for treatment of erectile dysfunction.
- ◆ **The Policy Certificate includes additional exclusions and limitations under the Major Medical and Prescription Drug Card sections.**
- ◆ **If Silver Plan option is selected, all charges are subject to the same plan provisions as mentioned for the Gold Plan; however, all eligible charges are subject to deductible and coinsurance. This plan does not have co-pay or drug card co-pay options. A drug discount card is included.**

### **ALPHA CARE GOLD/SILVER/BRONZE\*\* MEDICAL BENEFITS**

SERVICE TYPE	PREFERRED PROVIDER (In-Network)*	NON-PREFERRED PROVIDER (Out-of-Network)*
Calendar Year Deductible – Gold Calendar Year Deductible - Silver Maximum 3 per Family Gold & Silver	\$500, \$1000, \$2000, \$3000, \$5000 <b>\$250, \$500, \$1000, \$2000, \$3000, \$5000</b> <b>No Co-pay Benefits.</b> <b>No Drug Card Benefits.</b>	\$1000, \$2000, \$3000, \$4000, \$6000 <b>\$500, \$1000, \$2000, \$3000, \$4000, \$6000</b> <b>No Co-pay Benefits.</b> <b>No Drug Card Benefits.</b>
Out-of-Pocket Maximum Per Cal Year (2x Family) Plus Calendar Year Deductible	Plan 1: \$500, \$1,000, \$2,000 Plan 2: \$1,000, \$2,000, \$4,000	Plan 1: \$2,000, \$4,000, \$8,000 Plan 2: \$2,500, \$5,000, \$10,000
Coinsurance percentage applies only to covered charges, plus deductible per calendar year	Plan 1: 90% Plan 2: 80%	Plan 1: 60% Plan 2: 50%
Emergency and Out-of-Area	Plan 1: 90%; Plan 2: 80%	Plan 1: 90%; Plan 2: 80%
Physician's Office – includes X-ray & Lab, CAT Scans, MRI Testing, Diabetes Supplies, Allergy Injections	Plan 1: \$25 Co-pay up to \$200 per visit Plan 2: \$35 Co-pay up to \$200 per visit After exceeding \$200, Deductible & Coinsurance apply	Deductible Plus Coinsurance Deductible Plus Coinsurance
Hospital Services Inpatient Room & Board Intensive Care, Immediate Care, or Cardiac Care Room & Board Emergency Room Non Emergency Use of Emergency Room Diabetes Services – In/outpatient	\$150 Co-pay; Average Semi-Private Deductible Plus Coinsurance 2 times the average Semi-Private Room Rate/Deductible Plus Coinsurance \$50 Co-pay Deductible Plus Coinsurance 50% after deductible Deductible Plus Coinsurance	\$300 Co-pay; Average Semi-Private Deductible Plus Coinsurance 2 times the average Semi-Private Room Rate/Deductible Plus Coinsurance \$50 Co-pay Deductible Plus Coinsurance 50% after deductible Deductible Plus Coinsurance

PKU Formulas – In/outpatient	Deductible Plus Coinsurance	Deductible Plus Coinsurance
Physical Therapy Calendar Year Maximum \$2,500	Deductible Plus Coinsurance	Deductible Plus Coinsurance
Surgical Services Assistant Surgeon*, Anesthesia *Charges for an Assistant Physician are limited to 1/5 of the Covered Charges allowed for the Surgery Physician – Inpatient	Deductible Plus Coinsurance Deductible Plus Coinsurance  Deductible Plus Coinsurance	Deductible Plus Coinsurance Deductible Plus Coinsurance  Deductible Plus Coinsurance
Adult Preventive Services Annual Maximum \$200 Routine Mammography One per 12 month period Routine Pap Tests Prostate Cancer Screening One per 12 month period Colorectal Cancer Screening Fecal Occult Blood Test Annually Flexible Sigmoidoscopy every 5 years Colonoscopy every 10 years Children to Age 6 – Three visits per calendar year Immunizations Children Age 6 & Over – One visit per calendar year including immunizations	Plan 1: \$25 Co-pay Plan 2: \$35 Co-pay Co-pay then 100%  Co-pay then 100% Co-pay then 100%  Deductible Plus Coinsurance  Co-pay then 100%  100% Co-pay then 100%	Deductible Plus Coinsurance Deductible Plus Coinsurance Deductible Plus Coinsurance  Deductible Plus Coinsurance Deductible Plus Coinsurance  Deductible Plus Coinsurance  100% Deductible Plus Coinsurance
Hospice Care Inpatient - \$10,000 lifetime maximum Outpatient - \$10,000 lifetime maximum	80% after deductible 80% after deductible	80% after deductible 80% after deductible
Skilled Nursing Care Limit of 30 days per calendar year Home Health Care Limit of 90 days per calendar year Private Duty Nursing Limit of 60 eight-hour shifts per calendar year	80% after deductible/max \$250 per day  80% after deductible  80% after deductible	80% after deductible/max \$250 per day  80% after Deductible  80% after deductible
Ambulance Service Maximum per one-way trip per Insured Person \$1,000 for Ground Transportation \$2,500 for Air Transportation	80% after deductible	80% after deductible
Mental & Nervous Limitation 2-50 Employees Inpatient Outpatient: 30 Visits per Calendar Year \$10,000 Lifetime Maximum	70% Subject to Deductible	50% Subject to Deductible
Mental & Nervous Limitation 51+ Employees Inpatient: 30 days per Calendar Year Outpatient: 30 visits per Calendar Year	Plan 1: 90% Plan 2: 80%	Plan 1: 60% Plan 2: 50%
Serious Mental Illness 2-50 Employees with optional Rider 51+ Employees Inpatient - Calendar year maximum 45 days per Insured Person Outpatient - Calendar year maximum 60 visits per Insured Person	Plan 1: 90% Plan 2: 80%	Plan 1: 60% Plan 2: 50%
Chemical Dependency	Same as any other illness	Same as any other illness
Temporomandibular Joint (TMJ)	Same as any other illness	Same as any other illness
Supplemental Accident – Optional Maximum \$300 per accident	100%	100%
Durable Medical Equipment	20% Co-pay of allowable amount	20% Co-pay of allowable amount

Rental/Purchase	Plus Deductible and Coinsurance	Plus Deductible and Coinsurance
Spinal Manipulation Maximum 50 visits per calendar year	100% @ \$30 per visit	\$30 per visit Subject to deductible & coinsurance
Well Baby Care Inpatient Maximum 4 Days Cesarean Section Maximum 2 Days Vaginal Delivery Outpatient 0 Months – 12 months 5 Visits 13 Months – 24 Months 5 Visits	Deductible Plus Coinsurance Deductible Plus Coinsurance  Co-pay then 100% Co-pay then 100%	Deductible Plus Coinsurance Deductible Plus Coinsurance  Deductible Plus Coinsurance Deductible Plus Coinsurance
Maternity Services (Pregnancy) Minimum 96 hours inpatient for un-complicated cesarean section Minimum 48 hours inpatient for un-complicated vaginal delivery	Same as any other illness	Same as any other illness
Complications of Pregnancy	Same as any other illness	Same as any other illness
Inpatient Care for Mastectomies and certain Related Procedures 48 hours for a Mastectomy 24 hours for a lymph node dissection	Deductible Plus Coinsurance	Deductible Plus Coinsurance
Reconstructive surgery after mastectomy	Same as any other illness	Same as any other illness
Prescription Drug Card (Outpatient)	<b>Tier 1: Co-pay \$2</b> Generic Drugs <b>Tier 2: Co-pay \$15</b> Cost-effective brand drugs or 20% of cost, whichever is greater. (Does not apply to calendar year out-of-pocket of medical plan.) <b>Tier 3: Co-pay \$30</b> High cost brand drugs or 30% of cost, whichever is greater. (Does not apply to calendar year out-of-pocket of medical plan.) <b>Tier 4: Co-pay</b> – Member pays the cost difference between generic drug and multiple-source brand drug regardless of either member or physician request. (Does not apply to calendar year out-of-pocket of medical plan.) <b>30 day maximum supply</b> <b>90 day supply by mail for 2 co-pays</b> includes 20% or 30% cost share (Does not apply to calendar year out-of-pocket of medical plan.)	Deductible plus coinsurance unless prescription drug card used at a participating pharmacy.
<b>Prescription Drugs Silver Plan deductible options Drug Card co-pays are not applicable.</b>	Deductible Plus Coinsurance at participating pharmacy	Deductible Plus Coinsurance at Non-participating pharmacy
Other Covered Charges (unless otherwise indicated)	Deductible Plus Coinsurance	Deductible Plus Coinsurance
Organ Transplant Lifetime Maximum		\$250,000
Lifetime Maximum		\$2,000,000

**\*PPO and NON-PPO DEDUCTIBLES and COINSURANCE (Out of Pocket) accumulate separately.**

**\*\*Bronze benefits are the same as Silver except ALL outpatient drugs are EXCLUDED from coverage.**

This is only a brief description of benefits available and will not be used to determine benefits payable. The exact provisions of the insurance coverage may be found in the Certificate issued to each employee and may vary by state.

#### **PRE-EXISTING CONDITION (MEDICAL)**

There shall be no benefits payable under the plan for expenses that result from care or treatment of any condition or symptom for which a covered plan member received advice or consultation or has taken any prescribed medication or has incurred any expenses due to the condition during the six months preceding the date of enrollment. If the insured member (other than a late enrollee) has been covered under the plan for 12 consecutive months, the limitation will no longer apply. However, the "Pre-existing Condition" exclusion time limitation will be shortened by the aggregate period of time the employee or dependent, was covered under Creditable Coverage if such coverage was continuous to a date not more than 63 days prior to the enrollment date under the policy.

**ALPHA CARE GOLD**  
**TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**  
**Employees Only**

**AMOUNT OF INSURANCE**

	<u>Term Life Insurance</u>	<u>Accidental Death &amp; Dismemberment Insurance</u>
	\$10,000 - \$100,000	\$10,000 - \$100,000
	1x – 4x annual earnings to the next highest \$1,000, to a maximum of \$100,000	1x – 4x annual earnings to the next highest \$1,000, to a maximum of \$100,000
Class 1 – Officers	\$10,000 - \$100,000	\$10,000 - \$100,000
Class 2 – Managers, Supervisors	\$10,000 - \$100,000	\$10,000 - \$100,000
Class 3 – All Other Eligible Employees	\$10,000 - \$100,000	\$10,000 - \$100,000

**FOR EMPLOYERS NOT SUBJECT TO THE AGE DISCRIMINATION EMPLOYMENT ACT (ADEA).**

If the Employer has fewer than 20 Employees, Term Life, AD&D Insurance will reduce to 65% of the amount shown at age 65 and will terminate on the premium due date following the Insured’s 70<sup>th</sup> birthday.

**FOR EMPLOYERS SUBJECT TO THE AGE DISCRIMINATION EMPLOYMENT ACT (ADEA).**

If the Employer has 20 or more Employees, Term Life, AD&D Insurance will be reduced to the percentages indicated below on the later of the effective date or the premium due date in which the Insured attains the ages shown below

**AMOUNTS REDUCE TO:**

- 65% of pre-65 amount at age 65;
- 45% of pre-65 amount at age 70; and
- 30% of pre-65 amount at age 75.

Term Life and Accidental Death & Dismemberment amounts terminate at retirement.

The provisions to reduce the Employee’s Term Life Benefit amount will apply even if coverage is being continued due to Total Disability.

Life Underwriting Guidelines require 100% participation in non-contributory groups and 75% participation in contributory groups.

**OPTIONAL DEPENDENT TERM LIFE INSURANCE BENEFIT**

**DEPENDENT TERM LIFE INSURANCE BENEFIT**

We will pay the Benefit Amount of insurance as shown in the Certificate Cover Page after receiving Proof of Loss. Payment will be made in agreement with the Payment of Claims provision.

<u>Dependent Term Life</u>	<u>Benefit Amount</u>
Spouse	\$5,000
Children 6 months to 25 years	\$1,000
Children 14 days to 6 months	\$500
Children under 14 days	None

**Dependent Term Life Insurance is only in effect if requested on the Employee’s Enrollment Form and only for the Dependents requested.**



# ALPHA CARE DENTAL / VISION

## Schedule of Benefits

CALENDAR YEAR MAXIMUM	ALPHA PLAN	OMEGA PLAN
Per Insured Person All Benefits Class IV Orthodontia Procedures	\$1,500 \$500	\$1,000 N/A
CALENDAR YEAR DEDUCTIBLE		
Per Insured Person Dental and Orthodontia Procedures Class 1 Preventive Procedures	\$50 (X3) Waived	\$50 (X3) Waived
PRETREATMENT PREVIEW		
	\$300	\$300
COVERED BENEFITS - DENTAL		
Class I Preventive Procedures	100%	100%
Class II Basic Procedures	80%	50%
Class III Major Procedures	50%	50%
Class IV Orthodontia Procedures	50%	N/A
COVERED BENEFITS – VISION		
Exams, Lenses, Frame	See Schedule	See Schedule
MINIMUM GROUP SIZE		
Number of Employees	10	2
EMPLOYER CONTRIBUTION		
Employee Premium	75%	75%
PARTICIPATION REQUIREMENTS		
Employee	75% (5+)	100% (2-4) 75% (5+)
Dependent	50%	50%
USUAL, CUSTOMARY & REASONABLE FOR DENTAL		
	Yes	Yes
PRIOR CREDIT FOR WAITING PERIODS See requirements below (For groups 5 or more covered insureds.)		
	Yes	Yes

**PRIOR CREDIT:** You and your employees are given credit for waiting periods for like coverages accumulated under your existing plan.

**VISION CARE** – Included with dental plan.

	Maximum Allowance For All Areas		Maximum Allowance For All Areas		
	Alpha Plan	Omega Plan	Alpha Plan	Omega Plan	
M.D. Comprehensive Examination	\$75.00	\$37.50	Bifocal Lens	\$35.00	\$17.50
			Trifocal Lens	45.00	22.50
O.D. Comprehensive Examination	60.00	30.00	Lenticular Lens (single)	45.00	22.50
			Lenticular Lens (multi)	56.50	28.25
M.D. Follow-up Examination	45.00	22.50	Contact Lens	25.00	21.50
O.D. Follow-up Examination	35.00	17.50	Frame	50.00	25.00
Single Vision Lens	19.00	9.50			

Benefits for dental and vision will be combined and not exceed the calendar year maximum under the plan selected. Prior plan description is required at time of group submission.

A Comprehensive Examination is limited to one procedure per 24-month period. A follow-up Examination is limited to one procedure per 12-month period.

Lens(es) and Frame are limited to one set per 24-month period. Contact lens(es) are limited to one set per 24-month period and are in lieu of all other eyewear benefits.

# ALPHA CARE GOLD HEALTH PLAN

## Partners of Choice

### **Med-Valu**

Pre-certification and case management company for utilization and managed care.

### **United Provider Services (UPS)**

Provides the pharmacy network and specializes in prescription analysis and statistical data.

### **Complink**

COBRA/HIPAA administration and compliance.

### **Preferred Provider Organizations (PPO)**

The following companies have local or national provider access:

- ◆ **Accountable**
- ◆ **Beech Street (National)**
- ◆ **Ethix Southwest**
- ◆ **Healthsmart**
- ◆ **North Texas Healthcare Network**
- ◆ **PPONext (National)**
- ◆ **Teamchoice (Lubbock)**
- ◆ **National Preferred Provider Network (NPPN) – out-of-area network**

**NOTES**

**THE ADMINISTRATOR**

Alpha Data Systems, Inc. is a privately held corporation incorporated in the state of Texas in 1971. ADS is a bonded and licensed Third Party Administrator that specializes in underwriting, billing and claims paying for both fully insured and self-funded benefit programs. Alpha Data's reputation and credibility are well established among its clients, industry professionals and over 3,000 independent agents. The Company serves the health insurance needs of employers in the areas of medical, dental, life, AD&D, and disability.

**GROUP HEALTH & LIFE INSURANCE CARRIER**

Service Life and Casualty Insurance Company, Austin, Texas, is the group health and life insurance carrier for the Alpha Care Gold Health Plan. Service Life and Casualty Insurance Company has been rated B+, based on an analysis of financial position and operating performance, by A.M. Best Company, an independent analyst of the insurance industry. Service Life and Casualty Insurance Company is a member of The Service Group. The Service Group offers a wide variety of products to the insurance industry.

Presented by:

**Marketed By Alpha Brokerage Services, Inc.**

**Administered by:**

**Alpha Data Systems, Inc.  
1545 W. Mockingbird Lane  
Suite 6000  
Dallas, TX 75235**

**Telephone Number: 1-214-638-1488  
Toll-Free Number: 1-800-441-2446  
Fax Number: 1-214-638-1653**

**Health, Life, & Dependent Life  
Underwritten By:**

**SERVICE LIFE AND CASUALTY INSURANCE COMPANY  
6907 Capitol of Texas Highway, Suite 370  
Austin, TX 78755-0800**



**Dental/Vision  
Insured By:**

**PROVIDENT AMERICAN INSURANCE COMPANY  
10501 N. Central Expressway, Suite 200  
Dallas, TX 75231-2200**