



# HOSPITALITYCARE

## LIMITED BENEFITS PROGRAM

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### EMPLOYEE BENEFIT ENROLLMENT GUIDE

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HospitalityCare®

## LIMITED BENEFITS PROGRAM OVERVIEW

HospitalityCare is a voluntary limited benefit program designed to help you pay for health insurance costs resulting from sickness or injury. HospitalityCare helps employees and their families meet basic health care needs by providing coverage for doctor's office visits<sup>1</sup>, inpatient and outpatient services, and prescription drugs. In addition to the core limited medical benefit plan, Dental, Vision, Short-Term Disability, Term Life, Accident, Critical Illness and Universal Life Insurance are also available for purchase to eligible employees.

### HospitalityCare Includes:

- Affordable coverage for your basic medical needs
- Nationwide network of preferred providers through the Beech Street Network so members can take advantage of network savings
- Prescription drug benefits
- Dependent coverage available (Employee, Employee+1, Employee+Family)

### Supplementary Benefits Available for Purchase:

- Dental Insurance
- Vision Insurance
- Short-Term Disability Insurance
- Term Life Insurance
- **Accident Insurance – NEW**
- **Critical Illness Insurance – NEW**
- **Universal Life Insurance – NEW**

### Who Is Eligible to Enroll?

As a full-time and/or part-time employee, you are eligible to enroll in the HospitalityCare program. You are eligible to enroll within 30 days of your hire date or during one of the 30 day open enrollment periods. If you do not enroll within 30 days of your hire date or open enrollment date, you will have to wait until the next open enrollment or until you have a qualifying life event. You have 30 days from the date of the qualifying life event to enroll. A qualifying life event is defined as a change in your status due to one of the following:

- *Marriage or divorce*
- *Birth or adoption of a child(ren)*
- *Termination*
- *Loss of insurance coverage by your spouse*
- *Death of an immediate family member*
- *Medicare entitlement*
- *Employer bankruptcy*
- *Loss of dependent status*
- *Loss of prior coverage*

In addition, you may request a special enrollment (for yourself, your spouse and/or eligible dependents) within 60 days(1) of termination of coverage under Medicaid or a State Children's Health Insurance Program (SCHIP), or (2) upon becoming eligible for SCHIP premium assistance under this medical benefit.

**See Summary of Benefits Page for detailed plan information and reference your HospitalityCare enrollment form for detailed rate information**

<sup>1</sup>No benefits will be paid for routine services or normal health checkups, unless required by your state residence.

# LIMITED BENEFITS PROGRAM OVERVIEW

## How To Enroll In the Plan

There are a few easy ways to enroll in the HospitalityCare plan. You can enroll in the Medical/Rx, Dental, Vision, Term Life and Short-Term Disability plans by completing the HospitalityCare Enrollment Application provided to you by your manager. You also have the option to enroll in all plans including Accident, Critical Illness and Universal Life plans by calling the HospitalityCare Customer Service at **888.583.3057**.

## Covering Your Dependents

You can cover members of your family under the Medical/Rx, Dental, Vision, Term Life, Accident, Critical Illness and Universal Life plans. Your eligible dependents are your spouse and your unmarried dependent children under age 19 (or under 26 if the child is enrolled full time in an accredited school or college or under 30 if an Illinois resident, served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States, and has received a release or discharge other than a dishonorable discharge).

## When Coverage Begins

Provided your employer is not on a monthly List Bill, your coverage begins the Monday following your first payroll deduction, if you are on a weekly or bi-weekly pay cycle. If you are on a semi-monthly pay cycle, then coverage begins the day after the end of the pay period for which you had a deduction. If you have enrolled and have not seen a deduction on your paycheck, please contact your manager to see when your payroll deduction and coverage will begin.

## Making Changes or Cancelling Coverage

If your premium is deducted after taxes are withheld, you may cancel your coverage at any time. When you cancel your coverage in the middle of a payroll cycle, your coverage will not be terminated until the end of the next payroll cycle. Therefore, you will have one more payroll deduction and coverage for another pay period. If your premium is deducted before taxes are withheld, you may only cancel coverage during open enrollment or if you have a qualifying life event.

If you miss six consecutive weeks of payroll deductions and you don't pay these missed premiums directly to the HospitalityCare Customer Service Center, your coverage will end. Once coverage is cancelled or ends due to non-payment of premiums, you will not be eligible to re-enroll until the next open enrollment period, have a qualifying life event or elect COBRA coverage.

## Deductibles and Maximum Benefits

Your deductibles and maximum benefits are based on a benefit year (Jan. 1 – Dec. 31). If you are covering dependents in the plan, each dependent will have their own deductible and maximum annual benefit.

## Stretch Your Benefit Dollars

This benefit plan offers you and your family savings for medical care through discounts negotiated with providers and facilities in the Beech Street Network\*. Choosing an in-network provider helps maximize benefits. When you use a Beech Street Network Provider, you will automatically receive the network discount and the doctor's office will file the claim for you. If you use a doctor who is not part of the network, you will not receive the discount and you may need to file the claim yourself.

*\*Members residing in AR or UT will utilize the USA MCO Network.*

## Locating a Doctor

**866.907.3619**

Once enrolled, you can visit [www.beechstreet.com](http://www.beechstreet.com), or you can call the number listed above to find local providers and/or facilities in the Beech Street network. Members residing in AR or UT may visit [www.usamco.com](http://www.usamco.com) to find USA MCO Network provider and/or facility.

## Prescription Drug Coverage

If enrolled in the medical plan, you are automatically covered by the prescription drug program through the Caremark Pharmacy Network. Caremark has a national network with over 58,000 participating pharmacies. To find a local participating Caremark pharmacy, you can visit [www.caremark.com](http://www.caremark.com). Detailed prescription drug benefit information is highlighted on the Benefits at a Glance page.

## Emergency Room Visits

For a true emergency, emergency room visits are covered under the plan as outlined on the Benefits at a Glance page (*subject to the outpatient medical expense benefits*). Examples of a true emergency are chest pains, severe bleeding or other major trauma. Your primary care physician can treat non-emergency situations such as a cough or cold. Use of the emergency room for non-emergency situations may result in an increased cost to you.

## Member ID Cards

An ID card and confirmation of coverage letter will be mailed to your home address. If you do not receive these documents or have a change of address, please contact the HospitalityCare Customer Service at **888-583-3057**. Show your ID card to the provider at the time of service. These cards are for identification purposes and providers will use them to verify eligibility status.

**Under 50 Medical/Rx Plan**  
For franchisees with 50 or fewer employees

**BENEFITS AT A GLANCE**

Medical/Rx	5K Plan
Annual Maximum Benefit	\$5,000
<b>OUTPATIENT MEDICAL EXPENSE BENEFITS</b>	
Annual Outpatient Maximum Benefit	\$1,500
<b>Doctor's Office Visits</b>	
Plan Pays Per Visit	\$75
<b>Diagnostic Laboratory and X-ray Procedures</b>	
Plan Pays Per Testing Day	\$100
<b>Emergency Room</b>	
Plan Pays Per Visit	\$450
<b>Prescription Drugs</b> <i>(not subject to Annual Maximum or Annual Outpatient Maximum)</i>	
Plan Pays Per Prescription Amount	\$20
Maximum Number of Prescriptions	3 per month

<b>INPATIENT MEDICAL EXPENSE BENEFITS</b> <i>(subject to Annual Maximum)</i>	
Room and Board Per Day Amount	\$200
ICU Per Day Amount	\$400

DENTAL COVERAGE – Dental Benefits	Benefit Amount
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After a \$50 deductible, per insured per covered year, the plan pays up to \$750 for specific services and procedures.

**Coverage A**

No Waiting Period – Exams, Introral Films and Bitewings

Coinsurance % Paid by Plan 80%

**Coverage B**

Three-month Waiting Period – Fillings, Oral Surgery, and repair for Crowns, Bridges & Dentures

Coinsurance % Paid by Plan 60%

**Coverage C**

Twelve-month Waiting Period – Periodontics, Crowns, Bridges and Dentures

Coinsurance % Paid by Plan 50%

VISION PLAN	Frequency	Benefit Percent Payable and Deductible Amount	Maximum Benefit Amount
<b>Eye Examinations – for eyeglasses</b>	1 visit per 12 months	80% after a \$5 per visit deductible	\$25
<b>Choice A: Eyeglasses</b>			
Lenses	2 lenses per 12 months	75% after a \$15 per purchase deductible	\$35-\$75
Frames	1 pair per 12 months	75% after a \$15 per purchase deductible	\$25
<b>Choice B: Contact Lenses as an Alternative to Glasses</b>	2 lenses per 12 months	75% after a \$15 purchase deductible	\$95
<b>Choice C: Disposable Contact Lenses as an Alternative to Contact Lenses</b>	up to 12 months supply per 12 months	75% after \$15 per purchase deductible	\$75

Members may choose only one of the available benefits in any 12-month period: A or B or C

TERM LIFE	Benefit Amount
Life Benefit <i>(Amounts reduced to 75% at age 65 and reduced to 50% at age 70)</i>	\$10,000
Spouse <i>(Coverage ends at age 70)</i>	\$5,000
Dependent <i>(6 months to 24 years)</i>	\$5,000
Dependent <i>(15 days to 6 months)</i>	\$1,000
Dependent <i>(under 15 days)</i>	\$0

SHORT-TERM DISABILITY PLAN <i>(Employee Only)</i> – Plan Benefits	Benefit Amount
Maximum Benefit Amount per Week	\$150
Percentage of Weekly Base Pay (excluding tips)	60%
Waiting Period	7 days (Benefits will begin paying immediately if hospitalized during the 7 day period)
Maximum Number of Weeks	26

Please reference your HospitalityCare Enrollment Application for detailed rate information.

## **Limited Benefit Medical Plan**

This benefit packet is intended as a brief summary of the HospitalityCare Limited Benefit Medical Plan. The group policy issued to your employer is the official document governing the provisions of this plan. State mandated benefits that apply to this plan will be included even if they are not described in this benefit packet. When you enroll, you will be issued a Summary Plan Description that includes more detailed information. For questions regarding plan specifications, please call 1-888-583-3057.

### **Covered Medical Expenses**

Hospital Bills, Doctor Bills, Lab and X-ray, Home Health Care, Medical Equipment and Supplies, Prescription Drugs, Therapy (see Summary Plan Description for specific therapy coverage).

### **Rules: For medical expenses to be covered they must:**

- Be administered and ordered by a physician
- Be medically necessary for the diagnosis and treatment of sickness or injury
- Not be excluded by the group policy

## **Exclusions and Limitations\***

### **Medical and Accidental Death & Dismemberment**

No benefits will be paid for losses caused by:

- mental or nervous disorder;
- outpatient alcoholism or substance abuse treatment;
- intentionally self-inflicted injuries, suicide or any attempt thereof while sane or insane;
- declared or undeclared war; or serving on full-time active duty in the Armed Forces;
- covered persons in the commission of a felony;
- flying as a pilot or crew member of any aircraft;
- work-related injury or sickness.
- applicable only to Accidental Death and Dismemberment: Bodily or mental infirmity; disease of any kind; or medical or surgical treatment for that infirmity or disease. This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of a poisonous food substance.

No benefits will be paid for:

- eye examinations; hearing examinations, or hearing aids; normal health checkups;
- dental care or treatment other than care of natural teeth and gums resulting from an accident;
- cosmetic surgery;
- services provided by an immediate family member.

### **Dental**

The plan will pay only for procedures specified on the Schedule of Covered Procedures in the Group Policy. Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame. For more detailed information on Covered Procedures or limitations, please contact PAI.

### **Vision**

No benefits will be paid for: any materials, procedures or services provided under Workers' Compensation or similar law; non-prescription lenses, frames to hold such lenses, or non-prescription contact lenses; any materials, procedures or services provided by an immediate family member or provided by you; charges for any materials, procedures, and services to the extent that benefits are payable under any other valid and collectible insurance policy or service contract whether or not a claim is made for such benefits.

### **Short-Term Disability**

No benefits are payable under this coverage in the following instances:

- attempted suicide or intentionally self-inflicted injury, while sane or insane;
- voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be you or your spouse, your or your spouse's child, sibling or parent; or a person who resides in your home;
- declared or undeclared war or act of war;
- your commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony;
- your participation in a riot;
- if you engage in an illegal occupation;
- operating, riding in, or descending from any aircraft (including a hang glider). This does not apply while you are a passenger on a licensed, commercial, nonmilitary aircraft; and
- work-related injury or sickness for which you have received payment or had a right to payment under any workers' compensation or similar law.

### **Term Life**

No Life insurance benefits will be payable under the policy for death caused by suicide or self-destruction, or any attempt at it, whether sane or insane, within 24 months after the person's coverage under the policy became effective.

\*Please see your Summary Plan Description (SPD) for a detailed listing of benefit plan exclusions and limitations.

The HospitalityCare Medical/Rx and Accidental Death and Dismemberment plans are underwritten by Companion Life Insurance Company, Columbia, SC under Policy Form Number MMP2050 or by BCS Insurance Company, Oakbrook Terrace, IL under Policy Form Number 25.204. The Dental and Vision plans are underwritten by BCS Insurance Company, Oakbrook Terrace, IL under Policy Form Numbers 26.212 and 26.213 (IL). The Term Life and Short-Term Disability plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, IL under Policy Form number 62.200.14.

**For questions, please contact HospitalityCare Customer Service at 888-588-3057.**

**Over 50 Medical/Rx Plan**  
For franchisees with 51 or more employees

**BENEFITS AT A GLANCE**

Medical/Rx	5K Plan
Annual Maximum Benefit	\$5,000
Annual Deductible – Individual	\$200
Annual Deductible – Family	\$500

**OUTPATIENT MEDICAL EXPENSE BENEFITS**

Annual Outpatient Maximum Benefit	\$1,500
Coinsurance ( <i>subject to outpatient maximum</i> )	80%
Doctor's Office Visits ( <i>physician's charges only</i> )	
Your Copay Per Visit	\$15
Coinsurance ( <i>After Copay and subject to outpatient maximum</i> )	100%

**Prescription Drugs** (*not subject to Annual Maximum or Annual Outpatient Maximum*)

Your Copay	\$10 Generic/ \$30 Brand-Name
Maximum Monthly Benefit (no carryover)	\$50

**INPATIENT MEDICAL BENEFITS** (*subject to Annual Maximum*)

Coinsurance	80%
Room and Board Per Day Amount	\$200
ICU Per Day Amount	\$400
Other Hospital Services Maximum	\$1,000

**DENTAL COVERAGE – Dental Benefits** **Benefit Amount**

After a \$50 deductible, per insured per covered year, the plan pays up to \$750 for specific services and procedures.

**Coverage A**

No Waiting Period – Exams, Introral Films and Bitewings	
Consurance % Paid by Plan	80%

**Coverage B**

Three-month Waiting Period – Fillings, Oral Surgery, and repair for Crowns, Bridges & Dentures	
Coinsurance % Paid by Plan	60%

**Coverage C**

Twelve-month Waiting Period – Periodontics, Crowns, Bridges and Dentures	
Coinsurance % Paid by Plan	50%

VISION PLAN	Frequency	Benefit Percent Payable and Deductible Amount	Maximum Benefit Amount
<b>Eye Examinations – for eyeglasses</b>	1 visit per 12 months	80% after a \$5 per visit deductible	\$25
<b>Choice A: Eyeglasses</b>			
Lenses	2 lenses per 12 months	75% after a \$15 per purchase deductible	\$35-\$75
Frames	1 pair per 12 months	75% after a \$15 per purchase deductible	\$25
<b>Choice B: Contact Lenses as an Alternative to Glasses</b>	2 lenses per 12 months	75% after a \$15 purchase deductible	\$95
<b>Choice C: Disposable Contact Lenses as an Alternative to Contact Lenses</b>	up to 12 months supply per 12 months	75% after \$15 per purchase deductible	\$75

Members may choose only one of the available benefits in any 12-month period: A or B or C

**TERM LIFE** **Benefit Amount**

Life Benefit ( <i>Amounts reduced to 75% at age 65 and reduced to 50% at age 70</i> )	\$10,000
Spouse ( <i>Coverage ends at age 70</i> )	\$5,000
Dependent ( <i>6 months to 24 years</i> )	\$5,000
Dependent ( <i>15 days to 6 months</i> )	\$1,000
Dependent ( <i>under 15 days</i> )	\$0

**SHORT-TERM DISABILITY PLAN** (*Employee Only*) – Plan Benefits **Benefit Amount**

Maximum Benefit Amount per Week	\$150
Percentage of Weekly Base Pay (excluding tips)	60%
Waiting Period	7 days (Benefits will begin paying immediately if hospitalized during the 7 day period)
Maximum Number of Weeks	26

Please reference your HospitalityCare Enrollment Application for detailed rate information.

**Please note that some pre-existing medical conditions may not be covered by the plan for 12 months.**

## Limited Benefit Medical Plan

This benefit packet is intended as a brief summary of the HospitalityCare Limited Benefit Medical Plan. The group policy issued to your employer is the official document governing the provisions of this plan. State mandated benefits that apply to this plan will be included even if they are not described in this benefit packet. When you enroll, you will be issued a Summary Plan Description that includes more detailed information. For questions regarding plan specifications, please call 1-888-583-3057.

### Covered Medical Expenses

Hospital Bills, Doctor Bills, Lab and X-ray, Home Health Care, Medical Equipment and Supplies, Prescription Drugs, Therapy (see Summary Plan Description for specific therapy coverage).

### Rules: For medical expenses to be covered they must:

- Be administered and ordered by a physician
- Be medically necessary for the diagnosis and treatment of sickness or injury
- Not be excluded by the group policy

## Exclusions and Limitations\*

### Medical and Accidental Death & Dismemberment

No benefits will be paid for losses caused by:

- mental or nervous disorder;
- outpatient alcoholism or substance abuse treatment;
- intentionally self-inflicted injuries, suicide or any attempt thereof while sane or insane;
- declared or undeclared war; or serving on full-time active duty in the Armed Forces;
- covered persons in the commission of a felony;
- flying as a pilot or crew member of any aircraft;
- work-related injury or sickness.
- applicable only to Accidental Death and Dismemberment: bodily or mental infirmity; disease of any kind; or medical or surgical treatment for that infirmity or disease. This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of a poisonous food substance.

No benefits will be paid for:

- eye examinations; hearing examinations, or hearing aids; normal health checkups;
- dental care or treatment other than care of natural teeth and gums resulting from an accident;
- cosmetic surgery;
- services provided by an immediate family member.

**Pre-existing conditions: No benefits will be paid for a pre-existing condition (one you had treatment for within the six month period ending the day before your enrollment date) for the first 12 months of your coverage. This does not apply to pregnancy nor to a newborn or adopted child covered from birth or adoption. The exclusion period may be reduced by most previous medical expense coverage ("creditable coverage"), if there is no more than a 62 day break in coverage. You should give us a copy of any certificates of creditable coverage. If you do not have a certificate, but have prior health coverage, we will help you obtain from your prior plan. There are also other ways to demonstrate you have creditable coverage, so contact us if you need help.**

**All questions about the pre-existing condition exclusion and creditable coverage should be directed to HospitalityCare Unit Supervisor, Planned Administrators, Incorporated (PAI), P.O. Box 6702, Columbia, South Carolina 29260, or call us at: (888) 583-3057.**

### Dental

The plan will pay only for procedures specified on the Schedule of Covered Procedures in the Group Policy. Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame. For more detailed information on Covered Procedures or limitations, please contact PAI.

### Vision

No benefits will be paid for: any materials, procedures or services provided under Workers' Compensation or similar law; non-prescription lenses, frames to hold such lenses, or non-prescription contact lenses; any materials, procedures or services provided by an immediate family member or provided by you; charges for any materials, procedures, and services to the extent that benefits are payable under any other valid and collectible insurance policy or service contract whether or not a claim is made for such benefits.

### Short-Term Disability

No benefits are payable under this coverage in the following instances:

- attempted suicide or intentionally self-inflicted injury, while sane or insane;
- voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be you or your spouse, your or your spouse's child, sibling or parent; or a person who resides in your home;
- declared or undeclared war or act of war;
- your commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony;
- your participation in a riot;
- if you engage in an illegal occupation;
- operating, riding in, or descending from any aircraft (including a hang glider). This does not apply while you are a passenger on a licensed, commercial, nonmilitary aircraft; and
- work-related injury or sickness for which you have received payment or had a right to payment under any workers' compensation or similar law.

Short-Term Disability benefits are not available to persons who work in California, Hawaii, New Jersey, New York and Rhode Island.

### Term Life

No Life insurance benefits will be payable under the policy for death caused by suicide or self-destruction, or any attempt at it, whether sane or insane, within 24 months after the person's coverage under the policy became effective.

\*Please see your Summary Plan Description (SPD) for a detailed listing of benefit plan exclusions and limitations.

The HospitalityCare Medical/Rx, Accidental Death and Dismemberment, Dental and Vision plans are underwritten by BCS Insurance Company, Oakbrook Terrace, IL under Policy Form Numbers 24.220.14, 26.212, and 26.213 (IL). The Term Life and Short-Term Disability plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, IL under Policy Form number 62.200.14.

**For questions, please contact HospitalityCare Customer Service at 888-588-3057.**

**BENEFITS AT A GLANCE****Under 50 Medical/Rx Plan**  
For franchisees with 50 or fewer employees

Medical/Rx	10K Plan		
Annual Maximum Benefit	\$10,000		
<b>OUTPATIENT MEDICAL EXPENSE BENEFITS</b>			
Annual Outpatient Maximum Benefit	\$2,000		
<b>Doctor's Office Visits</b>			
Plan Pays Per Visit	\$75		
<b>Diagnostic Laboratory and X-ray Procedures</b>			
Plan Pays Per Testing Day	\$100		
<b>Emergency Room</b>			
Plan Pays Per Visit	\$450		
<b>Prescription Drugs</b> <i>(not subject to Annual Maximum or Annual Outpatient Maximum)</i>			
Per Prescription Amount	\$20		
Maximum Number of Prescriptions	3 per month		
<b>INPATIENT MEDICAL EXPENSE BENEFITS</b> <i>(subject to Annual Maximum)</i>			
Room and Board Per Day Amount	\$400		
ICU Per Day Amount	\$800		
<b>DENTAL COVERAGE – Dental Benefits</b>			
<b>Benefit Amount</b>			
After a \$50 deductible, per insured per covered year, the plan pays up to \$750 for specific services and procedures.			
<b>Coverage A</b>			
No Waiting Period – Exams, Introral Films and Bitewings			
Coinsurance % Paid by Plan	80%		
<b>Coverage B</b>			
Three-month Waiting Period – Fillings, Oral Surgery, and repair for Crowns, Bridges & Dentures			
Coinsurance % Paid by Plan	60%		
<b>Coverage C</b>			
Twelve-month Waiting Period – Periodontics, Crowns, Bridges and Dentures			
Coinsurance % Paid by Plan	50%		
<b>VISION PLAN</b>			
	<b>Frequency</b>	<b>Benefit Percent Payable and Deductible Amount</b>	<b>Maximum Benefit Amount</b>
<b>Eye Examinations – for eyeglasses</b>	1 visit per 12 months	80% after a \$5 per visit deductible	\$25
<b>Choice A: Eyeglasses</b>			
Lenses	2 lenses per 12 months	75% after a \$15 per purchase deductible	\$35-\$75
Frames	1 pair per 12 months	75% after a \$15 per purchase deductible	\$25
<b>Choice B: Contact Lenses as an Alternative to Glasses</b>			
	2 lenses per 12 months	75% after a \$15 purchase deductible	\$95
<b>Choice C: Disposable Contact Lenses as an Alternative to Contact Lenses</b>			
	up to 12 months supply per 12 months	75% after \$15 per purchase deductible	\$75
Members may choose only one of the available benefits in any 12-month period: A or B or C			
<b>TERM LIFE</b>		<b>Benefit Amount</b>	
Life Benefit <i>(Amounts reduced to 75% at age 65 and reduced to 50% at age 70)</i>		\$10,000	
Spouse <i>(Coverage ends at age 70)</i>		\$5,000	
Dependent <i>(6 months to 24 years)</i>		\$5,000	
Dependent <i>(15 days to 6 months)</i>		\$1,000	
Dependent <i>(under 15 days)</i>		\$0	
<b>SHORT-TERM DISABILITY PLAN</b> <i>(Employee Only) – Plan Benefits</i>		<b>Benefit Amount</b>	
Maximum Benefit Amount per Week		\$150	
Percentage of Weekly Base Pay (excluding tips)		60%	
Waiting Period		7 days (Benefits will begin paying immediately if hospitalized during the 7 day period)	
Maximum Number of Weeks		26	

\* **The 10K Plan is available to full-time salaried employees of Choice Hotels International Franchisees.** The benefits and limitations shown are not a complete list of all benefits, limitations and exclusions. Please refer to your Summary Plan Description (SPD) for a complete list of all benefits, limitations and exclusions. SPD is available at [www.essentialcare.com/members/choicehotels.aspx](http://www.essentialcare.com/members/choicehotels.aspx).

### **Limited Benefit Medical Plan**

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#### **Covered Medical Expenses**

Hospital Bills, Doctor Bills, Lab and X-ray, Home Health Care, Medical Equipment and Supplies, Prescription Drugs, Therapy (see Summary Plan Description for specific therapy coverage).

#### **Rules: For medical expenses to be covered they must:**

- Be administered and ordered by a physician
- Be medically necessary for the diagnosis and treatment of sickness or injury
- Not be excluded by the group policy

### **Exclusions and Limitations\***

#### **Medical and Accidental Death & Dismemberment**

No benefits will be paid for losses caused by:

- mental or nervous disorder;
- outpatient alcoholism or substance abuse treatment;
- intentionally self-inflicted injuries, suicide or any attempt thereof while sane or insane;
- declared or undeclared war; or serving on full-time active duty in the Armed Forces;
- covered persons in the commission of a felony;
- flying as a pilot or crew member of any aircraft;
- work-related injury or sickness.
- applicable only to Accidental Death and Dismemberment: Bodily or mental infirmity; disease of any kind; or medical or surgical treatment for that infirmity or disease. This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of a poisonous food substance.

No benefits will be paid for:

- eye examinations; hearing examinations, or hearing aids; normal health checkups;
- dental care or treatment other than care of natural teeth and gums resulting from an accident;
- cosmetic surgery;
- services provided by an immediate family member.

#### **Dental**

The plan will pay only for procedures specified on the Schedule of Covered Procedures in the Group Policy. Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame. For more detailed information on Covered Procedures or limitations, please contact PAI.

#### **Vision**

No benefits will be paid for: any materials, procedures or services provided under Workers' Compensation or similar law; non-prescription lenses, frames to hold such lenses, or non-prescription contact lenses; any materials, procedures or services provided by an immediate family member or provided by you; charges for any materials, procedures, and services to the extent that benefits are payable under any other valid and collectible insurance policy or service contract whether or not a claim is made for such benefits.

#### **Short-Term Disability**

No benefits are payable under this coverage in the following instances:

- attempted suicide or intentionally self-inflicted injury, while sane or insane;
- voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be you or your spouse, your or your spouse's child, sibling or parent; or a person who resides in your home;
- declared or undeclared war or act of war;
- your commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony;
- your participation in a riot;
- if you engage in an illegal occupation;
- operating, riding in, or descending from any aircraft (including a hang glider). This does not apply while you are a passenger on a licensed, commercial, nonmilitary aircraft; and
- work-related injury or sickness for which you have received payment or had a right to payment under any workers' compensation or similar law.

#### **Term Life**

No Life insurance benefits will be payable under the policy for death caused by suicide or self-destruction, or any attempt at it, whether sane or insane, within 24 months after the person's coverage under the policy became effective.

\*Please see your Summary Plan Description (SPD) for a detailed listing of benefit plan exclusions and limitations.

The HospitalityCare Medical/Rx and Accidental Death and Dismemberment plans are underwritten by Companion Life Insurance Company, Columbia, SC under Policy Form Number MMP2050 or by BCS Insurance Company, Oakbrook Terrace, IL under Policy Form Number 25.204. The Dental and Vision plans are underwritten by BCS Insurance Company, Oakbrook Terrace, IL under Policy Form Numbers 26.212 and 26.213 (IL). The Term Life and Short-Term Disability plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, IL under Policy Form number 62.200.14.

**For questions, please contact HospitalityCare Customer Service at 888-588-3057.**

**BENEFITS AT A GLANCE****Over 50 Medical/Rx Plan**

For franchisees with 51 or more employees

Medical/Rx	10K Plan		
Annual Maximum Benefit	\$10,000		
Annual Deductible – Individual	\$200		
Annual Deductible – Family	\$500		
<b>OUTPATIENT MEDICAL EXPENSE BENEFITS</b>			
Annual Outpatient Maximum Benefit	\$2,000		
Coinsurance ( <i>subject to outpatient maximum</i> )	80%		
Doctor's Office Visits ( <i>physician's charges only</i> )			
Your Copay Per Visit	\$15		
Coinsurance ( <i>After Copay and subject to outpatient maximum</i> )	100%		
<b>Prescription Drugs</b> ( <i>not subject to Annual Maximum or Annual Outpatient Maximum</i> )			
Your Copay	\$10 Generic/ \$30 Brand-Name		
Maximum Monthly Benefit (no carryover)	\$50		
<b>INPATIENT MEDICAL BENEFITS</b> ( <i>subject to Annual Maximum</i> )			
Coinsurance	80%		
Room and Board Per Day Amount	\$400		
ICU Per Day Amount	\$800		
Other Hospital Services Maximum	\$2,000		
<b>DENTAL COVERAGE – Dental Benefits</b>			
<b>Benefit Amount</b>			
After a \$50 deductible, per insured per covered year, the plan pays up to \$750 for specific services and procedures.			
<b>Coverage A</b>			
No Waiting Period – Exams, Introral Films and Bitewings			
Coinsurance % Paid by Plan	80%		
<b>Coverage B</b>			
Three-month Waiting Period – Fillings, Oral Surgery, and repair for Crowns, Bridges & Dentures			
Coinsurance % Paid by Plan	60%		
<b>Coverage C</b>			
Twelve-month Waiting Period – Periodontics, Crowns, Bridges and Dentures			
Coinsurance % Paid by Plan	50%		
<b>VISION PLAN</b>			
	<b>Frequency</b>	<b>Benefit Percent Payable and Deductible Amount</b>	<b>Maximum Benefit Amount</b>
<b>Eye Examinations – for eyeglasses</b>	1 visit per 12 months	80% after a \$5 per visit deductible	\$25
<b>Choice A: Eyeglasses</b>			
Lenses	2 lenses per 12 months	75% after a \$15 per purchase deductible	\$35-\$75
Frames	1 pair per 12 months	75% after a \$15 per purchase deductible	\$25
<b>Choice B: Contact Lenses as an Alternative to Glasses</b>	2 lenses per 12 months	75% after a \$15 purchase deductible	\$95
<b>Choice C: Disposable Contact Lenses as an Alternative to Contact Lenses</b>	up to 12 months supply per 12 months	75% after \$15 per purchase deductible	\$75
Members may choose only one of the available benefits in any 12-month period: A or B or C			
<b>TERM LIFE</b>		<b>Benefit Amount</b>	
Life Benefit ( <i>Amounts reduced to 75% at age 65 and reduced to 50% at age 70</i> )		\$10,000	
Spouse ( <i>Coverage ends at age 70</i> )		\$5,000	
Dependent ( <i>6 months to 24 years</i> )		\$5,000	
Dependent ( <i>15 days to 6 months</i> )		\$1,000	
Dependent ( <i>under 15 days</i> )		\$0	
<b>SHORT-TERM DISABILITY PLAN</b> ( <i>Employee Only</i> ) – Plan Benefits		<b>Benefit Amount</b>	
Maximum Benefit Amount per Week		\$150	
Percentage of Weekly Base Pay (excluding tips)		60%	
Waiting Period		7 days (Benefits will begin paying immediately if hospitalized during the 7 day period)	
Maximum Number of Weeks		26	

**Please note that some pre-existing medical conditions may not be covered by the plan for 12 months.**

\* **The 10K Plan is available to full-time salaried employees of Choice Hotels International Franchisees.** The benefits and limitations shown are not a complete list of all benefits, limitations and exclusions. Please refer to your Summary Plan Description (SPD) for a complete list of all benefits, limitations and exclusions. SPD is available at [www.essentialcare.com/members/choic-hotels.aspx](http://www.essentialcare.com/members/choic-hotels.aspx).

### **Limited Benefit Medical Plan**

This benefit packet is intended as a brief summary of the HospitalityCare Limited Benefit Medical Plan. The group policy issued to your employer is the official document governing the provisions of this plan. State mandated benefits that apply to this plan will be included even if they are not described in this benefit packet. When you enroll, you will be issued a Summary Plan Description that includes more detailed information. For questions regarding plan specifications, please call 1-888-583-3057.

#### **Covered Medical Expenses**

Hospital Bills, Doctor Bills, Lab and X-ray, Home Health Care, Medical Equipment and Supplies, Prescription Drugs, Therapy (see Summary Plan Description for specific therapy coverage).

#### **Rules: For medical expenses to be covered they must:**

- Be administered and ordered by a physician
- Be medically necessary for the diagnosis and treatment of sickness or injury
- Not be excluded by the group policy

### **Exclusions and Limitations\***

#### **Medical and Accidental Death & Dismemberment**

No benefits will be paid for losses caused by:

- mental or nervous disorder;
- outpatient alcoholism or substance abuse treatment;
- intentionally self-inflicted injuries, suicide or any attempt thereof while sane or insane;
- declared or undeclared war; or serving on full-time active duty in the Armed Forces;
- covered persons in the commission of a felony;
- flying as a pilot or crew member of any aircraft;
- work-related injury or sickness.
- applicable only to Accidental Death and Dismemberment: bodily or mental infirmity; disease of any kind; or medical or surgical treatment for that infirmity or disease. This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of a poisonous food substance.

No benefits will be paid for:

- eye examinations; hearing examinations, or hearing aids; normal health checkups;
- dental care or treatment other than care of natural teeth and gums resulting from an accident;
- cosmetic surgery;
- services provided by an immediate family member.

**Pre-existing conditions: No benefits will be paid for a pre-existing condition (one you had treatment for within the six month period ending the day before your enrollment date) for the first 12 months of your coverage. This does not apply to pregnancy nor to a newborn or adopted child covered from birth or adoption. The exclusion period may be reduced by most previous medical expense coverage (“creditable coverage”), if there is no more than a 62 day break in coverage. You should give us a copy of any certificates of creditable coverage. If you do not have a certificate, but have prior health coverage, we will help you obtain one from your prior plan. There are also other ways to demonstrate you have creditable coverage, so contact us if you need help.**

**All questions about the pre-existing condition exclusion and creditable coverage should be directed to HospitalityCare Unit Supervisor, Planned Administrators, Incorporated (PAI), P.O. Box 6702, Columbia, South Carolina 29260, or call us at: (888) 583-3057.**

#### **Dental**

The plan will pay only for procedures specified on the Schedule of Covered Procedures in the Group Policy. Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame. For more detailed information on Covered Procedures or limitations, please contact PAI.

#### **Vision**

No benefits will be paid for: any materials, procedures or services provided under Workers' Compensation or similar law; non-prescription lenses, frames to hold such lenses, or non-prescription contact lenses; any materials, procedures or services provided by an immediate family member or provided by you; charges for any materials, procedures, and services to the extent that benefits are payable under any other valid and collectible insurance policy or service contract whether or not a claim is made for such benefits.

#### **Short-Term Disability**

No benefits are payable under this coverage in the following instances:

- attempted suicide or intentionally self-inflicted injury, while sane or insane;
- voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be you or your spouse, your or your spouse's child, sibling or parent; or a person who resides in your home;
- declared or undeclared war or act of war;
- your commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony;
- your participation in a riot;
- if you engage in an illegal occupation;
- operating, riding in, or descending from any aircraft (including a hang glider). This does not apply while you are a passenger on a licensed, commercial, nonmilitary aircraft; and
- work-related injury or sickness for which you have received payment or had a right to payment under any workers' compensation or similar law.

Short-Term Disability benefits are not available to persons who work in California, Hawaii, New Jersey, New York and Rhode Island.

#### **Term Life**

No Life insurance benefits will be payable under the policy for death caused by suicide or self-destruction, or any attempt at it, whether sane or insane, within 24 months after the person's coverage under the policy became effective.

\*Please see your Summary Plan Description (SPD) for a detailed listing of benefit plan exclusions and limitations.

The HospitalityCare Medical/Rx, Accidental Death and Dismemberment, Dental and Vision plans are underwritten by BCS Insurance Company, Oakbrook Terrace, IL under Policy Form Numbers 24.220.14, 26.212, and 26.213 (IL). The Term Life and Short-Term Disability plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, IL under Policy Form number 62.200.14.

## HOSPITALITYCARE SUPPLEMENTARY BENEFITS

### Dental Benefit

If you selected dental coverage, you may visit any dentist. After a \$50 deductible per member per covered year, the plan pays up to \$750 for covered services.

### Term Life Benefit

If selected, the Term-Life Benefit provides you with up to \$10,000 of life insurance payable to the beneficiary you choose. You are covered 24 hrs/day for any cause of death (except suicide during the first two years).

### Vision Care

If you selected vision coverage with Vision One Eyecare Program, which is honored at more than 6,500 locations nationally — Pearle Vision, Sears Optical, Target Optical and more — you will save on eye exams, frames, lenses and contacts.

[See Benefits at a Glance page for detailed plan description.](#)

### Short-Term Disability

If enrolled, this plan helps offset financial losses that result when employees are unable to work due to a non-occupational injury or sickness. The plan pays 60% of your salary up to \$150 per week for up to 26 weeks — with a 7 day waiting period. If you become pregnant after enrolling in the Short-Term Disability coverage, you will be eligible to receive benefits for that pregnancy. However, if you were being treated for pregnancy at the time you enrolled in Short-Term Disability, you will not be eligible to receive benefits for that specific pregnancy.

*Short-term disability benefits are not available to persons employed in California, New York, New Jersey, Rhode Island and Hawaii as these states already have state sponsored Short-Term Disability benefits.*

## NEW SUPPLEMENTARY BENEFITS OFFERED

You may apply for the following voluntary benefits from Colonial Life & Accident Insurance Company\*\* available through payroll deduction. Colonial Life's personal insurance plans can help you fill in the gaps left by other insurance coverage. Benefits are paid directly to you, unless specified otherwise, to use as they see fit and are paid regardless of other insurance you may have with other insurance companies.

- **Accident Insurance:** Helps offset the direct and indirect expenses such as deductibles, co-payments and other costs not covered by traditional health plans.
- **Critical Illness Insurance:** Helps offset the out-of-pocket medical and indirect non-medical expenses related to critical illness treatment.
- **Universal Life Insurance:** Helps provide financial security for family members. Colonial Life's universal life plan allows you to tailor protection to help meet employee's individual needs.

\*\* Not available in New York. See the following information about voluntary benefits through a HospitalityCare Benefits Counselor for employees in New York.

### Personal Insurance Plans Available in NY

The Paul Revere Life Insurance Company provides employees in New York the opportunity to apply for the following Colonial Voluntary Benefits products and services available through payroll deduction:

- **Accident Insurance**
- **Specified Disease for Critical Illness Insurance**
- **Universal Life Insurance**

Coverage has limitations and exclusions that may affect benefits payable. Coverage may vary by state and may not be available in all states. See your HospitalityCare benefits counselor for complete details. Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing Brand. The personal insurance plans available in NY listed above are underwritten by The Paul Revere Life Insurance Company, Worcester, MA.

## Member Services: (For Enrolled Employees)

### If you have any questions about your coverage, please contact:

HospitalityCare Customer Service: 888.583.3057

- Members will call this number for questions regarding their plan coverage, ID card, claim status, policy booklets, and to add, change, or cancel their coverage.
- Customer Service Call Center hours are M - F 8:30 a.m. to 8 p.m. Eastern Time.
- Bilingual representatives are available.
- Members can also visit [www.essentialcare.com/members/choice.aspx](http://www.essentialcare.com/members/choice.aspx).

**To locate a provider in the Beech Street Network, members are encouraged to call 866-907-3619\* or to visit [www.beechstreet.com](http://www.beechstreet.com).**

**Filing a Claim:** To receive reimbursement for services, you will need to complete and mail a claim form with the receipts for the services to HospitalityCare. You can find a HospitalityCare claim form at [www.essentialcare.com/members/choicehotels.aspx](http://www.essentialcare.com/members/choicehotels.aspx).

## Network Information

### Medical Providers

Beech Street  
**800-432-1776**  
[www.beechstreet.com](http://www.beechstreet.com)

### Pharmacy

Caremark  
**888-963-7290**  
[www.caremark.com](http://www.caremark.com)

### Vision

Cole Managed Vision  
**800-424-1155**  
[www.colemanagedvision.com](http://www.colemanagedvision.com)

\*USA MCO Network  
**800-872-3860**  
[www.usamco.com](http://www.usamco.com)

*\*If the enrollee lives in Arkansas or Utah, please visit the USA MCO Network's Web site at [usamco.com](http://usamco.com) or call 800-USA-3860 to find a participating provider and/or facility.*

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### Companion Life Insurance Company or

Underwriter for the Medical/Rx and Accidental Death and Dismemberment Plans

Columbia, South Carolina

### BCS Insurance Company

Underwriter for the Medical/Rx, Accidental Death and Dismemberment, Vision and Dental Plans

Oakbrook Terrace, Illinois

### BCS Life Insurance Company

Underwriter for the Term Life and Short-Term Disability Plans

Oakbrook Terrace, Illinois

### PAI

Plan administered by  
Planned Administrators, Incorporated

8906 Two Notch Road  
Columbia, South Carolina 29223  
[www.choicehospitalitycare.com](http://www.choicehospitalitycare.com)

### Colonial Accident & Life Insurance Company

Underwriter for the Accident, Critical Illness, and Universal Life Insurance plans

Columbia, South Carolina

*The HospitalityCare (under 50) Medical/Rx and Accidental Death and Dismemberment plans are underwritten by Companion Life Insurance Company, Columbia, SC under policy form number MMP2050 or by BCS Insurance Company, Oakbrook Terrace, IL under policy form number 25.204. The HospitalityCare (over 50) Medical/Rx and Accidental Death and Dismemberment plans are underwritten by BCS Insurance Company, Oakbrook Terrace, IL under policy form number 24.220.14. The Dental and Vision plans are underwritten by BCS Insurance Company, Oakbrook Terrace, IL under Policy Form Numbers 26.212 and 26.213 (IL). The Term Life and Short-Term Disability plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, IL under policy form number 62.200.14.*