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\$1,000,000 ANNUAL EXCESS MAJOR MEDICAL

for school districts, municipalities and subdivisions that participate in the Empire Plan or an approved similar plan



\$50 PER DAY IN-HOSPITAL BENEFIT for employees

\$1,425 COINSURANCE REIMBURSEMENT

in-hospital **PRIVATE DUTY NURSING**

OUTPATIENT REHABILITATION

VISION CARE benefits every two years

up to 30 days care in a **NURSING HOME**

\$15,000 AD&D benefit for employees

firstrehablife

rated A- (excellent)  by A.M. Best Company

\$1,425 COINSURANCE REIMBURSEMENT (as of 01/01/2005)

This benefit will reimburse the coinsurance for covered expenses for you and your covered dependents if covered expenses reach or exceed \$1,125. Should covered expenses reach or exceed \$8,250 within a calendar year, you would be reimbursed a maximum of \$1,425. Covered expenses equal the "amount allowed" under any approved plan with similar benefits. Coinsurance for **psychiatric expenses** is **included** in the maximum coinsurance benefit.

EXAMPLES

<i>amount charged</i>	<i>amount allowed (Empire)</i>	<i>deductible</i>	<i>paid by Empire (80%)</i>	<i>coinsurance</i>	<i>First Rehab Life coinsurance reimbursement</i>
\$200	\$200	\$0	\$160	\$40	\$0
\$8,600	\$8,600	\$350	\$6,600	\$1,425	\$1,425

IN-HOSPITAL PRIVATE DUTY NURSING BENEFIT

This benefit provides 50% of the Reasonable and Customary Charge for the first 48 hours of private duty nursing while hospitalized.

CARE IN A NURSING HOME

This benefit covers care in a nursing home if you are under the treatment of a physician, for a maximum of 30 consecutive days from admission to the nursing home, only if further hospitalization would otherwise be necessary and the covered person has been in a hospital for at least three days immediately preceding admittance to the nursing home.

REASONABLE AND CUSTOMARY REIMBURSEMENT

If First Rehab Life's reasonable and customary allowance for a covered procedure is greater than that of the Empire Plan or an approved plan with similar benefits, First Rehab Life will reimburse you or your covered family member for the difference between First Rehab Life's allowance and your underlying Plan's allowance.

\$1,000,000 ANNUAL EXCESS MAJOR MEDICAL EXPENSE BENEFIT

The Excess Major Medical Expense Benefit Program covers items in excess of items payable by your underlying Empire Plan's Major Medical or an approved similar plan to a maximum of \$1,000,000 per calendar year. If you or a covered family member exhausts \$1,000,000 of Empire Plan's Major Medical benefits in a calendar year, this program covers most charges payable under the "Empire Plan Plus Medical & Psychiatric Enhancements Plan" (as of January 1, 2005).

UNLIMITED OUTPATIENT REHABILITATION BENEFIT

Outpatient rehabilitation therapy in a comprehensive outpatient rehabilitation facility is coordinated with the underlying Empire Plan's Medical Program or an approved plan with similar benefits. Reimbursement is provided on a dollar-for-dollar basis. Specific areas of outpatient rehabilitation services are:

- ▶ occupational therapy
- ▶ physical therapy
- ▶ speech therapy
- ▶ inhalation therapy
- ▶ psychodiagnostic evaluation (excluding treatment)
- ▶ coordination of medical services (Medical Social Services)
- ▶ audiological evaluation
- ▶ loan of rehabilitation equipment prescribed by the rehabilitation center physician



VISION CARE BENEFIT

First Rehab Life will pay benefits up to a maximum per insured person, based on the schedule shown below, once every two policy years for any of the following procedures:

Improved Benefits



▶ vision survey	
▶ vision analysis	
▶ one set of lenses	
▶ one set of frames	
▶ eyeglasses and related services:	
▶ complete pair of eyeglasses (including eye examination) with frame and single vision lenses	\$90.00
▶ complete pair of eyeglasses (including eye examination) with bifocal lenses and frame	\$110.00
▶ complete pair of eyeglasses (including eye examination) with trifocal lenses and frame	\$120.00
▶ contact lenses, including examination and fitting	\$125.00
▶ contact lens examination and fitting only	\$65.00
▶ tint where medically indicated – add	\$7.50
▶ unusually heavy or postoperative lenses at prescription prices not to exceed American Optical Price List. Individual pays amount in excess of insurance company payments, which are limited to	\$75.00
▶ eye examination where no glasses are needed or no change in prescription indicated	\$28.00
▶ lenses only where individual supplies frame (not including examination)	
single vision	\$26.00
bifocal	\$40.00
trifocal	\$52.00
▶ contacts (not including examination and/or fitting fee)	\$60.00
▶ frame only	\$27.00
▶ subnormal vision care (where acuity cannot be corrected to a 20/70 standard by use of corrective lenses)	80% / \$375*

Note: For existing policyholders, improved Vision benefit levels become effective on the policy renewal date on or after July 1, 2004.

* 80% of the eligible expenses incurred up to a maximum of \$375 per covered person in each policy year.

SPECIAL EMPLOYEE-ONLY BENEFITS

\$50 PER DAY IN-HOSPITAL BENEFIT

This benefit provides \$50.00 per day for covered employees who are continuously confined to a hospital and under the care of a doctor. The maximum duration of this benefit is 26 weeks for any hospitalization.

\$15,000 AD&D BENEFIT

Accidental death and dismemberment coverage is provided to you for accidental bodily injury causing a covered loss.



firstrehablife

*more than 90,000 policyholders and 2,000,000 insureds
Selling exclusively through independent brokers & agents.*

YOUR PLAN COORDINATOR IS:

J. J. STANIS and COMPANY, INC.

100 Jericho Quadrangle, Ste. 101
Jericho, NY 11753
phone 1-877-470-3715

The following copayments are **not** covered under the Excess Plan:

- ▶ copayment for Empire participating providers
- ▶ copayment for Blue Cross hospital outpatient care
- ▶ copayment for outpatient care incurred with a network provider
- ▶ copayment for prescription drug program

Please refer to the policy for a complete list of policy provisions, conditions and exclusions. This brochure is for illustrative purposes only, providing a general overview of the services described. It is not a contract. All coverage extends up to policy limits. Expenses not covered by the underlying Empire Plan are not covered under the program described above. Insurance evidenced by this brochure provides limited health insurance benefits. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

Mktg# XM-1-NY-Pd-G2 12/04 :: Policy Form# XGMMP-NY 01/01, XGMM-D-NY

Application and enrollment forms are available online at www.firstrehab.com.

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