



Affordable Limited Medical Benefit Program for Travel Site Owners

Exciting new changes include:

- Now offering Three (3) medical plan options!
- Additional increased Life Insurance coverage
- Streamlined credit card payment process with reduced costs; enroll in coverage and setup your payment method all in one call!
- Individual coverage available for both Primary and Secondary Travel Site Owners!

***To enroll or ask questions, call the Enrollment Center at
1-800-517-4966 today!***

Hawaii & Puerto Rico members call 1-866-668-6299

Plan Choices

Benefits	Standard Plan	Premier Plan	Elite Plan
Doctor's Office Visit	Plan pays \$60 per visit \$360 calendar year max	Plan pays \$75 per visit \$450 calendar year max	Plan pays \$75 per visit \$450 calendar year max
Outpatient Diagnostic Laboratory Tests and X-rays	Plan pays \$60 per day \$360 calendar year max	Plan pays \$75 per day \$450 calendar year max	Plan pays \$75 per day \$450 calendar year max
Advanced Studies	Plan pays \$250 per day \$750 calendar year max	Plan pays \$300 per day \$900 calendar year max	Plan pays \$500 per day \$1,500 calendar year max
Preventive Care	Plan pays \$50 per visit \$150 calendar year max	Plan pays \$100 per visit \$300 calendar year max	Plan pays \$150 per visit \$450 calendar year max
Accident Coverage	Plan pays \$500 per occurrence	Plan pays \$2,500 per occurrence	Plan pays \$2,500 per occurrence
Emergency Room Indemnity Benefit for Illness Only	Plan pays \$75 per visit \$300 calendar year max	Plan pays \$100 per visit \$400 calendar year max	Plan pays \$125 per visit \$500 calendar year max
Daily In-patient Hospital Benefit	Plan pays \$300 per day	Plan pays \$1,000 per day	Plan pays \$1,250 per day
- Intensive Care Unit	\$600 per day	\$2,000 per day	\$2,500 per day
- Substance Abuse	\$150 per day	\$500 per day	\$625 per day
- Mental Illness Disorder	\$150 per day	\$500 per day	\$625 per day
- In-patient Skilled Nursing Facility	\$150 per day	\$500 per day	\$625 per day
Hospital Admission	Not Included	Plan pays \$1,000 per confinement	Plan pays \$1,250 per confinement
Surgical Benefit	\$1,600 overall max	\$2,350 overall max	\$3,850 overall max
- Inpatient	Plan pays \$1,000 lump sum	Plan pays \$1,500 lump sum	Plan pays \$2,500 lump sum
- Outpatient	Plan pays \$500 lump sum	Plan pays \$750 lump sum	Plan pays \$1,250 lump sum
- Outpatient Minor / Venipuncture	Plan pays \$75 / \$25 lump sum	Plan pays \$75 / \$25 lump sum	Plan pays \$75 / \$25 lump sum
Anesthesiology	Plan pays \$250 lump sum	Plan pays \$375 lump sum	Plan pays \$625 lump sum
Accidental Death & Dismemberment	Plan pays \$10,000 (Empl. Only)	Plan pays \$10,000 (Empl. Only)	Plan pays \$10,000 (Empl. Only)
Critical Illness Benefit	Not Included	Not Included	\$10,000 lump sum
*Beech Street Network	Included	Included	Included
*Prescription Program	Preferred Brand and Generic Drugs: \$10,\$20, \$40 or less. Discounts on Non-Preferred Drugs.	Preferred Brand and Generic Drugs: \$10,\$20, \$40 or less. Discounts on Non-Preferred Drugs.	Preferred Brand and Generic Drugs: \$10,\$20, \$40 or less. Discounts on Non-Preferred Drugs.
*Discount Program	24-Hour Nurseline, Telephonic Counseling (EAP), Vision, Chiropractic, and Hearing	24-Hour Nurseline, Telephonic Counseling (EAP), Vision, Chiropractic, and Hearing	24-Hour Nurseline, Telephonic Counseling (EAP), Vision, Chiropractic, and Hearing
*These benefits are not underwritten by Standard Security Life Insurance Company of New York. The discount plan and prescription plan are not insurance and only provide for discounted health care services from participating providers within the plan.			

Monthly Voluntary Rates- All Inclusive, NO ADDITIONAL FEES!

Individual Only	\$104.99	\$204.18	\$253.79
Individual Plus Child(ren)	\$159.69	\$317.54	\$379.99
Individual Plus Spouse	\$255.87	\$516.57	\$617.92
Individual Plus Family	\$269.27	\$549.70	\$653.02

Underwritten by:



This brochure is a brief description only of the benefits and provisions of the Group Policy. The Certificate of Insurance should be read for more complete descriptions of all plan benefits, limitations, exclusions and provisions.

Group Policy: SSL LMB POL 0106

**You must enroll within 60 days of becoming a Travel Site Owner
Have your Travel Site Owner number ready and call 1-800-517-4966 to enroll!**

Optional Benefits

These optional benefits can be added to any Medical plan at the rates shown below. When elected on a stand alone basis, you will also receive the Discount Program (details below) at a monthly rate of \$5.00.

Dental Benefit

\$50 deductible, \$500 annual maximum

- Type 1 (Preventive) - No waiting period, paid at 80%.
- Type 2 (Basic) - 6 month waiting period, paid at 80%
- Type 3 (Major) - 6 month waiting period, paid at 50%
- Type 4 (Orthodontia) - 12 month waiting period, paid at 50%
- Ortho - Under 19 years old, lifetime maximum is \$500

Dental - Monthly Rates

Employee Only	\$18.85
Employee Plus Child(ren)	\$32.05
Employee Plus Spouse	\$49.59
Employee Plus Family	\$55.05

Vision Care Benefit

Covered vision care expenses are paid at 80%. \$300 maximum benefit per person per calendar year. 1 exam every 12 months. 1 pair of glasses / contacts every 24 months.

Vision - Monthly Rates

Employee Only	\$6.84
Employee Plus Child(ren)	\$10.95
Employee Plus Spouse	\$17.99
Employee Plus Family	\$18.81

Life Insurance/Accidental Death and Dismemberment Benefit

Option 1:

\$10,000 Benefit. The Life Insurance Benefits reduce by 35% of the original amount upon attainment of Age 65, and by an additional 35% each five year period thereafter.

Dependent Life Insurance

\$2,500 Spouse; \$1,250 Child (to 19 years, 26 years if a Full Time Student).

Life Option 1 - Monthly Rates

Employee Only	\$6.44
Employee Plus Child(ren)	\$8.37
Employee Plus Spouse	\$10.08
Employee Plus Family	\$12.01

Option 2:

\$50,000 Benefit. The Life Insurance Benefits reduce by 35% of the original amount upon attainment of Age 65, and by an additional 35% each five year period thereafter.

Dependent Life Insurance

\$2,500 Spouse; \$1,250 Child (to 19 years, 26 years if a Full Time Student).

Only One Life Insurance option may be elected, they cannot be combined.

Life Option 2 - Monthly Rates

Employee Only	\$30.07
Employee Plus Child(ren)	\$31.98
Employee Plus Spouse	\$33.67
Employee Plus Family	\$35.58

Additional Coverage and Programs—

These benefits are not underwritten by Standard Security Life Insurance Company of New York.

PRESCRIPTION PROGRAM

The following prescription coverage is included with the Medical Plans:

- **Preferred Brand and Generic Drugs** - \$10, \$20, \$40 or less for the scheduled quantity and dose
- **Non-Preferred Drugs** - Discounts apply
- **Mail Order Pharmacy**

The Tiered Pricing Pharmacy card is accepted at over 48,000 pharmacies throughout the United States. The network includes pharmacy chains such as Rite Aid, Medicine Shoppe, Walgreen's and more as well as thousands of independent pharmacies nationwide. Pharmacy locations may be obtained by contacting customer service at 800-800-7616. If a neighborhood pharmacy is not already participating in our network, please have them call us at 800-800-7616. We will send them information about how they can participate in the network so that you can take advantage of the savings at your pharmacy of choice.

DISCOUNT PROGRAM

Your membership provides significant savings on the following coverages:

- **Vision**
- **Hearing**
- **Chiropractic**
- **Vitamins & Nutritional Supplements**

In Addition, Members receive access to the following:

- **24 Hour Nurseline**
- **Counseling Services**

BEECH STREET NETWORK

Beech Street is a network in 39 states and the District of Columbia. Beech Street contracts with Hospitals and Physicians to receive discounts on medical expenses. You may be eligible to receive these discounts if you receive services from one of these providers. You can locate a Beech Street provider by going to their website www.beechstreet.com or by calling 800-877-1444. You should call the provider and confirm that they participate in the Beech Street network. When you arrive at the providers office you should show them your ID card with the Beech Street logo. This network is not available in the states of Arkansas, Iowa, Idaho, Louisiana, Mississippi, Montana, Nebraska, Utah, Washington, Wisconsin and West Virginia.

Members retain the ability to choose any doctor they wish and have those claims assigned. All benefits will pay as specified in the benefit provisions of the policy regardless of the provider chosen.



Important Notices: This drug benefit is not considered "Creditable Coverage" under the new Medicare Part D regulations. Medicare-eligible individuals may have to pay higher costs if they delay enrolling in the new Medicare Pharmacy plan.

Frequently Asked Questions

When can I enroll?

All Travel Site Owners are eligible to enroll within 60 days of becoming an active Travel Site Owner. You must contact the Enrollment Center to enroll in the program. Coverage will be effective on the first of the next month for those who enroll by the 18th of a month. Those calling to enroll between the 19th and end of the month will be effective the first of the month after next. Example: enroll on 1/15/09, coverage is effective 2/1/09; enroll on 1/21/09, coverage is effective 3/1/09. New Travel Site Owners must enroll within 60 days of becoming an active Travel Site Owner.

I am a Secondary Travel Site Owner, can I enroll?

Yes, both Primary and Secondary Travel Site Owners are eligible to enroll. Please specify that you are a Secondary Travel Site Owner when giving the Enrollment Center your Travel Site Owner number.

How do I pay my premiums?

Premium will be collected via the credit card account you provide during your enrollment. Premium will be deducted on the 20th of the month prior to your coverage effective date (i.e. premium deducted on November 20th for December coverage). If you do not have a deduction, you will need to submit a Missed Premium form along with your payment for that coverage period.

Can I use any doctor or hospital?

You're allowed to use any licensed doctor or hospital. There are no networks or doctor directories you are required use; however, you can maximize your savings by using a provider that participates in the Beech Street Network. There are no deductibles that have to be paid before the medical insurance covers an eligible expense. Most of the benefits have a calendar year maximum per covered person.

What type of coverage will I and my eligible dependents have?

This is a limited benefit health insurance plan designed to provide coverage for many of your everyday health care needs. While the coverage does not provide benefits that are unlimited in nature and would not cover catastrophic health needs it does provide basic, valuable benefits.

Will I receive an ID card?

Yes, you will receive a fulfillment package including information for your medical, prescription and discount plan. The package includes your ID cards, a Benefit Guide and a Benefit Booklet. These will be mailed to your home address.

Are there any Pre-Existing Condition Limitations under this policy?

There are no Pre-Existing Condition Limitations under the policy on the prescription program, discount program or medical benefits except for the Critical Illness benefit. There are no medical questions to answer when enrolling.

Do I have to use a network pharmacy or formulary drug list?

Yes, you will receive a booklet in your packet listing drugs covered under the tiers as well as drugs that will be discounted. This booklet will also include a list of participating pharmacies. You can also access this information online at www.tieredpharmacy.com.

How do I submit a claim?

At the time of service, present your Standard Security Life medical insurance card to the provider and ask the provider to file the claim directly with Standard Security Life. If the provider is unwilling to file the claim on your behalf, you can submit the claim yourself and be reimbursed. Claim forms are available by calling Member Services.

Whom can I contact if I have questions about my benefits?

Call Member Services on their toll-free number, 1-800-822-3906 and a customer service representative will assist you.

Brief Statement of Policy Provisions Relating to Premiums, Renewability and Termination

The policy is renewable at the option of the Company or the insurer.

The insurer reserves the right (subject to state specific requirements) to change the premiums upon 31 days prior written notice.

Coverage may be terminated by the Policyholder or the Insurance Company upon 31 days written notice to the other party, and for other reasons stated in the group policy, such as: failure by the Policyholder to pay the required premium; if you are no longer eligible for this insurance; or you are no longer in an eligible class.

Important Notices: This program is Limited Medical Insurance and is not intended or recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This brochure is for summary purposes only. The insurance is being offered by Standard Security Life Insurance Company of New York, and a detailed Certificate of Coverage will be provided upon enrollment, or upon request. For costs and further details of coverage, including exclusions, restrictions, or limitations and the terms under which the policy may be continued in force, write Standard Security Life Insurance Company of New York.

Medical Insurance Benefit Descriptions

Doctor's Office Visits Indemnity Benefit - due to Illness, Accident or Medical Emergency

Benefit payable per visit per covered person. Routine exams, immunizations and Preventive Care are not covered under this benefit.

Outpatient Diagnostic X-Ray and Lab Indemnity Benefit

Benefit is payable per day per covered person, when Hospital Confinement is not required. Routine and Preventive Lab Tests and X-rays are not covered under this benefit.

Advanced Studies Indemnity Benefit

Benefit payable per day of testing per covered person, when a Hospital Confinement is not required. MRIs, CT scans and other advanced diagnostic tests are covered under this benefit. Routine Advanced Studies are not covered.

Preventive Care Indemnity Benefit

Benefit payable per visit per covered person. Routine exams, immunizations and other Preventive Care as defined in the coverage, are covered under this benefit.

Accident Expense Benefit

Up to 100% of charges incurred are payable within 90 days of an Accidental Bodily Injury. Benefit is per accident.

Emergency Room Visit

Benefit is paid for a covered person who has an ER visit as a result of a non-occupational illness which does not result in a hospital admission.

Daily In-Hospital and Skilled Nursing Facility Indemnity Benefit

Daily In-Hospital Benefit -- Benefit payable per day. Up to a Lifetime Maximum of 500 days of confinement (except for Substance Abuse, Mental Illness Disorder, and In-patient Skilled Nursing Facility).

Intensive Care Unit -- Double the Daily In-Hospital Benefit will be paid, up to a maximum of 30 days per Calendar Year.

Mental Illness Disorder -- 50% of the Daily In-Hospital Benefit will be paid, up to a maximum \$5,000 per Calendar Year. Lifetime Maximum \$30,000.

Substance Abuse -- 50% of the Daily In-Hospital Benefit will be paid, up to a maximum of 30 days per Calendar Year. Lifetime Maximum \$30,000.

In-patient Skilled Nursing Facility -- 50% of the Daily In-Hospital Benefit will be paid. Maximum benefit per Covered Person per period of confinement is 60 days. The confinement is covered only if it follows a covered Hospital stay of at least 3 days.

First Day Hospital Admission Indemnity Benefit

If elected this benefit pays an additional amount equal to one times the hospital benefit for each hospital stay.

Inpatient, Outpatient, Outpatient Minor and Outpatient Venipuncture Surgical Indemnity Benefit

No benefit will be paid for dentistry or oral surgery.

Inpatient benefit is payable for one procedure per year or two or more within the same surgical session.

Outpatient benefit is payable for one procedure per year or two or more within the same surgical session other than outpatient minor procedures and outpatient Venipuncture.

Outpatient Minor benefit is payable at a flat benefit level for one procedure per year or two or more within the same surgical session.

Outpatient Venipuncture benefit is payable at a flat benefit level for one procedure per year.

Anesthesiology Indemnity Benefit

If coverage includes Inpatient, Outpatient, Outpatient Minor and Outpatient Venipuncture Surgical benefit, an amount equal to 25% of the surgical benefit will be paid for anesthesiology.

Accidental Death and Dismemberment Benefit

The AD&D Benefits reduce by 35% of the original amount upon attainment of Age 65, and by an additional 35% each five year period thereafter.

Critical Illness Benefit

Benefit pays the primary insured, a lump-sum payment upon the first diagnosis by a physician of a covered critical illness. 100% of the benefit amount may be paid for the following covered conditions as defined in the Group Policy: Heart Attack, Invasive Cancer, Stroke, Kidney Failure, Major Organ Transplant, Paralysis, Loss of Limbs. The Spouse benefit amount is 50% of the primary insured benefit amount and the Child benefit amount is 25% of the primary insured benefit amount. Limited benefits are available if diagnosis or a Specified Health Event occurs in the first 30 days of coverage. Once First Occurrence Benefits have been paid for a covered person, Critical Care Coverage ends for that covered person. Benefits are not payable in connection with a Pre-Existing Condition during the initial 12 consecutive months the covered person has been covered under the Policy. A Specified Health Event resulting from a Pre-Existing Condition commencing thereafter will be covered unless excluded by the Policy.

A Pre-Existing Condition means any illness or injury for which a covered person received any diagnosis, medical advice or treatment or had taken any Prescription Medicines during the 12 months immediately preceding the effective date of the covered person's coverage under the Policy and this Rider.

**You must enroll within 60 days of becoming a Travel Site Owner
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Standard Security Life Insurance Company of New York—EXCLUSIONS AND LIMITATIONS FROM COVERAGE

The Policy does not provide any Benefits for the following confinements, visits, charges, treatment, services or supplies for or related to:

1. Preventive Services which are not Medically Necessary for the treatment of Illness or Injury, except as specified in the Preventive Care Indemnity Benefit, if shown in the Schedule of Benefits; or
2. Any treatment, service or supply which is not due to an Illness or Injury; or
3. Any treatment, service or supply which is not recommended by a Doctor; or
4. Any treatment, service or supply which is not Medically Necessary; or
5. Treatment, services or supplies for which no charge is made or for which the Covered Person is not required to pay; or
6. Any treatment, service or supply provided by a government owned or operated facility or by government employed health care providers, unless the Covered Person is legally required to pay the charges incurred; or
7. Hospital and Doctor charges for weekend Hospital admissions occurring between noon on any Friday and noon the following Sunday for non-emergency procedures, unless Medically Necessary or unless surgery is scheduled for the next day; or
8. An Illness or Injury which arises out of or in the course of any employment for wage or profit or an Illness or Injury for which the Covered Person has or had a right to recovery under any Workers' Compensation or Occupational Disease Law; or
9. Physical or psychological examinations required by any third party, such as by a court or for employment, licensing, insurance, school, sports or recreational purposes; or
10. An Illness or Injury incurred while on active duty with the military of any country or international organization; or
11. An Illness or Injury resulting from war or any act of war (declared or undeclared) or the participation in a riot or insurrection; or
12. An Illness or Injury incurred (a) during the commission or attempted commission of a crime or felony or while engaged in an illegal act; or (b) while imprisoned; or
13. Treatment, services or supplies for any loss sustained, incurred due to, or contracted as a consequence of a Covered Person (a) being intoxicated; or (b) being under the influence of any illegal narcotic, barbiturate, hallucinatory or other drug, unless administered by a Doctor and taken in accordance with the prescribed dosage. A Covered Person is conclusively determined to be intoxicated by drug or alcohol if a chemical test administered in the jurisdiction where the loss or cause of loss occurred is at or above the legal limit set by that jurisdiction; or
14. Treatment, services or supplies to improve the appearance or self-perception of a Covered Person, which does not restore a bodily function including, without limitation, cosmetic or plastic surgery, hair loss or skin wrinkling, or the complications of any such treatment; or
15. Treatment, services or supplies for (a) breast augmentation; (b) the removal of breast implants unless Medically Necessary and related to surgery performed as reconstructive surgery due to a Sickness; and (c) breast reduction surgery unless Medically Necessary due to a Sickness; or
16. Surgery to correct refractive errors, such as radial keratotomy or radial keratectomy; or
17. Routine eye exams, glasses, visual therapy, or contact lenses; except as specified in the Vision Benefit Rider, if shown in the Schedule of Benefits; or
18. Routine hearing exams to assess the need for, or change to, hearing aids; and the purchase, fittings or adjustments of hearing aids; or
19. Penile implants and fertility and sterility studies; or
20. Treatment, services or supplies: (a) to restore or enhance fertility; or (b) to reverse sterilization; or
21. Impregnation techniques such as: (a) artificial insemination; or (b) in vitro fertilization; including but not limited to: artificial insemination, in vitro zygote and intra-fallopian transfers, gamete intra-fallopian transfer, genetic counseling, and all charges related to such in vitro fertilization; or
22. Voluntary abortion; except if the life of the mother would be in danger if the fetus were carried to term, or except for complications of a voluntary abortion; or
23. Mental Illness Disorders and Substance Abuse except as specified in the Hospital Inpatient and Skilled Nursing Facility Daily Indemnity Benefit; or
24. Treatment, services or supplies to eliminate or reduce a dependency on or an addiction to tobacco, including but not limited to: nicotine withdrawal programs; nicotine products, such as transdermal patches and gums; hypnotism; and goal oriented behavioral modification; or
25. Marriage or family counseling, recreational therapy, equine therapy, educational therapy, social therapy, or sex therapy; or
26. Sexual reassignments or sexual dysfunctions or inadequacies; or
27. Meridian therapy (acupuncture); or
28. Treatment, services or supplies related to paring or removal of corns, calluses, bunions or toenails (other than partial or complete removal of nail roots); or
29. Treatment, services or supplies related to the feet by means of posting or strapping, or range of motion studies; or
30. Orthotics; or
31. Treatment, services or supplies for obesity or weight reduction, including wiring of the teeth and all forms of intestinal bypass surgery and complications resulting from such surgery; or
32. Treatment, services or supplies received from a Doctor or other provider if such person is: (a) a person who ordinarily resides in Your household, (b) a member of Your immediate family or (c) the Policyholder; or
33. Custodial Care, regardless of who prescribes or renders such care; or
34. Treatment, services or supplies received or purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, for a period not to exceed 90 days, and the charges are incurred for an Emergency, provided the treatment, services or supplies used in connection with the Emergency are approved for use in the United States; or
35. Telephone consultations, missed appointment fees and fees for completing claim forms; or
36. Treatment, services or supplies for complications of conditions that are not covered under the Policy except for complications of a voluntary abortion; or
37. Prescription Medications, except as specified in the Outpatient Prescription Medication Indemnity Benefit, if shown in the Schedule of Benefits; or
38. Treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause; except as specified in the Dental Benefit Rider, if shown in the Schedule of Benefits; or
39. Treatment, services or supplies as the result of prognathism, retrognathism, micrognathism, or any treatment, services or supplies to reposition the maxilla (upper jaw) mandible (lower jaw), or both maxilla and mandible, unless due to an Injury, which occurs while covered under the Policy, to Sound Natural Teeth, provided that such treatment is received within 12 months following the date of Injury; or
40. Treatment, services or supplies provided for temporomandibular joint (TMJ) dysfunction; or
41. Physical, speech and occupational therapy; or
42. Hospice Care; or
43. Home Health Care.

All policies described herein, except the Prescription Program and the Discount Programs, are offered by Standard Security Life Insurance Company of New York.