The mission of Bridge Healthcare Plan is to provide uninsured individuals and their family members residing in Wayne County with quality health benefits they can afford.

Thanks to this unique program, those who were once uninsured now have access to quality healthcare coverage that can be used for valuable benefits, such as doctor visits, prescriptions, lab tests and x-rays, and hospitalization.

The key to Bridge Healthcare Plan’s success is that it offers an affordable medical healthcare program with an attractive benefit package. The intent of this program is to provide basic healthcare insurance to uninsured members/member/employees that currently have no coverage. And the program offers affordable premiums for all parties involved.

The new Bridge Healthcare Plan is specifically designed for, and restricted to individuals (members) and employees that currently have no health insurance, have not had health insurance for the last 12 months, and do not qualify for government coverage of any kind. Bridge Healthcare Plan eliminates most of the typical obstacles to providing healthcare protection.

Bridge Healthcare Plan is a valuable program for you and your family in light of the fact that it:

- Asks no health questions
- Requires no deductibles or co-insurance - it is easy to use and understand
- Is Guarantee Issue and has no pre-existing limitations or exclusions
- Allows for full coverage and no “balanced bill due” if Primary Network is used
- Has no coordination of benefits
- Takes payment via payroll deduction and credit card
- For employer sponsored enrollment, the plan contains a COBRA provision – you can take it with you if you leave your employer.

Bridge Healthcare Plan is a phenomenal healthcare solution for the uninsured and their families. It is a high-quality, affordable healthcare program featuring more comprehensive benefits than other programs that are currently available.
The Bridge Health Plan plan is one of the most flexible, innovative and affordable plans on the market today. The following is an overview of the plan design and premium pricing.

### INSURANCE BENEFIT

<table>
<thead>
<tr>
<th>INSURANCE BENEFIT</th>
<th>Fidelity Security Life Limited Medical Benefit</th>
<th>Bridge Healthcare Plan Medical Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily In-Hospital Indemnity Benefit</td>
<td>$500</td>
<td>✓</td>
</tr>
<tr>
<td>Hospital Emergency Room Indemnity Benefit</td>
<td>$500</td>
<td>✓ (Hospital only)</td>
</tr>
<tr>
<td>Surgery &amp; Anesthesia Indemnity Benefit</td>
<td>$2,000/$400</td>
<td>✓</td>
</tr>
<tr>
<td>Mental &amp; Nervous Hospital Indemnity Benefit</td>
<td>$0</td>
<td>✓</td>
</tr>
<tr>
<td>Substance Abuse Hospital Indemnity Benefit</td>
<td>$0</td>
<td>✓</td>
</tr>
<tr>
<td>Outpatient Physician Office Indemnity Visits</td>
<td>$50 Per Visit</td>
<td>✓</td>
</tr>
<tr>
<td>Outpatient Testing/Diagnostic X-Ray &amp; Laboratory Indemnity Benefit</td>
<td>$150</td>
<td>✓</td>
</tr>
<tr>
<td>Wellness Indemnity Benefit</td>
<td>$150</td>
<td>✓</td>
</tr>
<tr>
<td>Ambulance Indemnity Benefit</td>
<td>$150</td>
<td></td>
</tr>
<tr>
<td>Outpatient Prescription Drug Benefit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Copay &amp; Discount for Brand Drugs</td>
<td>$15 Co-Pay for Generic Formulary Drugs</td>
<td></td>
</tr>
<tr>
<td>$15 Co-Pay for Oral Formulary Contraceptives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Group Term Life Insurance &amp; AD&amp;D</td>
<td>$5,000 Employee Only</td>
<td></td>
</tr>
<tr>
<td>Utilization, Chronic Disease Management, &amp; Nurse Navigator Coaching</td>
<td>Included</td>
<td></td>
</tr>
<tr>
<td>PPO Network Wrap Network—MultiPlan</td>
<td>Included</td>
<td></td>
</tr>
</tbody>
</table>

### COST OF BENEFITS

<table>
<thead>
<tr>
<th>PREMIUMS BY PAYROLL</th>
<th>MEMBER ONLY</th>
<th>MEMBER &amp; SPOUSE</th>
<th>SPOUSE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>$122.05</td>
<td>$211.24</td>
<td>$122.05</td>
</tr>
<tr>
<td>Semi-Monthly</td>
<td>$61.03</td>
<td>$105.62</td>
<td>$61.03</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>$56.33</td>
<td>$97.50</td>
<td>$56.33</td>
</tr>
<tr>
<td>Weekly</td>
<td>$28.17</td>
<td>$48.75</td>
<td>$28.17</td>
</tr>
</tbody>
</table>

**NOTE:** Rates include non-insurance fees for Care Management, Network Services through Ohio Health Choice, and Association Benefits through the National Association for Benefit Solutions (NABS).
Plan Eligibility

Eligibility for participation in Bridge Healthcare Plan requires that individuals do not exceed 200% of the Federal Poverty Level (FPL). Individuals with children eligible for Healthy Start will not be able to enroll them in Bridge Healthcare Plan. Additional eligibility criteria consist of the following:

For Employer Sponsored Groups:

- For employer sponsored groups enrolling in Bridge Healthcare Plan and Fidelity Security Life Insurance Company they must have a minimum of 51 eligible member/employees;

- Eligible employees must not earn more than 200% of the Federal Poverty Level (FPL);

- Employers must offer Bridge Healthcare Plan to all eligible employees;

- Employer and employee contributions are acceptable - employer contributions are highly recommended in order to increase enrollment;

- Employer’s business and the employees residence must be located in the Wooster Community Hospital service area - or the county of Wayne;

- Employers must not have offered any employee medical coverage in the most recent twelve (12) month period or employee must not have been enrolled in any medical plan in the most recent twelve (12) month period;

- Employees covered under a major medical plan and do not have their dependents covered under the plan can enroll their dependents under Bridge Healthcare Plan if they meet the member/employee’s eligibility criteria; and

- No employee or dependent must be eligible for any public health insurance program regardless of whether they are enrolled or not.

For Individual or Small Group Enrollment:

- Individuals and employer groups under 51 employee lives can enroll in Bridge Healthcare Plan through an approved Ohio Trust -

- Eligible employees must not earn more than 200% of the Federal Poverty Level (FPL);

- Employers must offer Bridge Healthcare Plan to all eligible members/employees;

- Employer and member/employee contributions are acceptable - employer contributions are highly recommended in order to increase enrollment;

- Employer’s business and the members/employees residence must be located in the Wooster Community Hospital and participating providers service area - or the county of Wayne;
The table above is the 2009 Poverty Guidelines for the 48 Contiguous States and the District of Columbia.

<table>
<thead>
<tr>
<th>SIZE OF FAMILY UNIT</th>
<th>POVERTY GUIDELINES</th>
<th>200 PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10,830.00</td>
<td>$21,660.00</td>
</tr>
<tr>
<td>2</td>
<td>$14,570.00</td>
<td>$29,140.00</td>
</tr>
<tr>
<td>3</td>
<td>$18,310.00</td>
<td>$36,620.00</td>
</tr>
<tr>
<td>4</td>
<td>$22,050.00</td>
<td>$44,100.00</td>
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<tr>
<td>5</td>
<td>$25,790.00</td>
<td>$51,580.00</td>
</tr>
<tr>
<td>6</td>
<td>$29,530.00</td>
<td>$59,060.00</td>
</tr>
<tr>
<td>7</td>
<td>$33,270.00</td>
<td>$66,540.00</td>
</tr>
<tr>
<td>8</td>
<td>$37,010.00</td>
<td>$74,020.00</td>
</tr>
</tbody>
</table>

- Employers must not have offered any member/employee medical coverage in the most recent twelve (12) month period or member/employee must not have been enrolled in any medical plan in the most recent twelve (12) month period;
- Employees covered under a major medical plan and do not have their dependents covered under Bridge Healthcare Plan if they meet the member/employee’s eligibility criteria;
- No member/employee or dependents must be eligible for any public health insurance program regardless of whether they are enrolled or not; and
- Individual members enrolled in Bridge Healthcare Plan are required to stay in the plan for a twelve (12) month plan year cycle. If the plan is canceled for any reason, the member must wait until their normal plan year cycle in order to reapply.
What is Bridge Healthcare Plan?
Bridge Healthcare Plan is a community-based health program sponsored by Wooster Community Hospital and participating providers and operating exclusively in Wayne County. The mission of Bridge Healthcare Plan is to improve the health of the uninsured residents in our community.

What restrictions are there on the selected physicians and hospitals?
In order to qualify for full benefits you must access services and medical providers of Wooster Community Hospital and participating providers. However, you can visit any doctor or hospital. Keep in mind that should you visit a non-Wooster Community Hospital or non-participating provider you can be balanced billed for services over and above what the plan pays.

How are claims processed?
Benefits access through Wooster Community Hospital and participating providers will be assigned and paid in full. For all other medical providers not part of Wooster Community Hospital and participating providers, benefits will be paid directly to the physician or hospital by the plan. If the billed amount exceeds the plan specific benefit amount, the provider will bill the member/employee for the difference. Some providers will require that the entire bill be paid up-front. In such cases, the member/employee can obtain a claim form from our website (or your office) and would submit it along with valid receipts to KBA for reimbursement. You will find the information for submitting a claim on your claim form. Claims processing will typically be initiated within 10 working days of receipt. If you have a question about your claim, call 866-387-3402 between 8:30 AM and 7:00 PM EST.

Will members/member/employees get insurance cards?
Yes, a card will be issued once the enrollment has been approved.

When is Coverage Effective?
You or your employer selects the effective date and your effective date of coverage will be stated in your Benefit Summary and Outline of Coverage.

Who should consider enrolling in Bridge Healthcare Plan?
The decision should be based on a combination of affordability and coverage needs.

Includes benefits for:
- Hospital Stays
- Surgery & Anesthesia
- Physician Office Visits
- Prescription Drugs
- X-ray & Laboratory Expenses
- Term Life
An affordable product with an attractive benefit package
Primary Network Medical Providers

Cardiology
Paul Moodispaw, MD
Alexandros Nicolozakes, MD
Cyril Ofori, MD
The Wooster Heart Group
546 Winter Street, Suite 110
Wooster, OH 44691
330.202.5700

Endocrinology
Everett Burgess, MD
Wooster Endocrinology
3727 Friendsville Road
Wooster, OH 44691
330.202.3430

Family Practice
Jianming Han, MD, Ph.D
Wooster Family Medicine
128 East Milltown Road, Suite 208
Wooster, OH 44691
330.202.3422

Amy Jolliff, MD
John K. Miller, MD
Christopher Ranney, MD
Eric Smith, MD
Milltown Family Physicians
128 East Milltown Road, Suite 105
Wooster, OH 44691
330.345.8060

Infectious Disease
Denise Signs, MD
Wooster Infectious Disease
3727 Friendsville Road
Wooster, OH 44691
330.202.3434

Internal Medicine
Tushar Patel, MD
Internal Medicine of Wooster
128 East Milltown Road, Suite 101
Wooster, OH 44691
330.202.3330

Plastic & Reconstructive Surgery
James Slaby, MD
Wooster Plastic Surgery
128 East Milltown Road, Suite 101
Wooster, OH 44691
330.202.3350

Wooster Community Hospital*
1761 Beall Avenue
Wooster, OH 44691
330.263.8100

* Includes the Hospitalists and Radiologists
Wooster Community Hospital
Wooster Community Hospital offers a full complement of inpatient and outpatient services to the patients in Wayne and adjacent counties. Working in cooperation with excellent physicians in our community, Wooster Community Hospital has been consistently recognized for providing excellence in patient care and satisfaction, as well as being a low cost hospital. We have been nationally recognized by Thomson Reuters and Consumer Reports. For more information, visit www.woosterhospital.org.

Fidelity Security Life Insurance Company (FSL)
FSL is the insurance company underwriting the health indemnity, term life and prescription drug insurance benefits. FSL is located in Kansas City, Missouri, and has been rated A- (Excellent) based on an analysis of financial position and operating performance by A.M. Best Company, an independent analyst of the insurance industry.

Key Benefit Administrators (KBA)
KBA is one of the largest, privately held third party administrators (TPA) organizations in the country. KBA is licensed as a TPA, as required by certain states. Along with FSL, KBA services a large variety of group benefit plans and provides various functions like policy issue, billing and collection, customer service, claims, COBRA continuation, HRA, HSA, FSA, and Section 125 administration. It serves over half a million members, and processes over two million transactions per year. The company has offices in Indianapolis, Indiana and Fort Mill, South Carolina.

For more information, please contact:

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Office 330.345.5000 ext. 229 / Mobile 330.317.6651 / Fax 330.345.7409
chrisvanderzyden@whitaker-myers.com
www.whitaker-myers.com

This brochure is not a contract.
The Group Master Policy, including certificate, will describe the complete terms, conditions, provisions, benefits, limitations, and exclusions by state. In case of conflict between this flier including Benefit Summary and Outline of Coverage, and the Master Policy, the language of the Master Policy is overriding. Some provisions, benefits, exclusions or limitations herein may vary by state. Not available in all states.