

Plan Type: Grandfathered Hospital Medical Surgical Plan
Form Number: BU-303-67
Plan Code: BU303

QTL	Medical Surgical Benefits	Mental Health Benefits
Deductible	\$500.00	\$500.00
Copay	None	None
Coinsurance	100%; 80% depending on services received	100%; 80% depending on services received
Annual Limit	None	None
Lifetime Limit	None	None
Maximum Benefit Amount	There is none for the policy. Individual benefits can have a maximum. See lines 8, 9, 10.	There is none for the policy. Individual benefits can have a maximum. See lines 8, 9, 10.
Maximum Daily Hospital Expense	\$25.00 per day	\$25.00 per day
Maximum Miscellaneous Hospital Expense	80% of Covered Expenses after deductible of up to Maximum of \$10,000.00 per injury or sickness	
Maximum Surgical Expense	\$1,000.00 per surgery based on surgical schedule	\$1,000.00 per surgery based on surgical schedule
Maximum Anesthesia Expense	15% Surgeon amount paid for Surgery	15% Surgeon amount paid for Surgery
Other Medical Services, Private Nurse, Blood & Plasma and Ambulance	80% of Covered Expenses after deductible of up to Maximum of \$10,000.00 per injury or sickness	80% of Covered Expenses after deductible of up to Maximum of \$10,000.00 per injury or sickness
Private Duty Nursing Expense	80% of Covered Expenses after deductible of up to Maximum of \$10,000.00 per injury or sickness	80% of Covered Expenses after deductible of up to Maximum of \$10,000.00 per injury or sickness

Definition of QTL:

A type of financial requirement or quantitative treatment limitation is considered to apply to substantially all medical/surgical benefits in a classification of benefits if it applies to at least two-thirds of all medical/surgical benefits in that classification. (For this purpose, benefits expressed as subject to a zero level of a type of financial requirement are treated as benefits not subject to that type of financial requirement, and benefits expressed as subject to a quantitative treatment limitation that is unlimited are treated as benefits not subject to that type of quantitative treatment limitation.) If a type of financial requirement or quantitative treatment limitation does not apply to at least two-thirds of all medical/surgical benefits in a classification, then that type cannot be applied to mental health or substance use disorder benefits in that classification.

NQTL	Medical Surgical Benefits	Mental Health Benefits
medical management standards limiting or excluding benefits based on medical necessity or medical appropriateness, or based on whether the treatment is experimental or investigative (including standards for concurrent review);	None*	None*
formulary design for prescription drugs;	None	None
network tier design	N/A	N/A
standards for provider admission to participate in a network, including reimbursement rates;	N/A	N/A
plan methods for determining usual, customary, and reasonable charges;	None	None
fail-first policies or step therapy protocols;	None	None
exclusions based on failure to complete a course of treatment; and	None	None
restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits for services provided under the plan or coverage.	Treatment in a US Govt facility for treatment of members or former members of the armed forces Expenses are not covered for confinement in a convalescent home or doctor visits/private nursing care while an insured is not hospital confined.	Treatment in a US Govt facility for treatment of members or former members of the armed forces Expenses are not covered for confinement in a convalescent home or doctor visits/private nursing care while an insured is not hospital confined.

Notes:

*Medical necessity provisions and reasonable and customary provisions are included within the policy; however, Transamerica does not deny for medical necessity and does not apply reasonable and customary charge plan methods

*Benefits under this plan are paid based type of service (e.g. hospital, prescription, doctor office visit, etc.) and not on whether the service provided is a medical/surgical, mental health, or substance use disorder condition. Language in the policy limiting benefits for mental illness is not applied to claims.

Plan Type: Grandfathered Hospital Medical Surgical Plan
Form Number: 5-572 58-164
Plan Code: GH4

QTL	Medical Surgical Benefits	Mental Health Benefits
Deductible	\$50.00	\$50.00
Copay	None	None
Coinsurance	100%; 80% depending on services received	100%; 80% depending on services received
Annual Limit	None	None
Lifetime Limit	None	None
Maximum Benefit Amount	There is none for the policy. Individual benefits can have a maximum. See lines 8, 9, 10.	There is none for the policy. Individual benefits can have a maximum. See lines 8, 9, 10.
Maximum Daily Hospital Expense	\$15.00 - \$25.00 per day	\$15.00 - \$25.00 per day
Maximum Surgical Expense	\$600.00 - \$900.00 per surgery based on surgical schedule	\$600.00 - \$900.00 per surgery based on surgical schedule
Maximum Convalescent Home Expense	\$7.50 - \$12.50 per day	\$7.50 - \$12.50 per day
Maximum Anesthesia Expense	15% Surgeon amount paid for Surgery	15% Surgeon amount paid for Surgery
Maximum Assistant Surgeon Expense	15% Surgeon amount paid for Surgery	15% Surgeon amount paid for Surgery
Medical Supplies and Services (other than surgery) Expense	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness
Private Duty Nursing Expense	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness
Prosthetic Appliance Expense	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness
Ambulance Expense	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness

Definition of QTL:

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NQTL

medical management standards limiting or excluding benefits based on medical necessity or medical appropriateness, or based on whether the treatment is experimental or investigative (including standards for concurrent review);
formulary design for prescription drugs;
network tier design
standards for provider admission to participate in a network, including reimbursement rates;
plan methods for determining usual, customary, and reasonable charges;
fail-first policies or step therapy protocols;
exclusions based on failure to complete a course of treatment; and
restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits for services provided under the plan or coverage.

Medical Surgical Benefits

None*
None
N/A
N/A
None
None
None
Treatment in a US Govt facility for treatment of members or former members of the armed forces
Expenses are not covered for confinement in a convalescent home or doctor visits/private nursing care while an insured is not hospital confined.

Mental Health Benefits

None*
None
N/A
N/A
None
None
None
Treatment in a US Govt facility for treatment of members or former members of the armed forces
Expenses are not covered for confinement in a convalescent home or doctor visits/private nursing care while an insured is not hospital confined.

Notes:

*Medical necessity provisions and reasonable and customary provisions are included within the policy; however, Transamerica does not deny for medical necessity and does not apply reasonable and customary charge plan methods

*Benefits under this plan are paid based type of service (e.g. hospital, prescription, doctor office visit, etc.) and not on whether the service provided is a medical/surgical, mental health, or substance use disorder condition. Language in the policy limiting benefits for mental illness is not applied to claims.

Plan Type: Grandfathered Hospital Medical Surgical Plan
Form Number: 5-572 58-166
Plan Number: GH10

QTL	Medical Surgical Benefits	Mental Health Benefits
Deductible	\$50.00	\$50.00
Copay	None	None
Coinsurance	100%; 80% depending on services received	100%; 80% depending on services received
Annual Limit	None	None
Lifetime Limit	None	None
Maximum Benefit Amount	There is none for the policy. Individual benefits can have a maximum. See lines 8, 9, 10.	There is none for the policy. Individual benefits can have a maximum. See lines 8, 9, 10.
Maximum Daily Hospital Expense	\$25.00 - \$40.00 per day	\$25.00 - \$40.00 per day
Maximum Misc. In-Hospital	\$125.00 - \$800.00 depending on the number of days of hospitalization	\$125.00 - \$800.00 depending on the number of days of hospitalization
Maximum Convalescent Home Expense	\$12.50 per day	\$12.50 per day
Maximum Anesthesia Expense	15% Surgeon amount paid for Surgery	15% Surgeon amount paid for Surgery
Maximum Assistant Surgeon Expense	15% Surgeon amount paid for Surgery	15% Surgeon amount paid for Surgery
Medical Supplies and Services (other than surgery) Expense	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness
Private Duty Nursing Expense	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness
Prosthetic Appliance Expense	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness
Ambulance Expense	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness	80% of Covered Expenses after deductible of up to Maximum of \$7500.00 per injury or sickness

Definition of QTL:

A type of financial requirement or quantitative treatment limitation is considered to apply to substantially all medical/surgical benefits in a classification of benefits if it applies to at least two-thirds of all medical/surgical benefits in that classification. (For this purpose, benefits expressed as subject to a zero level of a type of financial requirement are treated as benefits not subject to that type of financial requirement, and benefits expressed as subject to a quantitative treatment limitation that is unlimited are treated as benefits not subject to that type of quantitative treatment limitation.) If a type of financial requirement or quantitative treatment limitation does not apply to at least two-thirds of all medical/surgical benefits in a classification, then that type cannot be applied to mental health or substance use disorder benefits in that classification.

NQTL

medical management standards limiting or excluding benefits based on medical necessity or medical appropriateness, or based on whether the treatment is experimental or investigative (including standards for concurrent review);
formulary design for prescription drugs;
network tier design

standards for provider admission to participate in a network, including reimbursement rates;
plan methods for determining usual, customary, and reasonable charges;
fail-first policies or step therapy protocols;
exclusions based on failure to complete a course of treatment; and

restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits for services provided under the plan or coverage.

Medical Surgical Benefits

None*

None

N/A

N/A

None

None

None

Treatment in a US Govt facility for treatment of members or former members of the armed forces
Expenses are not covered for confinement in a convalescent home or doctor visits/private nursing care while an insured is not hospital confined.

Mental Health Benefits

None*

None

N/A

N/A

None

None

None

Treatment in a US Govt facility for treatment of members or former members of the armed forces

Expenses are not covered for confinement in a convalescent home or doctor visits/private nursing care while an insured is not hospital confined.

Notes:

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Plan Type: Grandfathered Major Medical
Form Number: GCONV 1 183
Plan Code: MM12

QTL	Medical Expenses Benefits	Mental Health Benefits
Deductible	\$100.00	\$100.00
Copay	None	None
	20% until out of pocket of \$5,000.00 is met. Then, \$0.00	20% until out of pocket of \$5,000.00 is met. Then, \$0.00
Coinsurance	coinsurance.	coinsurance.
Annual Limit	None	None
Lifetime Limit	None	None
Maximum Benefit Amount	None	None

Definition of QTL:

A type of financial requirement or quantitative treatment limitation is considered to apply to substantially all medical/surgical benefits in a classification of benefits if it applies to at least two-thirds of all medical/surgical benefits in that classification. (For this purpose, benefits expressed as subject to a zero level of a type of financial requirement are treated as benefits not subject to that type of financial requirement, and benefits expressed as subject to a quantitative treatment limitation that is unlimited are treated as benefits not subject to that type of quantitative treatment limitation.) If a type of financial requirement or quantitative treatment limitation does not apply to at least two-thirds of all medical/surgical benefits in a classification, then that type cannot be applied to mental health or substance use disorder benefits in that classification.

NQTL	Medical Surgical Benefits	Mental Health Benefits
medical management standards limiting or excluding benefits based on medical necessity or medical appropriateness, or based on whether the treatment is experimental or investigative (including standards for concurrent review);	None*	None*
formulary design for prescription drugs;	None	None
network tier design	N/A	N/A
standards for provider admission to participate in a network, including reimbursement rates;	N/A	N/A
plan methods for determining usual, customary, and reasonable charges;	None	None
fail-first policies or step therapy protocols;	None	None
exclusions based on failure to complete a course of treatment; and	None	None
restrictions based on geographic location, facility type, provider specialty, and other criteria that limit the scope or duration of benefits for services provided under the plan or coverage.	Treatment in a US Govt facility for treatment of members or former members of the armed forces Treatment in a facility that does not meet the definition of hospital.	Treatment in a US Govt facility for treatment of members or former members of the armed forces Treatment in a facility that does not meet the definition of hospital.

Notes:

*Medical necessity provisions and reasonable and customary provisions are included within the policy; however, Transamerica does not deny for medical necessity and does not apply reasonable and customary charge plan methods

*Benefits under this plan are paid based type of service (e.g. hospital, prescription, doctor office visit, etc.) and not on whether the service provided is a medical/surgical, mental health, or substance use disorder condition. Language in the policy limiting benefits for mental illness is not applied to claims.