GUARANTEE TRUST LIFE INSURANCE COMPANY
1275 Milwaukee Avenue
Glenview, Illinois 60025

NEW MEXICO

State Mandated Benefits

This insert is part of the Health Care Benefits Brochure and reflects insurance benefits mandated by the State of New Mexico.

- **Cancer Clinical Trials:** This plan will provide coverage for routine patient care costs incurred as a result of the patient's participation in a phase II, III or IV cancer clinical trial as described in the Certificate of Insurance.
- **Childhood Immunizations:** This plan will provide coverage for childhood immunizations, as well as coverage for medically necessary booster doses of all immunizing agents used in childhood immunizations, in accordance with the current schedule of immunizations recommended by the American Academy of Pediatrics.
- **Contraceptive Drugs:** Prescription contraceptive drugs or devices approved by the Food and Drug Administration will be covered under this plan as described in the Certificate of Group Insurance.
- **Craniomandibular and Temporomandibular Joint Disorders:** This plan will provide coverage for surgical and nonsurgical treatment of temporomandibular joint disorders and craniomandibular disorders, subject to the same conditions, limitations. Orthodontic appliances and treatment, crowns, bridges and dentures are not covered unless the disorder is trauma related.
- **Cytologic Screening:** This plan will provide coverage for cytologic screening for determining the presence of precancerous or cancerous conditions and other health problems. Coverage includes cytologic screening, as determined by the health care provider in accordance with national medical standards, for women who are eighteen years of age or older and for women who are at risk of cancer or at risk of other health conditions that can be identified through cytologic screening. Cytologic screening means a Papanicolaou test and pelvic exam for asymptomatic as well as symptomatic women.
- **Diabetes:** This plan will provide coverage for diabetic self-management training and covered equipment and supplies for the treatment of diabetes, as outlined in the Certificate of Insurance, for individuals with insulin using diabetes, with non-insulin using diabetes and with elevated blood glucose levels induced by pregnancy when prescribed or diagnosed by a health care practitioner with prescribing authority.
- **Genetic Inborn Errors of Metabolism:** This plan will provide coverage for the treatment of genetic inborn errors of metabolism that involve amino acid, carbohydrate and fat metabolism and for which medically standard methods of diagnosis, treatment and monitoring exist. Coverage includes expenses of diagnosing, monitoring and controlling disorders by nutritional and medical assessment, including clinical services, biochemical analysis, medical supplies, prescription drugs, corrective lenses for conditions related to the genetic inborn error of metabolism, nutritional management and special medical foods used in treatment to compensate for the metabolic abnormality and to maintain adequate nutritional status.
- **Inpatient Coverage for Mastectomies or Breast Cancer Treatment:** This plan will provide coverage for inpatient breast cancer treatment of not less than 48 hours following a mastectomy and of not less than 24 hours following a lymph node dissection. Inpatient breast treatments of lesser duration following a mastectomy are not prohibited where deemed appropriate by an attending physician and a patient.
- **Mammography Screening:** This plan will provide coverage for low-dose screening mammograms for determining the presence of breast cancer as follows: one baseline mammogram for a female participant who is 35 through 39 years of age; one mammogram every two years for a female participant who is 40 through 49 years of age; and one mammogram every year for a female who is 50 years of age or older.
- **Maternity Transport:** If the plan provides maternity benefits, coverage will be provided where necessary to protect the life of the infant or mother, transportation for the medically high risk pregnant woman with an impending delivery of a potentially viable infant to the nearest tertiary care facility for newborns.
- **Newly Born Children:** This plan will provide for the treatment of injury or sickness, including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities and where necessary to protect the life of the infant, transportation, including air transport, to the nearest tertiary care facility for newly born infants covered under the plan.
- **Smoking Cessation Treatment:** If this optional benefit is elected by the employer, this plan will provide coverage for smoking cessation treatments.
- **Well-Baby and Well-Child Care:** This plan will provide coverage for charges for well-baby and well-child care including periodic evaluation of a child's physical and emotional status, a history, a complete physical examination, a developmental assessment, anticipatory guidance, appropriate immunizations and laboratory tests in keeping with prevailing medical standards when performed at approximately the age intervals of birth, two weeks, two months, four months, six months, nine months, twelve months, fifteen months, eighteen months, two years, three years, four years, five years and six years.
- **Eligible Dependents:** A dependent includes a child over the limiting age who is both incapable of self-sustaining employment by reason of mental retardation or physical handicap and is chiefly dependent upon the insured for support and maintenance.

(See Reverse Side)

- **New Mexico State Continuation of Coverage:** This plan provides for up to a six month continuation of coverage provision for qualifying New Mexico residents who lose coverage. This provision is mandatory for all eligible employer plans and applies to individuals who meet the terms for loss of coverage outlined in the Certificate of Group Insurance. This continuation of coverage would run concurrent with any COBRA continuation for which the individual may be entitled.

- **Waiting Periods for Pre-Existing Conditions**: The policy excludes coverage for health care services relating to conditions for which medical advice, diagnosis, care or treatment was recommended or received within six months prior to a participant's enrollment date. The waiting period for pre-existing conditions will not exceed a period of six months from the participant's enrollment date if the participant enrolled when initially eligible or during a special enrollment period or 18 months if the participant is a late enrollee. For newly adopted children, coverage includes the necessary care and treatment of medical conditions existing prior to the date of placement.

RATE AND RENEWABILITY DISCLOSURE

Many states are requiring insurance companies to establish small group health rates within specific guidelines outlined by the state. They also require companies to provide written disclosure of their rating practices to you at the time of sale.

Class of Business

This notice pertains to small employer groups who elect to subscribe to and participate in the National Health Care Trust, insured by Guarantee Trust Life Insurance Company.

Establishing Initial Group Rates

The rating guidelines we follow were designed and developed to promote fairness in the small group marketplace. These guidelines promote fairness by acknowledging the similarities of each group while recognizing some diversity.

The premium rates for groups enrolling for coverage with us for the first time are established through projections or estimates of future claims. These projections consider the specific benefits we currently offer, as well as the projected cost of health care and anticipated medical claims, for all groups. We also consider health status or duration of coverage in establishing or adjusting rates. In addition, rates are adjusted in accordance with the laws of your particular state.

Rate Guarantees and Changes

Our current practice is to guarantee each employer group's initial rates for 6 to 12 months from the effective date of coverage. This guarantee holds true provided the group's composition, geographic location, and benefits remain unchanged. The group's rates may be adjusted during the rate guarantee period whenever any one of the following occurs:

- If a group adds or eliminates employees;
- If age and sex compositions of the group change;
- If the business moves from one geographic rate area to another; or
- If the group changes its benefits in any way.

Our rate guarantees will change with market conditions. In general, we have the right to change premium rates on any date the terms of the plan are changed or on any premium due date as long as we provide 60 days written notice as provided by state law.

How Rate Increases are Determined

A group's rate increase will be adjusted due to factors such as medical inflation, claims experience, duration of coverage and current market conditions. We control the group's rate increase to the sum of the following:

- A percentage change made to new business rates since the last time rates were increased for the group;
- An adjustment of up to 10% annually and adjusted pro rata for rating periods of less than a year; and
- Any adjustment due to any change in coverage or case characteristics.

How Coverage is Renewed

All employers have the option to continue coverage with us, except in any of the following situations:

- Required premiums are not paid;
- Fraud or misrepresentation of the employer or an individual;
- Noncompliance with plan provisions, including minimum participation requirements and eligibility requirements of the plan; or
- Nonrenewal of all plans by us in a particular class of business, in which case all affected participating employers will be notified in advance according to state law.

Pre-existing Conditions and Late Entrants

A pre-existing conditions provision may apply to an employee or dependent. When it does, pre-existing conditions will not be covered for a period of time or benefits will be limited under the policy. The pre-existing condition waiting period may be reduced by the length of time an employee was covered by a prior qualifying plan. Late entrants may also be excluded from coverage for a period of time. These provisions will be described in the certificates issued to the employees and will never be more restrictive than the applicable laws of your state. Please refer to your outline of coverage for a listing of exclusions, limitations and pre-existing condition provisions.