

GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue
Glenview, Illinois 60025

Wisconsin

State Mandated Benefits

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

- **Eligible Dependents:** A dependent includes the employee's unmarried child under age 19 or under age 25 if the child is a full time student. A dependent also includes an unmarried child of any age who is or becomes disabled due to mental retardation or physical handicap before age 19 and is dependent upon the employee, and child(ren) of your covered dependent child, until that covered dependent child reaches age 18.
- **Lead Screening:** This plan will provide coverage for blood lead tests for children under 6 years of age, according to screening protocols established by the Department of Health and Family Services.
- **Child Immunizations:** This plan will provide coverage of appropriate and necessary immunizations, from birth to the age of 6 years, for a dependent who is a child of the insured. Deductibles, copayments, and coinsurance amounts do not apply.
- **Mammograms:** This plan will provide coverage for two mammograms for a female between the ages of 45 & 49 and annual mammograms for a female participant who is age 50 or older.
- **Mastectomy Coverage:** Federal law requires that this plan pay benefits for charges for (1) reconstruction of the breast on which the mastectomy has been performed; (2) surgery and reconstruction of the other breast to produce symmetrical appearance; and (3) prostheses and physical complications of all stages of mastectomy, including lymphedemas; in a manner determined in consultation with the attending physician and the patient.
- **Facility and Anesthetic Charges in Conjunction With Dental Care:** This plan will cover Hospital or ambulatory surgery center charges incurred, and anesthetics provided, in conjunction with dental care that is provided to a participant in a hospital or ambulatory surgery center provided: (1) the participant is a child under the age of five; (2) the participant has a chronic disability that: (a) is attributable to a mental or physical impairment; (b) is likely to continue indefinitely; and (c) results in substantial functional limitations in one or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; capacity for independent living; and economic self sufficiency; or (3) the participant has a medical condition that requires hospitalization or general anesthesia for dental care.
- **Alcoholism, Drug Abuse and Nervous or Mental Disorders:** Each calendar year, this plan provides coverage for covered expenses incurred during the calendar year for inpatient hospital services provided to a covered participant up to the lesser of: (a) the charges for the first 30 days confinement in a hospital; or (b) \$7,000 minus any applicable deductibles, copayments, and coinsurance charged under the policy for inpatient hospital services. Each calendar year, this plan provides \$2,000 minus any applicable deductibles, copayments, and coinsurance charged under the policy for covered outpatient services. Each calendar year, this plan provides \$3,000 minus any applicable deductibles, copayments, and coinsurance charged under the policy for covered transitional treatment arrangements. The total benefits payable for all services combined shall not exceed \$7,000 per participant per calendar year.
- **Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder:** This plan will provide benefits for charges for TMJ and Craniomandibular Disorders same as any other illness as mandated by the state of Wisconsin and outlined in the certificate.
- **Equipment and Supplies for Treatment of Diabetes:** This plan provides coverage for expenses incurred for the installation and use of an insulin infusion pump, and all other equipment and supplies, including insulin or other prescription medication, used in the treatment of diabetes, and coverage of diabetic self-management education programs. This coverage shall be subject to the same exclusions, limitations, deductibles, and coinsurance provisions of the policy as other covered expenses, except that insulin infusion pump coverage is limited to the purchase of one pump per year and the participant must use the pump for at least 30 days before the pump is purchased.
- **Wisconsin Continuation of Coverage:** This plan provides for an 18 month continuation of coverage provision for qualifying Wisconsin 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 and who have been insured under this policy for at least 3 months prior to termination. This continuation would run concurrent with any COBRA continuation for which the individual may be entitled.

(See Reverse Side)

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 enroll for coverage 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 advance 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 15% 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 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.