

Additional Benefits

These benefits are not underwritten by Nationwide Life Insurance Company

Nurse Hotline - Nurse Hotline offers toll-free access to experienced registered nurses, 24 hours a day, 365 days a year. Our hotline nurses are an immediate, reliable and caring source of health information, education and support.

Chiropractic Care - Members may choose from more than 3,000 participating Doctors of Chiropractic. Members enjoy a variety of savings and services including a free consultation, 50% savings on diagnostic services, 50% savings on x-rays performed on-site and 30% savings on treatment and other services.

VIP Health - Wellness

Vitamins & Nutritional Supplements - The mail order service provides an extensive catalog with savings on nutritional and health needs. Members request catalogs and place orders through a convenient toll-free number for a savings of 10% on over 6,000 products, sale prices included.

Vision Care - The Coast to Coast (CTC) Vision Plan is contracted with over 12,000 participating eyecare locations nationwide. Members save on eyeglasses, contacts, eye exams and surgical procedures.

Counseling Services - Our telephone counselors assist with problem resolution and suggest options to help members with personal issues of any size. Members receive free, unlimited telephone counseling services 24 hours a day, 7 days a week.

Hearing - Members may select from 1,300 Beltone locations nationwide to receive a free hearing screening and 15% off over 70 models of auditory devices. All technologies and models are available including state of the art digital hearing aids, along with Completely-In-the-Canal, In-the Ear and Behind-the-Ear models.

Critical Illness

This benefit underwritten by AIG, pays a lump sum benefit in the event the insured is diagnosed with Life Threatening Cancer, Heart Attack, Kidney (Renal) Failure, Stroke, Coma, Coronary Artery Bypass Graft, Loss of Sight, Speech or Hearing, Major Organ Transplant, Paralysis and Severe Burn. All benefits pay if an insured person is first diagnosed at least 30 after the effective date of the policy. Except life threatening cancer which will pay the full benefit after more than 90 days from the effective date. The benefit is limited to 10% after 30 days and before 90 days. Benefits are not payable in connection with a pre-existing condition during the initial 12 months. A critical illness resulting from a pre-existing condition commencing thereafter will be covered unless otherwise excluded by the policy.

Frequently Asked Questions

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

The Plan is a scheduled first dollar reimbursement program. While these benefits are not catastrophic or unlimited in nature, they will provide you and your family with useful, affordable and valuable benefits.

Example: You become sick and need to go to the doctor. You have Level 2 benefits during this particular month. Your benefit plan will pay \$75 toward this visit. (to an annual maximum of \$450)

Who is the insurance company paying my claims?

Nationwide Life Insurance Company, which has an A+ (Superior) rating by A. M. Best Company. They are based out of Columbus, Ohio.

Will I receive an ID card?

Upon enrollment, you will receive a fulfillment kit containing: Summary Plan Description, describing his/her benefits, Plastic Identification Cards, Certificate of Coverage, explaining the plan in detail.

Does the member have to use a network of doctors and hospitals to receive benefits?

No, you are free to use any doctor or hospital (as defined by the plan policy). There are no network restrictions. Benefits are payable to any hospital that is accredited and meets the definition of a hospital. However, if you choose to use an approved First Health Network Provider, you will receive a negotiated discount rate.

How do I file a claim?

At the time of service, present your Identification card to the provider and ask them to file the claim directly with Nationwide Specialty Health. If the provider is unwilling to file the claim on your behalf, you can submit the claim yourself and be reimbursed.

Important Notices: This program 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 Nationwide Life Insurance Company, and a detailed Certificate of Coverage will be provided upon enrollment, or upon request.



Claims

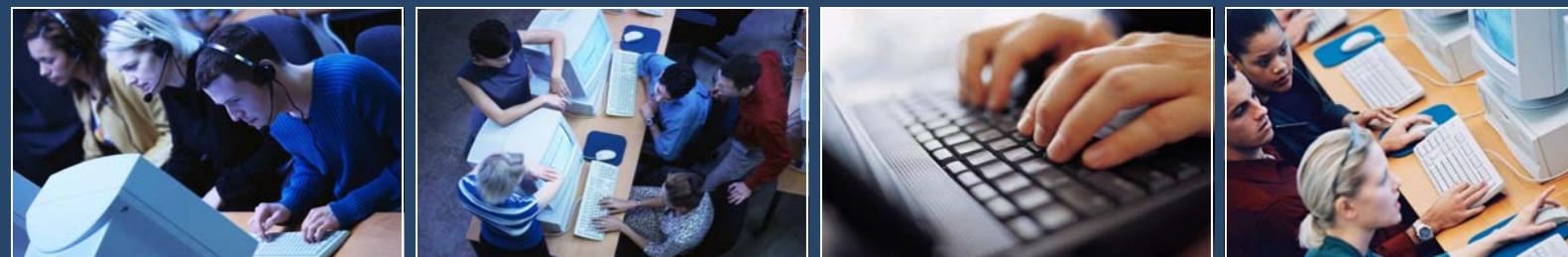
Nationwide Specialty Health Claims
Post Office Box 420
Springfield, MA 01101

Member Services

Member Services is available
Monday - Friday from
7:00 am - 7:00 pm Central Standard Time

1-800-635-6585

Spanish speaking representatives are available



Limited Medical Benefit Program for our Valued Employees



Program Advantages

- Plan is guaranteed issue, no medical questions asked during open enrollment
- No pre-existing condition limitation
- Plan pays a reimbursement, there is no confusing co-insurance
- You get to choose your providers—there are no network restrictions
- Benefits can be assigned to a provider or paid directly to the insured
- Family coverage is included at no additional cost!

Questions about your plan?
Call Member Services at 1-800-635-6585

Underwritten by:



Nationwide and the Nationwide Framemark are federally registered service marks of Nationwide Mutual Insurance Company. On Your Side is a service mark of Nationwide Mutual Insurance Company.

Benefit Plan

Because we value you and your family, **Maxim Government Services** is proud to provide this employer paid Benefits Package to our valued employees.

Your monthly coverage will be determined by the number of hours worked the previous month. For instance, if you worked less than 91 hours in August, you will be eligible for the benefits included in Level 1 in September. If you were to work between 91 and 130 hours in September, you are eligible for Level 2 benefits in October, and more than 130 hours in October would make you eligible for full Level 3 benefits in November.

Your benefits increase the more hours you work.

The amounts shown in the table reflect what the carrier will pay. (except the Dental and Prescription benefits)	Level 1 (1-90 Hours) Per Month	Level 2 (91-130 Hours) Per Month	Level 3 (131 + Hours) Per Month
Daily In-Hospital Indemnity	Plan pays \$800 per day 500 day lifetime max	Plan pays \$1,200 per day 500 day lifetime max	Plan pays \$1,500 per day 500 day lifetime max
Intensive Care Unit	\$1,600 per day	\$2,400 per day	\$3,000 per day
Mental Illness Disorder	\$400 per day	\$600 per day	\$750 per day
Substance Abuse	\$400 per day	\$600 per day	\$750 per day
In-patient Skilled Nursing Facility	\$400 per day	\$600 per day	\$750 per day
Doctor's Office Visit	Plan pays \$60 per visit \$360 calendar year max	Plan pays \$75 per visit \$450 calendar year max	Plan pays \$90 per visit \$540 calendar year max
Outpatient DXL	Plan pays \$60 per visit \$360 calendar year max	Plan pays \$75 per visit \$450 calendar year max	Plan pays \$90 per visit \$540 calendar year max
Surgical Benefit	Up to \$1,000 calendar year max	Up to \$3,000 calendar year max	Up to \$5,000 calendar year max
Preventive Care	Plan pays \$75 per visit \$150 calendar year max	Plan pays \$150 per visit \$150 calendar year max	Plan pays \$150 per visit \$450 calendar year max
Accident Expense Benefit	Up to \$300 max per occurrence	Up to \$1,000 max per occurrence	Up to \$2,500 max per occurrence
Emergency Room Indemnity Benefit for Illness Only	Plan pays \$75 per visit \$300 calendar year max	Plan pays \$75 per visit \$300 calendar year max	Plan pays \$75 per visit \$300 calendar year max
Vision Care	Eligible expenses are paid at 80%, \$300 calendar year max	Eligible expenses are paid at 80%, \$300 calendar year max	Eligible expenses are paid at 80%, \$300 calendar year max
Dental Care	\$50 deductible \$250 calendar year max	\$50 deductible \$500 calendar year max	\$50 deductible \$1,500 calendar year max
Short Term Disability	8 day wait, up to 26 weeks Up to \$300 per week max	8 day wait, up to 26 weeks Up to \$300 per week max	8 day wait, up to 26 weeks Up to \$300 per week max
Life/AD&D Insurance	\$10,000 employee only	\$30,000 employee only	\$50,000 employee only
Dependent Life Insurance	\$5,000 spouse	\$15,000 spouse	\$25,000 spouse
*Critical Illness	\$20,000 (employee)	\$20,000 (employee)	\$20,000 (employee)
*Discount Program— Includes 24-Hour Nurseline, Chiropractic, VIP Health & Wellness, Vision Discount, Counseling, Hearing	Included	Included	Included
*Prescription Program	\$10 copay for generics	\$10 copay for generics	\$10 copay for generics
First Health Network	Included	Included	Included

*These benefits are not underwritten by Nationwide Life Insurance Company

Questions about your plan? Call Member Services at 1-800-635-6585

Benefit Descriptions

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.

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

Benefit payable per visit per covered person. Routine exams, medical treatment, immunizations, and injections are not covered under this benefit.

Outpatient Diagnostic X-Ray and Lab Indemnity Benefit

Benefit is payable per test per covered person, when Hospital Confinement is not required. Routine exams are not covered under this benefit.

Surgical Benefit

Benefit payable according to the amount shown in the Surgical Schedule, subject to the calendar year maximum.

Preventive Care Indemnity Benefit

Benefit payable per visit per covered person. Routine exams, medical treatment, and immunizations 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 Indemnity Benefit for Illness Only

Benefit is payable per visit. Maximum per person per calendar year is \$300.

Vision Care

Covered vision care expenses are paid at 80%. \$300 maximum benefit per person per calendar year.

Dental Care

Deductible is a calendar year maximum. Eligible regular or preventive dental expenses are covered at 80%. Major services and orthodontia benefits are covered at 50% and are subject to a 12 month waiting period. Pre-Certification is recommended for dental claims exceeding \$250.

Short Term Disability

Maximum amount of insurance is 66% of the Basic Weekly Earnings (excluding commissions, bonuses, incentive pay, unscheduled overtime or other compensation) to a maximum amount of \$300 per week rounded to the next \$1. Maximum period of Disability is 26 weeks. Benefits are paid after 14 continuous days of disability.

Life Insurance/Accidental Death and Dismemberment 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

Spouse; Child (from 6 months to 19 years, 26 years if a Full Time Student); Child (from 10 days to 6 months)

Prescription Program

This program is underwritten by Companion Life Insurance Company

Generic Drugs—\$10 copay

Preferred Formulary Brand Drugs—\$50 or 50% of the cost, when the cost exceeds \$100.

\$4,800 Family Annual Maximum Benefit

Savings: For Name Brand Products when using the Insured Generic Only program Members are guaranteed to pay either the lower of the pharmacy's usual and customary fee or our contract rate. Typical savings will range from 16% to 22% off of Average Wholesale Price (AWP) and is dependent on drug brand, type of medication and the Retail participating pharmacy and or whether the prescription is filled at Mail Service when filling their claim.



Questions about your plan? Call Member Services at 1-800-635-6585