



HealthSelect Benefit Highlights

- \$10 Doctor Visit Pre-Pay *
- Inpatient Hospital Coverage
- Outpatient Accident Coverage
- Emergency Room Coverage
- Accidental Death & Dismemberment Coverage
- Prescription Drug Coverage
- Critical Illness

Limited Medical Plans starting at only:

\$14.⁰⁹ per paycheck

Value-Added Services*

- Teladoc
- SupportLinc - EAP
- First Health PPO Network Discounts

* This service is not insurance and is not provided by AXIS Insurance Company.

Enroll Now! Time is limited.

EMPLOYER GROUP: LoneStar Labor Management

PHONE Enrollment: Call (713) 505-1775

PAPER Enrollment: Turn in the form to your employer

Search First Health network providers at: www.myternian.com or call 1-800-226-5116 (You DO NOT need to use these providers – they provide discounts should you choose to visit them. You can visit ANY licensed physician and present your insurance card – you may qualify for a discount. But regardless, you still have insurance coverage as outlined in this brochure.)

Who can enroll?

All full-time employees working 30 or more hours per week.

When can I enroll?

Within 30 days of your hire date or during the annual open enrollment period.

When will coverage begin?

First of the month following date of hire.

When will coverage end?

The earlier of: 1. The date the Policy terminates; 2. The date the employee's Active Service ends; or 3. The period ends for which premium has been paid.

NOTICE: The Limited Medical Plans are a combination of limited scope, fixed indemnity, and accident insurance plans which do not provide Major Medical or Comprehensive Medical coverage.

Which Insurance Plan is Best for You?

Ternian Insurance Group offers a suite of products that is specifically designed to meet a wide variety of medical, budget, and lifestyle needs. The programs range from an inexpensive discount-only healthcare card up to a broad selection of limited fixed indemnity insurance plans. Ternian does not offer major medical or comprehensive coverage. However, plans are tailored to help you with everyday medical expenses so that you can see a doctor, get a prescription, cover an unexpected accident, or get help with a hospitalization.

First, ask yourself the following questions. If you answer "YES" to one or more, then Ternian has a plan that can help you! Next, review the Benefits at a Glance section for more details and pricing to determine which insurance plan is right for you to enroll in.

1. Are you currently uninsured? If so, consider the following:

HealthSelect Yes No

I would like limited medical insurance coverage to help with basic medical expenses.

For protection against basic, minor-medical expenses. You'll get doctor office visit pre-pay for as little as \$10 and help with other common expenses like prescriptions and lab/x-rays. Coverage is also included to help with accidents and hospitalization.

HealthSelect Plans start at \$14.09 per paycheck.

Value-Added Services, Savings, and Online Tools!

All of Ternian's limited fixed indemnity plans include the following services* to enhance your plan value and provide increased savings:

Medical PPO Network Office Visit Pre-pay, Service provides members affordable access to physicians by allowing them to pay a \$10 Office Visit Pre-pay before insurance benefits are applied.

DataRx provides innovative Pharmacy Benefit Administration (PBA) solutions to organizations across the United States. DataRx partners with insurance carriers and other organizations to offer the highest quality, most cost-effective prescription services. Thanks to our relationship with this experienced PBA, members have access to unsurpassed service and superior savings on a wide variety of prescription drugs.

Discount Prescription Drug Card With ScriptSave® Savings average 22%, with potential savings of up to 50% on brand name and generic prescription drugs at over 50,000 participating pharmacies.

Telemedicine With Teladoc, 24/7 access to affordable care. Teladoc provides members with on-demand 24/7 phone, email, and video access to U.S. based licensed physicians for information, advice, and treatment including prescription medication when appropriate.

SupportLinc - Employee Assistance Program offers unlimited telephonic access to behavioral health professionals to help individuals with a variety of life and mental health issues, as well as three in-person counselor visits.



**These services are not insurance and are not provided by AXIS Insurance Company.*

WEB Enrollment: Go to <http://lonestarlabormgt.myternian.com> PHONE Enrollment: Call 1-800-214-7224 for a live specialist

PAPER Enrollment: Turn in the form to your employer

Benefits at a Glance

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in the state in which policy is delivered. Complete details may be found in the policies on file at your employer's office. The policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms may be different if required by state law. Please keep this information as a reference.

Self-Funded Minimum Essential Coverage (MEC) paired with Fully Insured Indemnity Options

Ternian HealthSelect Indemnity Plans			
WEEKLY RATES	Plan 1	Plan 2	Plan 3
Employee Only	\$14.09	\$28.19	\$52.91
Employee + Spouse	\$28.12	\$53.02	\$96.06
Employee + Child(ren)	\$26.81	\$50.28	\$90.86
Family	\$48.22	\$87.33	\$154.97
SELF-FUNDED MINIMUM ESSENTIAL COVERAGE (MEC) ⁽¹⁾		MEC OPTION	
ACA Required Preventive Care/ Screening/ Immunization Benefits		Minimum Essential Coverage covers 100% of the government's listed Preventive and Wellness Benefits when you visit an in-network provider. Self-funded by your employer, this coverage is required to satisfy your individual mandate under healthcare law.	
FULLY INSURED LIMITED MEDICAL PLANS		INCLUDED WITH MEC	
INPATIENT ⁽²⁾	MEC CHOICE	MEC MAX	MEC PREMIUM
Day 1 hospital confinement benefit amount per day	\$500 per day x 1 day	\$1,000 per day x 1 day	\$2,000 per day x 1 day
Days 2+ hospital confinement benefit amount per day	\$500 thereafter	\$500 thereafter	\$1,000 thereafter
Maximum Benefit	5 days per year	5 days per year	10 days per year
Intensive Care Benefit (ICU)	N/A	\$500 per day x 60 days	\$1,000 per day x 60 days
Surgery benefit amount (incl. maternity) per day	N/A	\$2,000 per day x 1 day	\$2,500 per day x 1 day
Anesthesia benefit amount- per day	N/A	\$500 per day x 1 day	\$625 per day x 1 day
OUTPATIENT ⁽²⁾			
Physician Office Visit Pre-pay ⁽³⁾ Benefit amount per day	\$10 \$75 per day x 5 days	\$10 \$100 per day x 5 days	\$10 \$100 per day x 20 days
Accident maximum benefit amount per year up to Benefit % payable Deductible per accident	\$5,000 per year 80% U&C \$0	\$5,000 per year 80% U&C \$0	\$10,000 per year 80% U&C \$0
Emergency Room (sickness) benefit amount per day	\$200 per day x 1 day	\$200 per day x 2 days	\$400 per day x 2 days
Surgery benefit amount per day Anesthesia benefit amount per day	N/A N/A	\$500 per day x 1 day \$125 per day x 1 day	\$1,000 per day x 2 days \$250 per day x 2 days
Diagnostic, X-ray, Lab benefit amount per day: Class I: Laboratory - blood work, CMP, Lipid Panel, ECG, Pap/PSA, urinalysis and all other laboratory tests	\$25 per day x 2 days	\$30 per day x 2 days	\$50 per day x 4 days
Class II: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram	\$60 per day x 2 days	\$75 per day x 2 days	\$100 per day x 4 days
Class III: Imaging CT, PET	\$150 per day x 1 day	\$200 per day x 1 day	\$250 per day x 1 day
Class IV: Other diagnostic test- Endoscopy, Bronchoscopy, Colonoscopy without Biopsy, MRI	N/A	N/A	\$500 per day x 1 day
AD&D / CRITICAL ILLNESS ⁽²⁾			
Accidental Death & Dismemberment benefit amount	\$10,000	\$10,000	\$20,000
Critical Illness	\$5,000	\$10,000	\$15,000
PRESCRIPTION ⁽⁴⁾			
Retail - Generic RX co-pay	Discount Plan ⁽⁵⁾	\$10	\$10
Retail - Preferred Brand RX co-pay		\$30	\$30
Mail Order - Generic RX co-pay		\$30	\$30
Mail Order - Preferred brand RX co-pay		\$90	\$90
Monthly benefit maximum - INDIVIDUAL/FAMILY		\$100/\$200	\$200/\$400
OTHER SERVICES ⁽⁵⁾			
Teladoc: Telephonic Doctor Office Visits	Yes	Yes	Yes
SupportLinc Employee Assistance	Yes	Yes	Yes
First Health PPO Discounts	Yes	Yes	Yes

(1)The Minimum Essential Coverage option is not underwritten by AXIS Insurance Company. (2)The Fixed Hospital Indemnity, Outpatient Accidental-Only, Critical Illness and AD&D Benefit Plans are underwritten by AXIS Insurance Company. (3)The office visit pre-pay is a service through the First Health PPO Network. (4)Prescription benefits are underwritten by Gerber Life Insurance Company. (5)These services are not insurance and are not provided by the underwriting companies shown here. *Benefit amounts listed are for: Employee/Spouse/Child(ren)

Notice: Applicable to the Fixed Indemnity only, the insurance described in this proposal provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. This insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

What's Not Covered

Under the Group Hospital Indemnity we will not pay for any loss, injury or sickness that is caused by, or results from:

- Pre-existing Conditions occurring within the first 12 months of coverage (applies to Hospital Confinement and Surgery and Anesthesia benefits only). "Pre-existing Condition" means an illness, disease, or other condition of the Insured Person, that was treated, diagnosed or required medications in the 6 month period before the Insured Person's coverage became effective under this Policy.
- Intentionally self-inflicted injury, suicide or attempted suicide.
- War or any act of war, whether declared or not.
- Service in the military, naval or air service of any country or international organization.
- Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- Commission of, or attempt to commit, a felony.
- Commission of or active participation in a riot, or insurrection.
- Bungee cord jumping, parachuting, skydiving, parasailing, hang-gliding.
- Flight in, boarding or alighting from any aircraft except as a fare-paying passenger on a regularly scheduled commercial airline.
- An accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in Driver's Education Program.
- Medical or surgical treatment, diagnostic procedure, administration anesthesia, or medical mishap or negligence, including malpractice. (This exclusion applies to the Accidental Death and Dismemberment benefit only.)
- Travel or activity outside the United States, Canada or Mexico, except for a Medical Emergency.
- Travel in any aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.
- Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Physician unless specifically provided herein.
- Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration.
- Repair, replacement, examinations for, prescriptions, or the fitting of eyeglasses or contact lenses.
- While the Insured Person is legally intoxicated (as determined by that state's laws) or while ministered under the influence of any drug unless administered under the advice and consent of a Physician.
- Elective Abortion. Elective Abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
- Mental and Nervous Disorders.
- Cosmetic surgery, except for reconstruction surgery needed as the result of an injury or sickness.
- Experimental or Investigational drugs, services, supplies or any procedure held to be experimental or investigatory by Us at the time the procedure is done.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
- Sexual reassignment surgery, sexual transformation surgery, sexual transgendering surgery.
- Services related to sterilization, reversal of vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.
- Treatment or services provided by a private duty nurse, unless provided for in the Policy.
- Organ or tissue transplants and related services.
- Personal comfort or convenience items.
- Rest or custodial cares.
- Hearing aids.
- Radial keratotomy.
- Treatment by a family member or member of the Insured Person's household.

- Routine dental care and treatment, except for treatment of Injury as specified in the Policy.

Under the Accident Medical Expense Policy we will not pay for loss, injury or sickness that is caused by, or results from:

- Suicide or attempted suicide, intentionally self-inflicted injury.
- War or any act of war, whether declared or not.
- A Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- Sickness, disease, or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
- Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- Injury that occurs while the Insured Person is legally intoxicated (as determined by that state's law) or while under the influence of any drug unless administered under the advice and consent of a Physician.
- Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice.
- Commission of, or attempt to commit, a felony.
- Aggravation or re-injury of a prior Injury the Insured Person suffered prior to his or her coverage effective date, unless We receive a written medical release from the Insured Person's Physician.

In addition to the above Exclusions, under the Accident Medical Expense Policy, We will not pay for any loss, treatment or services resulting from or contributed to by:

- Treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of the Insured Person's household.
- Treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
- Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident.
- Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- Mental and nervous disorders (except as provided in the Policy).
- Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits, including any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident, or while engaging in activity for monetary gain from sources other than the Policyholder.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- Eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
- Expenses payable by any automobile insurance Policy without regard to fault. (This exclusion does not apply in any state where prohibited.)
- Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy).
- Expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy).
- Conditions that are not caused by a Covered Accident.

- Participation in any activity or hazard not specifically covered by the Policy.
- Any treatment, service or supply not specifically covered by the Policy.

In addition, Critical Illness Benefits will not be paid for:

- Injury or Sickness, other than one of the Covered Illnesses, even though such Injury or Sickness may have been complicated by one of the Covered Illnesses;
- Any complication of Human Immuno deficiency Virus (HIV) infection or any variance thereof including AIDS and AIDS Related complex; except for residents of TX, FL, MO, NC.
- The use, existence or escape of nuclear weapons, material or ionizing radiation from or contamination by radioactivity from any nuclear fuel or waste from the combustion of nuclear fuel;
- Misuse of medication or the abuse of drugs or intoxicants;
- Any Pre-existing Condition, except where coverage has been in effect for a period of twenty-four (24)* consecutive months following the Insured Person's effective date of coverage. "Pre-existing Condition" means a Sickness suffered by a Insured Person for which he or she sought or received medical advice, consultation, investigation, or diagnosis, or for which treatment was required or recommended by a Physician during the 24* months immediately prior to the Insured Person's effective date of coverage, that directly or indirectly causes the condition to occur within the first 24* months from the Insured Person's most recent effective date of coverage.

No Prescription Drug Benefits will be paid for:

- All over-the-counter products and medications unless shown in the definition of Prescription Drug. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements, and all other over-the-counter products and medications.
- Blood glucose meters and insulin injecting devices.
- Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.
- Biologicals (including allergy tests); blood products; growth hormones; hemophiliac factors; MS injectables; immunizations; and all other injectables unless shown in the definition of Prescription Drug.
- Medical supplies and durable medical equipment.
- Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid, and Niacin – used in treatment verses as a dietary supplement; and all other Legend Drug vitamins and nutritional supplements.
- Anorexiant; any cosmetic drugs including, but not limited to, Renova and skin pigmentation preps; any drugs or products used for the treatment of baldness; and topical dental fluorides.
- Refills in excess of that specified by the prescribing Physician, or refills dispensed after one year from the original date of the prescription.
- Any drug labeled "Caution – limited by Federal Law for Investigational Use" or experimental drugs.
- Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.
- Drugs needed due to conditions caused, directly or indirectly, by a Insured Person taking part in a riot or other civil disorder; or the Insured Person taking part in the commission of a felony.
- Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or any act of war; or drugs dispensed to a Insured Person while on active duty service in any armed forces.
- Any expenses related to the administration of any drug.
- Drugs or medicines taken while in or administered by a Hospital or any other health care facility or office.
- Drugs covered under Worker's Compensation, Medicare, Medicaid or other governmental program.
- Drugs, medicines or products which are not medically necessary.
- Diaphragms; erectile dysfunction Legend Drugs; and infertility Legend Drugs.
- Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; and Imitrex-auto injection. Smoking deterrents, Legend or over-the-counter drugs.
- Replacement of stolen medication (except under circumstances approved

- by us), or lost, spilled, broken or dropped Prescription Drugs.
- Vacation supplies of Prescription Drugs (except under circumstances approved by us).
- All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication.

***Please note that certain exclusions and limitations listed in the "What's Not Covered" sections may vary by state law.**

Pre-existing Condition Limitation

The Insurance Company will not pay Disability Benefits for any period of Disability caused by or contributed to by, or resulting from, a Pre-existing Condition. A "Pre-existing Condition" means an Injury or Sickness for which the Employee incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a physician within 12 months before his or her most recent effective date of insurance. The Pre-existing Condition Limitation will apply to any added benefits or increase in benefits. It will not apply to a period of Disability that begins after an Employee is in Active Service for at least 12 months after his or her most recent effective date of insurance or the effective date of any added or increased benefits.

The Pre-Existing Condition Limitation will not apply to an Employee covered under a Prior Plan who satisfied the Pre-existing Condition limitation, if any, under that plan. If an Employee, covered under a Prior Plan, did not fully satisfy the Pre-existing Condition limitation of that plan, credit will be given for any time that was satisfied. Time will not be credited for any day an Employee is not actively at work due to his or her Injury or Sickness. The Pre-existing Condition Limitation will be extended by the number of days the Employee is not actively at work due to his or her Injury or Sickness.

IMPORTANT NOTICE: Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act (PPACA). However, there are a number of insurance coverages that are specifically exempt from the requirements of PPACA (See § 2791 of the Public Health Services Act). AXIS maintains that the Limited Accident and Sickness Plan presented in this brochure is "fixed Indemnity insurance", and is therefore, exempt from the requirements of PPACA.

Frequently Asked Questions

Q: When will I get my ID card?

A: You will get your ID card within 10 business days of your employer approved enrollment. You will receive a separate ID card for each product you enroll in.

Q: How do I know my PHONE or WEB enrollment has been processed?

A: If you enroll by phone or web you will receive a confirmation email.

Q: Who do I call if I have questions?

A: For questions BEFORE enrollment please call: 1-800-214-7224. For questions AFTER enrollment please call: 1-800-964-7096.

Q: How do I find a First Health network provider?

A: Please visit www.myternian.com or call 1-800-226-5116

Q: Is this major medical or comprehensive medical coverage?

A: No. This Limited Medical Plan is a combination of limited scope, fixed indemnity, and accident-only coverages which provide limited benefits for accidents, illness, and specified diseases to help cover basic, minor-medical expenses.



Claims Administered by:

Administrative Concepts, Inc. (ACI)
994 Old Eagle School Road, Ste. 1005
Wayne, PA 19087
1-800-964-7096

Fixed indemnity medical, accident-only accidental death and dismemberment, critical illness, short-term disability and prescription drug coverages are underwritten by AXIS Insurance Company. Term Life insurance is underwritten by Amalgamated Life Insurance Company. These plans are not major medical insurance and are NOT designed to replace, provide or modify major medical insurance. This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims. Marketed and administered by Ternian Insurance Group LLC. www.ternian.com

Preventive Health Services*

18 Covered Preventive Services for Adults

1. Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol Misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease for men and women of certain ages
4. Blood Pressure screening for all adults
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal Cancer screening for adults over 50
7. Depression screening for adults
8. Diabetes (Type 2) screening for adults with high blood pressure
9. Diet counseling for adults at higher risk for chronic disease
10. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
11. Hepatitis C screening for adults at increased risk, and one time for everyone born 1945 – 1965
12. HIV screening for everyone ages 15 to 65, and other ages at increased risk
13. Immunization vaccines for adults — doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
14. Lung cancer screening for adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
15. Obesity screening and counseling for all adults
16. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
17. Syphilis screening for all adults at higher risk
18. Tobacco Use screening for all adults and cessation interventions for tobacco users

23 Covered Preventive Services for Women

1. Anemia screening on a routine basis for pregnant women
2. Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer
3. Breast Cancer Mammography screenings every 1 to 2 years for women over 40
4. Breast Cancer Chemoprevention counseling for women at higher risk
5. Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
6. Cervical Cancer screening for sexually active women
7. Chlamydia Infection screening for younger women and other women at higher risk
8. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
9. Domestic and interpersonal violence screening and counseling for all women
10. Expanded tobacco intervention and counseling for pregnant tobacco users
11. Folic Acid supplements for women who may become pregnant
12. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
13. Gonorrhea screening for all women at higher risk
14. Hepatitis B screening for pregnant women at their first prenatal visit
15. HIV screening and counseling for sexually active women

16. Human Papillomavirus (HPV) DNA Test every 3 years for women with-normal cytology results who are 30 or older
17. Osteoporosis screening for women over age 60 depending on risk factors
18. Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
19. Sexually Transmitted Infections counseling for sexually active women
20. Syphilis screening for all pregnant women or other women at increased risk
21. Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
22. Urinary tract or other infection screening for pregnant women
23. Well-woman visits to get recommended services for women under 65

27 Covered Preventive Services for Children

1. Alcohol and Drug Use assessments for adolescents
2. Autism screening for children at 18 and 24 months
3. Behavioral assessments for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
4. Blood Pressure screening for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
5. Cervical Dysplasia screening for sexually active females
6. Depression screening for adolescents
7. Developmental screening for children under age 3
8. Dyslipidemia screening for children at higher risk of lipid disorders at the following ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
9. Fluoride Chemoprevention supplements for children without fluoride in their water source
10. Gonorrhea preventive medication for the eyes of all newborns
11. Hearing screening for all newborns
12. Height, Weight and Body Mass Index measurements for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
13. Hematocrit or Hemoglobin screening for children
14. Hemoglobinopathies or sickle cell screening for newborns
15. Hepatitis B screening for adolescents at high risk, including adolescents from countries with 2% or more Hepatitis B prevalence, and U.S.-born adolescents not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence: 11 – 17 years.
16. HIV screening for adolescents at higher risk
17. Hypothyroidism screening for newborns
18. Immunization vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Meningococcal, Pneumococcal, Rotavirus, Varicella
19. Iron supplements for children ages 6 to 12 months at risk for anemia
20. Lead screening for children at risk of exposure
21. Medical History for all children throughout development at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
22. Obesity screening and counseling
23. Oral Health risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
24. Phenylketonuria (PKU) screening for this genetic disorder in newborns
25. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
26. Tuberculin testing for children at higher risk of tuberculosis at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
27. Vision screening for all children.

*These benefits are subject to change and will be updated as determined by ACA requirements. Preventive Services list was provided by HealthCare.gov, www.healthcare.gov/preventive-care-benefits

Enrollment Form for Group Insurance

AXIS Insurance Company



Step 1: Select Your Enrollment Method (Choose one only.)

1. **WEB:** <http://lonestarlabormgt.myternian.com>

2. **PHONE:** 1-800-214-7224

3. **PAPER:** Turn in the form to your employer

YOUR GROUP NAME: LONESTAR LABOR

For questions **BEFORE** enrollment please call: **1-800-214-7224** For questions **AFTER** enrollment please call: **1-800-964-7096**

Search First Health network providers at: www.myternian.com or call 1-800-226-5116

(You DO NOT need to use these providers – they provide discounts should you choose to visit them. You can visit ANY licensed physician and present your insurance card – you may qualify for a discount. But regardless, you still have insurance coverage as outlined in this brochure.)

Step 2: Select the plan(s) that you want. DETAILS AND PRICING FOR EACH PLAN ON PREVIOUS PAGES.

HealthSelect

- Plan #1
- Plan #2
- Plan #3

Step 3: Select who you want to cover. CHECK ONLY ONE EVEN IF MULTIPLE PLANS ABOVE ARE SELECTED.

I want to cover myself only I want to cover myself and my spouse I want to cover myself and my child(ren) I want to cover myself and my family

Step 4: Provide the information that we need in order to enroll you and/or your family members.

First Name	M.I.	Last Name	Gender (M/F)	Date of Birth
Social Security Number			Hire Date	
Street Address	City	State	Zip Code	
Email Address	Primary Phone #		<input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Cell

DEPENDENT INFORMATION (IF ANY): For more than 3 dependents attach additional sheet.

Spouse/Child	First Name	M.I.	Last Name	Gender (M/F)	Birth Date (mm/dd/yyyy)	Social Security Number

BENEFICIARY INFORMATION: Person who will receive benefits in the case of your death. You will be the beneficiary for dependents.

First Name	M.I.	Last Name	Gender (M/F)	Relationship to You
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WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Employee's Signature	Date Signed
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Declination Waiver: (check the box below if you are not enrolling in the plan; YOU ARE STILL REQUIRED TO SIGN AND DATE THE FORM):

I choose not to enroll in the plans being offered by my employer. I understand that, if at a later date, I wish to enroll in this plan, I will not be able to do so until there is another open enrollment period.

I have read the AXIS Insurance Company enrollment brochure, including the exclusions and limitations, and accept the terms and conditions of the coverages outlined in it. I understand the fixed indemnity insurance plans are not considered creditable coverage under HIPAA and do not provide Major Medical or Comprehensive Medical coverage. I have read the enrollment brochure and understand my coverage is subject to the terms and conditions of the policy issued to my employer. I understand my coverage will go into effect on the date stated in the brochure only if I am in active service with my employer on that date. If I am not in active service on that date, my coverage will go into effect on the date I return to active service. If I have elected coverage for my dependents, their coverage will not go into effect prior to my effective date. I authorize my employer to deduct the required premium for the plan I have elected from my pay. If direct billing is offered, I authorize Ternian Insurance Group to charge the required premium for the plan I have elected from my credit or debit card. To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, the Insurance Company will ask me for written authorization to disclose information about me.