



SOVEREIGN
NATIONS
INSURANCE

CONTINUING OUR LEGACY. PROTECTING YOURS.



**SPECIFIED
COVERAGE
OPTIONS**

In addition to core medical plans, insureds will have access to the following SNI-Specified Coverage Plans

SNI DENTAL

SNI Dental is vital to the long-term health of members.

SNI Dental covers eligible services and procedures based on a graduated scale where the coverage percentages increase over a period of 3 years. As the maximum coverage levels are highest in year 3, it is to the member's advantage to seek regular, consistent dental care and maintain their plan over the three-year time period.

- ◆ Preventive dental exams and X-Rays 100% covered
- ◆ No waiting period on dental services
- ◆ Access care through a Careington Network Provider for additional savings
*Use of a Careington Provider is not required to be eligible for coverage with SNI



SNI Dental offers participating members access to the Careington PPO Dental Network. Use of the Network is not required in order for dental needs to be eligible for coverage, however members who access network dentists will receive access to PPO contracted rates on procedures, including routine oral exams, cleanings, and major work such as dentures, root canals, and crowns through one of the largest dental networks in the USA, with a focus on neighborhood dentists.

Monthly Premiums

MEMBER	MEMBER + SPOUSE	MEMBER + CHILDREN	FAMILY
\$ 54.59	\$ 93.73	\$ 118.45	\$ 149.35

SNI Dental

	YEAR 1	YEAR 2	YEAR 3
Class 1 – Diagnostic/Preventive Care (Excluded from Annual Coverage Maximums)			
Exams	100%	100%	100%
Bitewing X-Rays			
All Other X-Rays			
Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy)			
Palliative Treatment			
Sealants for children 15 and under (1 per tooth per 3 years)			
Class 2 – Basic Services			
Basic Restorative (Fillings)	40%	80%	90%
Simple Extractions			
Space Maintainers			
Repairs of Crowns, Inlays, Onlays, Bridges, & Dentures			
Endodontics			
Nonsurgical Periodontics			
Surgical Periodontics			
Complex Oral Surgery			
General Anesthesia			
Class 3 – Major Services			
Inlays	20%	50%	60%
Onlays			
Crowns			
Prosthetics (Bridges, Dentures)			
Orthodontic (Dependent children to age 19)			
Diagnostic, Active, Retention Treatment			
Coverage Maximums & Deductibles (Cumulative of in-network and out-of-network)			
Deductible (per person/per family) Per Plan Year	\$50/\$150 Excludes Class 1 & Orthodontics		
Maximum (per person) Per Plan Year	\$1,500 Excludes Class 1 & Orthodontics		
Lifetime Orthodontic Coverage Maximum	\$1,500		

SNI Plan Documents include a complete listing of covered services, limitations, exclusions that may apply, cancellation, and renewal provisions.

The percentage shown above is the percentage of coverage of the Maximum Allowable Charges (MAC) amount that SNI will cover for eligible services provided by a participating or a non-participating dentist. Participating dentists typically accept the MAC amount as the Allowed Amount to be paid for services provided. Non-participating dentists may not accept the MAC Amount as the Allowed Amount for services provided, billing you the difference between their charges and the MAC Allowed Amount covered by SNI.

Dependent children are eligible through the end of the month of their 26th birthday.

SNI VISION

SNI Vision helps you focus on what's really important

- ◆ 100% coverage for annual eye exams, after your copay, at participating providers
- ◆ Discounts on Lasik Eye Surgery
- ◆ Access to one of the largest vision provider networks nationwide
- ◆ Order quality contacts, boutique frames, and durable lenses online for great discounts

SNI Vision offers access to a Preferred Provider Organization committed to developing and maintaining a strong vision provider network. With one of the largest and most comprehensive networks nationwide, members have their choice of a substantial panel of Ophthalmologists (MDs), Optometrists (ODs), or Opticians located throughout the United States, including some of the most popular retail optical chain locations.

Monthly Premiums

MEMBER	MEMBER + SPOUSE	MEMBER + CHILDREN	FAMILY
\$ 23.69	\$ 29.87	\$ 28.84	\$ 33.99

SNI Vision

	Participating Provider	Non-Participating Provider
Annual Eye Exam		
Frequency (based on date of service)	Once every 12 months	Once every 12 months
Copay	\$10	\$10
Coverage	100%	\$40
Eye Glass Frames¹		
Frequency (based on date of service)	Once every 24 months	Once every 24 months
Frames	Covered up to \$100 Retail	\$40
Copay	\$25	\$25
Eye Glass Standard Lenses (up to 61mm)		
Frequency (based on date of service)	Once every 24 months ²	Once every 24 months ²
Single Vision	100% Coverage	\$30
Bifocal	100% Coverage	\$50
Trifocal	100% Coverage	\$65
Lenticular	100% Coverage	\$125
Standard Progressive Lenses	100% Coverage	\$65
Lens Options		
Polycarbonate Lenses ³	Coverage up to \$85	\$55
Ultra & Premium Progressive Lenses	Coverage up to \$89.50	\$65
Contact Lenses⁴		
Frequency (based on date of service)	Once every 24 months ⁵	Once every 24 months ⁵
Elective	Coverage up to \$100 Retail	\$100
Non-Elective (Medically necessary, one pair)	100% Coverage	\$250

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CRITICAL & ACCIDENT COVERAGE

The Need for Critical & Accident Coverage

Medical advances, as they relate to treating and surviving a critical illness or accident, have made it significantly more likely an SNI member would survive such an unforeseen medical event.

USE YOUR COVERAGE HOW YOU CHOOSE



OUT-OF-POCKET
MEDICAL EXPENSES



ROUTINE
MONTHLY BILLS



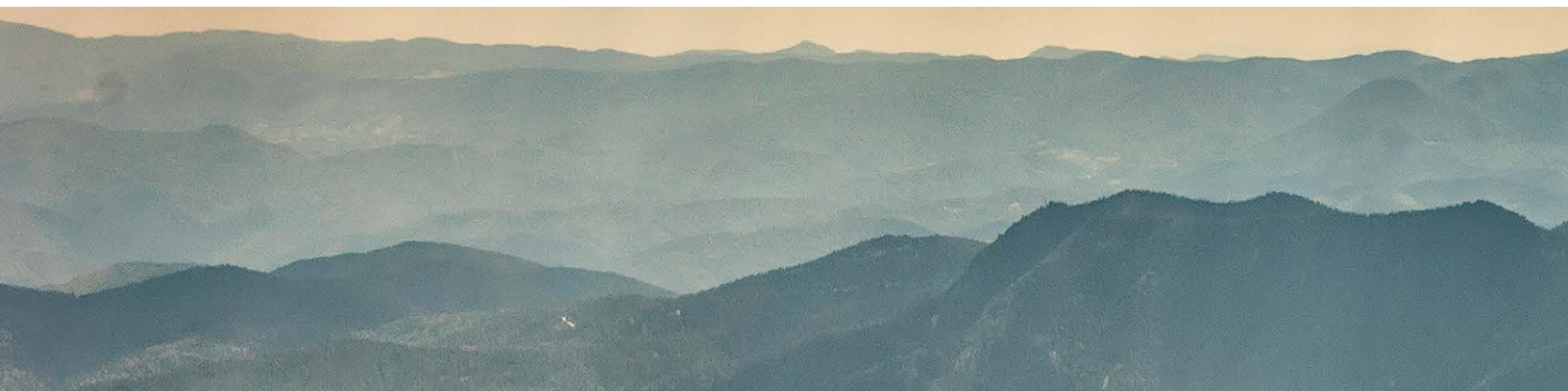
TRANSPORATION
COSTS



HELP WITH
CHILDCARE



PREPARED
MEALS



SNI OFFERS THREE COVERAGE OPTIONS

SNI
CRITICAL

SNI
ACCIDENT

SNI
CRITICAL &
ACCIDENT

FOUR LEVELS OF COVERAGE

LEVEL I	LEVEL II	LEVEL III	LEVEL IV
\$ 2,500	\$ 5,000	\$ 7,500	\$ 10,000

SNI
CRITICAL

SNI CRITICAL LEVELS

	Level I	Level II	Level III	Level IV
Coverage Eligibility				
Wait until eligible for Critical Coverage	60 Days	60 Days	60 Days	60 Days
Pre-Existing Conditions Period	12 Months	12 Months	12 Months	12 Months
Coverage Eligibility for Pre-existing Conditions	12 Months After Effective Date			
Limited Specified Disease Coverage	\$2,500	\$5,000	\$7,500	\$10,000
Heart Attack	100%	100%	100%	100%
Stroke	100%	100%	100%	100%
Cancer Coverage	\$2,500	\$5,000	\$7,500	\$10,000
Cancer Coverage Percentage	100%	100%	100%	100%

SNI Plan Documents include a complete listing of covered services, limitations, exclusions that may apply, cancellation, and renewal provisions.

SNI ACCIDENT

The benefit level selected applies for accident medical expenses and accidental death & dismemberment coverage.

Accident Medical Expense Levels

	Level I	Level II	Level III	Level IV
Accident Claim				
Accident Coverage Maximum	\$2,500	\$5,000	\$7,500	\$10,000
Deductible per Accident	\$250	\$250	\$250	\$250
Initial Treatment Period	60 Days	60 Days	60 Days	60 Days
Duration of Need	12 Months	12 Months	12 Months	12 Months
Covered Expenses				
Hospital room and board, and general nursing care, up to the semi-private room rate.	up to \$2,500	up to \$5,000	up to \$7,500	up to \$10,000
Hospital miscellaneous expense during Hospital Confinement or for outpatient surgery under general anesthetic, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies.	up to \$2,500	up to \$5,000	up to \$7,500	up to \$10,000
Doctor's Fees for Surgery	up to \$2,500	up to \$5,000	up to \$7,500	up to \$10,000
Anesthesia Services	up to \$2,500	up to \$5,000	up to \$7,500	up to \$10,000
Doctors' Visits, Inpatient and Outpatient, each visit	\$75	\$75	\$75	\$75
Hospital Emergency Care	\$500	\$500	\$500	\$500
X-ray and Other Diagnostic Tests	\$250	\$250	\$250	\$250
Ambulance Expense	\$250	\$250	\$250	\$250
Durable Medical Equipment	\$100	\$100	\$100	\$100
Prescription Drugs	\$500	\$500	\$500	\$500
Dental Treatment for Injury to Sound Natural Teeth	\$250 per tooth, up to a maximum of \$500	\$250 per tooth, up to a maximum of \$500	\$250 per tooth, up to a maximum of \$500	\$250 per tooth, up to a maximum of \$500
Physical Therapy	\$60 for first visit; \$30 for each visit thereafter	\$60 for first visit; \$30 for each visit thereafter	\$60 for first visit; \$30 for each visit thereafter	\$60 for first visit; \$30 for each visit thereafter
Registered Nurse Expense	up to \$2,500	up to \$5,000	up to \$7,500	up to \$10,000

SNI Plan Documents include a complete listing of covered services, limitations, exclusions that may apply, cancellation, and renewal provisions.

Accident Coverage is not included for reinjury or complications of an injury caused or attributed to a condition that existed before the Accident.

SNI ACCIDENT

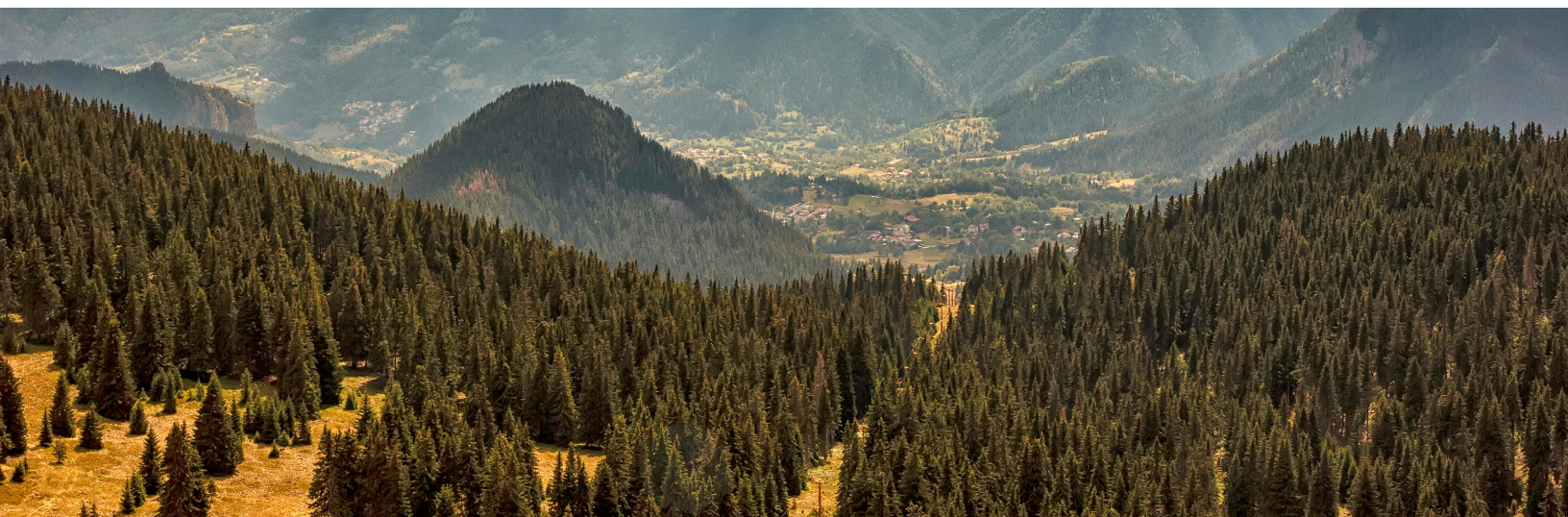
The benefit level selected applies for accident medical expenses and accidental death and dismemberment coverage.

Accidental Death & Dismemberment Levels

	Level I	Level II	Level III	Level IV
Accidental Death & Dismemberment Coverage				
Coverage Maximum - Member, Spouse, Child(ren)	\$2,500	\$5,000	\$7,500	\$10,000
Schedule of Coverage				
Loss of Life	100%	100%	100%	100%
Loss of Both Hands				
Loss of Both Feet				
Loss of the Entire Sight of Both Eyes				
Loss of One Hand and One Foot				
Loss of Speech and Hearing				
Loss of One Hand or One Foot and Entire Sight of One Eye	50%	50%	50%	50%
Loss of One Hand or One Foot				
Loss of Entire Sight of One Eye				
Loss of Speech or Hearing	25%	25%	25%	25%
Loss of Hearing in One Ear				

SNI Plan Documents include a complete listing of covered services, limitations, exclusions that may apply, cancellation, and renewal provisions.

Percentages relate to the Maximum Coverage Amount as shown above for the Primary, Spouse, and Child(ren).



MONTHLY PREMIUMS

SNI Critical Premiums

	Level I	Level II	Level III	Level IV
	\$2,500	\$5,000	\$7,500	\$10,000
Member	\$38.93	\$51.50	\$65.92	\$80.34
Member + Spouse	\$49.44	\$77.25	\$108.15	\$135.96
Member + Child(ren)	\$40.17	\$54.59	\$73.13	\$89.61
Member + Family	\$51.50	\$83.43	\$116.39	\$148.32

SNI Accident Premiums

	Level I	Level II	Level III	Level IV
	\$2,500	\$5,000	\$7,500	\$10,000
Member	\$31.93	\$37.08	\$43.26	\$47.38
Member + Spouse	\$38.11	\$47.38	\$56.65	\$62.83
Member + Child(ren)	\$35.02	\$42.23	\$49.44	\$54.59
Member + Family	\$44.29	\$56.65	\$71.07	\$79.31

SNI Critical & Accident Premiums

	Level I	Level II	Level III	Level IV
	\$2,500	\$5,000	\$7,500	\$10,000
Member	\$44.29	\$61.80	\$78.28	\$94.76
Member + Spouse	\$61.80	\$100.94	\$140.08	\$174.07
Member + Child(ren)	\$49.44	\$73.13	\$96.82	\$118.45
Member + Family	\$75.19	\$118.45	\$163.77	\$202.91