



**PAN  
AMERICAN  
LIFE** INSURANCE GROUP

**PANAMED**

# Group Summary of Benefits

*Prepared for:*



# Member Advantages

Thanks again for choosing PanaMed for your medical benefit needs. This summary has been designed to provide you with an overview of your 2011 medical benefits. If you have any questions about your plan, please call our Member Services at 1-877-569-3075 and we'll be glad to assist you.

You may also access your benefits online 24 hours a day at [www.panamericanbenefits.com](http://www.panamericanbenefits.com).

## Member Services

Our member service representatives are responsible for ensuring that you receive the highest quality assistance. You have questions. We're here to help. Our representatives provide detailed information in response to inquiries about products and services. We communicate through a variety of means; by telephone, e-mail, fax, and mail.

We can assist you with:

- Medical Claims
- Verification of Benefits
- Member Eligibility
- Policy Information
- Health Advocacy
- Finding a Provider
- Prescription Benefits
- ID Cards
- ...and more!

## Health Advocacy

We make healthcare work for you. No more hassles. No more frustrations. Health Advocacy makes it easy and simple to get help. Call us and we'll be able to:

- Find some of the best doctors, hospitals and providers anywhere in the country
- Resolve insurance claims
- Negotiate billing and payment arrangements
- Schedule appointments with providers, including hard to reach specialists
- Assist in the transfer of medical records, x-rays and lab results
- Identify renowned "best-class" medical institutions regarding serious illness or injury

*AND...MUCH MORE!*

## Provider Discount

PanaMed members may benefit from discounted provider prices through access to our network of Preferred Provider Organization (PPO). We have partnered with the largest PPO network in the country, with nearly **550,000** physicians, **4,100** hospitals and more than **67,000** ancillary care facilities throughout the United States. This allows our members to save on healthcare services and stretch their benefit dollars to meet their needs.

## How Does Your Medical Plan Work

1. Call PHCS to locate an in-network provider
2. Visit provider and present ID card
3. Provider files claim
4. PPO Network PHCS applies discounts and forwards claim to insurance carrier
5. If the claim is less than the allowable benefit amount, you owe nothing. If the claim is more than the allowable benefit amount, you will owe the balance to the provider

**NOTE** – If you visit a non-network provider, you will need to pay the full amount and submit a claim form to be paid the allowable benefit amount.

*PPO services are not insurance products and are provided by MultiPlan, Inc. [www.multiplan.com](http://www.multiplan.com). Pan-American Life and MultiPlan, Inc. are not affiliated.*

## Global Repatriation

Global Repatriation is a worldwide benefit designed to help families when a member or a covered dependent suffers a loss of life due to a covered accident or illness while traveling 100 miles or more away from their permanent residence. Travel within the U.S. and abroad.

Our Global Repatriation benefit makes all the necessary arrangements for the transportation of a covered member's remains to anywhere in the United States and includes repatriation of foreign nationals to their home countries. Arrangements must be coordinated with the member service center and covers up to \$20,000 in expenses.

*Global Repatriation benefit is provided by AXA Assistance USA. [www.axa-assistance.us](http://www.axa-assistance.us). Pan-American Life and AXA Assistance USA are not affiliated. See policy for exclusions and limitations.*

**For assistance please call 1-877-569-3075**

Monday through Friday 8:00 AM – 5:00 PM Central Time  
or email [CRMC6@panamericanlife.com](mailto:CRMC6@panamericanlife.com)

## ***Discount Prescription Drug Benefit***

The discount prescription benefit is designed to help save on prescription drug costs by giving discounts on prescriptions at **more than 60,000** pharmacies nationwide.

**Tier 1. Select Brand and Generic Drugs:** Members pay **\$10** or less for the scheduled quantity and dose.

**Tier 2. Select Brand and Generic Drugs:** Members pay **\$25** or less for the scheduled quantity and dose.

**Tier 3. Select Brand and Generic Drugs:** Members pay **\$50** or less for the scheduled quantity and dose.

**Tier 4. Select Brands and Generics:** Members pay **100%** of the discounted price.

For Drug look-up go to <http://pabs.lc.healthtrans.com>

**For more information call 1-877-569-3075  
Monday through Friday, 8AM-5PM (CST).**

*Discount prescription benefits are not insurance products and are provided by HealthTrans, LLC. [www.healthtrans.com](http://www.healthtrans.com). Pan-American Life and Healthtrans, LLC. are not affiliated*

## ***Medical Accident with AD&D***

Many working Americans are not prepared to pay for expenses that may occur due to accidents. The unexpected cost of hospitalization and emergency room care can cost more than an average family can earn in an entire month. Medical Accident insurance provides protection to families not only for accidental injury but also for the occurrence of an accidental death.

*Depending on the state of issue, medical accident insurance is issued by Pan-American Life Insurance Company on policy form number SM-2003 or by Zurich American Insurance Company or Fairmont Specialty. Pan-American Life and Zurich American Insurance Company or Fairmont Specialty are not affiliated.*

## ***Certificates***

Certificates have been delivered to your employer. You may request a printed copy of your certificate from your employer or download it by logging on and registering through our website [www.panamericanbenefits.com](http://www.panamericanbenefits.com)

## ***Telehealth Services - AmeriDoc***

### **24/7 Physician Care when you need it!**

AmeriDoc is a national network of U.S. board-certified physicians who use electronic health records, telephone consultations and online video consultations to diagnose, recommend treatment and write short term, non-DEA controlled prescriptions, when appropriate.

Physicians are available 24 hours a day, 365 days a year, allowing members of any age to conveniently access quality care from their home, work or on-the-go as opposed to more expensive and time consuming alternatives like the doctor's office or emergency room.

### **To Set Up Your Account**

Please call **1-877-263-7409** to get your login and password so that you can set up your own membership account and answer your health questionnaire.

Once your account is set up and your health questionnaire is complete you will be able to speak with a physician within minutes. You will also be able to log on to [www.ameridoc.com](http://www.ameridoc.com) and consult with a physician through our secure email system.

*Telehealth services are not insurance products and are provided by AmeriDoc, LLC. [www.ameridoc.com](http://www.ameridoc.com). Pan-American Life and AmeriDoc are not affiliated.*

## ***Professional Health Services!***

No matter how complex or simple, we all have healthcare needs. From finding a doctor to solving a billing problem, getting straight answers can seem impossible at times. But you're in luck, you have a Compass. In addition to your insurance plan, Compass is here to serve as your personal healthcare advisor. Our mission is to help you understand and reap the full value from your healthcare benefits. Call or email Compass for help any step of the way:

- Price comparisons that save you money
- Unbiased doctor recommendations
- Bill review and problem resolution and more...

*Professional health services are not insurance products and are Provided by Compass Professional Health Services [www.compassphs.com](http://www.compassphs.com). Pan-American Life and Compass Professional Health Services are not affiliated.*

**For assistance please call 1-877-569-3075**

Monday through Friday 8:00 AM – 5:00 PM Central Time  
or email [CRMC6@panamericanlife.com](mailto:CRMC6@panamericanlife.com)

**SUMMARY OF BENEFITS  
Option 1**

We will provide the benefits shown. Any change in amount is subject to the Change in Amounts of Benefits provision.

**Group Number:** 97969  
**Plan Sponsor:** Evergreen Alliance Golf Limited, LP  
**Plan Sponsor Address:** 4851 LBJ Freeway, Dallas, TX. 75244  
**Plan Administrator:** Evergreen Alliance Golf Limited, LP (Health and Welfare Plan)  
**Effective Date:** September 01, 2011  
**Plan Anniversary Date:** September 01

**BENEFITS AND AMOUNT OF BENEFITS**

Waiting Period: Employee's hired before September 01, 2011 will be eligible for coverage on the Policy Effective Date.

Employee's hired on or after September 01, 2011 will be eligible for coverage on the first of the month following ninety (90) days of employment.

**HOSPITAL INDEMNITY**

\$1,000 per day as the result of an Illness or Injury up to a Calendar Year Maximum of 60 days (for any inpatient stay in a Hospital).

\$2,000 per day for intensive care, up to a maximum of 30 days per Calendar Year.

\$500 per day for treatment of Substance Abuse, up to a maximum of 30 days per Calendar Year.

\$500 per day for Mental Illness, up to a Calendar Year Maximum of 60 days.

\$500 per day for stays in a Skilled Nursing Facility, up to a maximum of 60 days per stay. The stay is only covered if it is following a covered Hospital stay of at least 3 days.

**IT IS OUR INTENT TO PAY BENEFITS IN ACCORDANCE WITH THE LAWS OF THE STATE WHERE THE GROUP POLICY IS ISSUED, UNLESS OTHERWISE FORBIDDEN BY THE LAWS OF THE STATE WHERE THE COVERED PERSON LIVES. IF THERE IS A CONFLICT BETWEEN ANY PROVISION IN THE PLAN AND THE APPLICABLE STATE LAW, THE STATE LAW WILL PREVAIL.**

**DOCTOR'S OFFICE VISIT INDEMNITY BENEFIT**

Doctor's office visits are payable at \$75 per Covered Person per Doctor's Office Visit up to a Calendar Year maximum of \$450. Routine exams, medical treatment, and injections are not covered under this benefit.

**PREVENTIVE CARE INDEMNITY BENEFIT**

Routine exams, medical treatment, and injections are payable at \$150 per Covered Person per visit up to a Calendar Year maximum of \$450.

**SURGICAL INDEMNITY BENEFIT**

Surgeries performed by a Doctor are payable according to the Surgical Schedule per Covered Person with a Calendar Year maximum of \$1,000.

**OUTPATIENT DIAGNOSTIC LAB, X-RAY AND ADVANCED STUDIES INDEMNITY BENEFIT**

**OUTPATIENT DIAGNOSTIC LAB (DL) INDEMNITY BENEFIT**

Diagnostic lab (DXL) tests ordered or performed by a Doctor are payable at \$20 per Covered Person with a three (3) test limit as the Calendar Year maximum when Hospital Confinement is not required. Routine exams are not covered under this benefit. This benefit is defined as those procedures in the CPT code range of 80000 excluding preventive care testing.

**OUTPATIENT X-RAY INDEMNITY BENEFIT**

Diagnostic x-ray tests ordered or performed by a Doctor are payable at \$70 per Covered Person with a Calendar Year maximum of two (2) x-ray tests per year when Hospital Confinement is not required. Benefit includes costs for reading of the x-ray. Routine exams are not covered under this benefit. This benefit is defined as those procedures in the CPT code range of 70000 excluding preventive care testing.

**OUTPATIENT ADVANCED STUDIES INDEMNITY BENEFIT**

Diagnostic Advanced Studies ordered or performed by a Doctor are payable as shown in the schedule below up to the Calendar Year maximum of \$1,000 per Covered Person per Calendar Year when Hospital Confinement is not required. Routine exams are not covered under this benefit. This benefit is defined as those procedures in the CPT code 90000 series excluding preventive care testing. Those services covered under this benefit include but are not limited to:

<b>Service</b>	<b>Schedule C</b>
Angiogram, Aretteriogram	\$270
EEG	\$50
Myelogram	\$90
CT	\$170
MRI Scans	\$220
PET	\$400

**EMERGENCY ROOM VISIT INDEMNITY BENEFIT**

We will pay an Emergency Room Visit Indemnity Benefit as a result of an Illness in the amount of \$75 per visit up to a \$300 maximum per calendar year for services Medically Necessary and provided on an Emergency basis that do not result in Hospital Confinement.

**PAN-AMERICAN LIFE INSURANCE COMPANY**  
**New Orleans, Louisiana**

This rider is made part of the Plan to which it is attached. This Rider is subject to all provisions of the Plan which are in conflict with the provisions of this Rider.

This benefit provision only applies if it is elected and the required premiums are paid.

**AMBULANCE SERVICES-INDEMNITY BENEFIT**

Ambulance transportation as the result of an Illness or Injury by a licensed ambulance service, to the nearest Hospital where health services can be performed will be paid at \$150 per service, up to the Calendar Year maximum of \$150.

THE FOLLOWING DEFINITION IS HEREBY ADDED TO THE PLAN:

**Ambulance:** Emergency ground ambulance transportation when Medically Necessary and used locally to or from the nearest facility qualified to render treatment; Emergency air or water ambulance when Medically Necessary to transport a Covered Person to the nearest facility qualified to render treatment in a life-threatening situation; and ambulance transportation necessary for the provision of emergency medical care for a newborn Child when such Child is transported to the nearest Hospital capable of providing the Medically Necessary treatment on a timely basis, and the mode of transportation is the most economically consistent with the well-being of such Child.

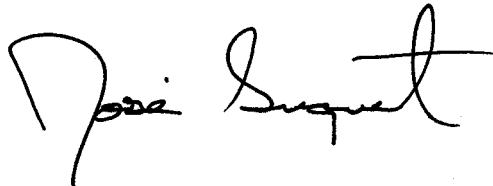
This rider is hereby accepted and deemed valid on the effective date of September 01, 2011.

Payment of premium on or after the effective date of this rider shall constitute acceptance by the Plan Sponsor of the Plan modifications contained herein.

No other Plan provision or condition is changed in any way by this amendment, except as described above.

Signed for the Company at New Orleans, Louisiana.

**PAN-AMERICAN LIFE INSURANCE COMPANY**

A handwritten signature in black ink, appearing to read "Joe Siquel". The signature is fluid and cursive, with a large initial "J" and a long, sweeping tail.

Chairman of the Board  
President and Chief Executive Officer

**PAN-AMERICAN LIFE INSURANCE COMPANY**  
**New Orleans, Louisiana**

**ANESTHESIA INDEMNITY BENEFIT RIDER**

If elected, this Benefit Rider forms a part of the Plan to which it is attached and amends such Plan in the manner indicated for Covered Persons only. Anything specifically stated in this rider overrides anything to the contrary in the Plan, and will be subject to all other parts of the Plan.

**ANESTHESIA INDEMNITY BENEFIT**

This benefit provision only applies if it is elected and the required premiums are paid.

Subject to the terms and conditions of the Plan, We will pay an Anesthesia Indemnity Benefit when a surgery is performed that is covered and paid under the Surgical Indemnity Benefit of Your Plan. The Anesthesia Indemnity Benefit amount will equal 25% of the amount paid for the surgical procedure which is paid according to our Schedule of Surgical Procedures.

The Anesthesia Indemnity Benefit will be paid for a Plan Participant or a Dependent. We will pay the benefit specified in this Rider for each surgical procedure, however such benefits are only payable once per surgical session.

The Plan must have the Surgical Indemnity Benefit in order for this Rider to be elected.

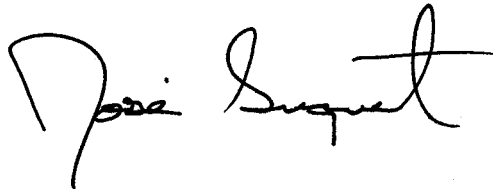
This rider is hereby accepted and deemed valid on the effective date of September 01, 2011.

Payment of premium on or after the effective date of this rider shall constitute acceptance by the Plan Sponsor of the Plan modifications contained herein.

No other Plan provision or condition is changed in any way by this amendment, except as described above.

Signed for the Company at New Orleans, Louisiana.

**PAN-AMERICAN LIFE INSURANCE COMPANY**

A handwritten signature in black ink, appearing to read "David Siquel". The signature is fluid and cursive, with a large initial "D" and a long horizontal stroke at the end.

Chairman of the Board  
President and Chief Executive Officer

**PAN-AMERICAN LIFE INSURANCE COMPANY**  
**New Orleans, Louisiana**

This rider is made part of the Plan to which it is attached. This Rider is subject to all provisions of the Plan which are in conflict with the provisions of this Rider.

This benefit provision only applies if it is elected and the required premiums are paid.

**DURABLE MEDICAL EQUIPMENT BENEFIT RIDER**

We will pay up to \$25 per Calendar Year for Durable Medical Equipment that meets the following criteria:

1. Ordered or provided by a Doctor for outpatient use;
2. Used for medical purposes;
3. Not consumable or disposable (except diabetic supplies and equipment);
4. Not of use to a person in the absence of a disease or disability.

Examples of Durable Medical Equipment include:

- Equipment to assist mobility, such as a standard wheelchair;
- A standard Hospital-type bed;
- Diabetic supplies, glucometer, etc.;
- Oxygen and the rental of equipment to administer oxygen (including tubing connectors and masks);
- Delivery pumps for tube feedings (including tubing and connectors);
- Braces, including necessary adjustment to shoes to accommodate braces. Braces that stabilize an injured body part and braces to treat curvature of the spine are considered Durable Medical Equipment. Braces that straighten or change the shape of a body part are orthotic devices, and are excluded from coverage. Dental braces are also excluded from coverage;
- Medical equipment necessary for the treatment of chronic or acute respiratory failure (except air conditioners, humidifiers, dehumidifiers, air purifiers and filters, and personal comfort items are excluded from coverage).
- The following equipment, supplies and related services for the treatment of Type I, Type II, and gestational diabetes, when medically necessary and when recommended or prescribed by a Doctor or other licensed health care provider legally authorized:
  - A. Blood glucose monitors;
  - B. Blood glucose monitors to the legally blind;
  - C. Test strips for glucose monitors;
  - D. Visual reading and urine testing strips;
  - E. Insulin;
  - F. Injection aids;
  - G. Cartridges for the legally blind;
  - H. Syringes;
  - I. Insulin pumps for the appurtenances thereto;
  - J. Insulin infusin devises;
  - K. Oral agents for controlling blood sugar; and
  - L. Podiatric appliances for prevention of complications associated with diabetes.



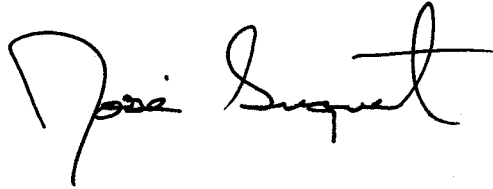
This rider is hereby accepted and deemed valid on the effective date of September 01, 2011.

Payment of premium on or after the effective date of this rider shall constitute acceptance by the Plan Sponsor of the Plan modifications contained herein.

No other Plan provision or condition is changed in any way by this amendment, except as described above.

Signed for the Company at New Orleans, Louisiana.

**PAN-AMERICAN LIFE INSURANCE COMPANY**

A handwritten signature in black ink, appearing to read "Jose August". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke at the end.

Chairman of the Board  
President and Chief Executive Officer

**PAN-AMERICAN LIFE INSURANCE COMPANY**  
**New Orleans, Louisiana**  
**EMERGENCY ROOM VISIT INDEMNITY BENEFIT RIDER**

If elected, this Benefit Rider forms a part of the Plan to which it is attached and amends such Plan in the manner indicated for Covered Persons only. Anything specifically stated in this rider overrides anything to the contrary in the Plan, and will be subject to all other parts of the Plan.

**EMERGENCY ROOM VISIT INDEMNITY BENEFIT**

This benefit provision only applies if it is elected and the required premiums are paid.

Subject to the terms and conditions of the Plan, We will pay an Emergency Room Visit Indemnity Benefit as a result of an Illness in the amount of \$75 per visit up to a \$300 maximum per calendar year for services Medically Necessary and provided on an Emergency basis that do not result in Hospital Confinement. Emergency Room Visit Indemnity Benefits will be paid for a Plan Participant or a Dependent. We will pay the benefit specified in this Rider for each Emergency Room Benefit Visit. However, such benefits will not exceed the applicable Calendar Year maximum shown in this Rider.

Emergency is defined as the sudden onset of a medical condition manifested by symptoms of such severity that the failure to immediately provide Medically Necessary care could reasonably be expected to result in:

- A. Placing the patient's health in serious jeopardy; or
- B. Serious impairment to bodily functions; or
- C. Serious dysfunction of any bodily organ or part.

Illness is defined as a disorder or disease of the mind or body, or a pregnancy.

The Plan Participant shall have free choice of any Doctor and the Doctor-patient relationship shall be maintained.

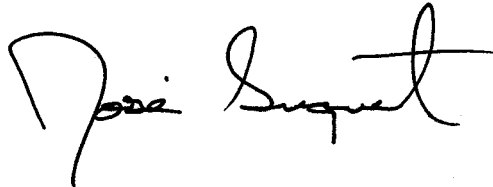
This rider is hereby accepted and deemed valid on the effective date of September 01, 2011.

Payment of premium on or after the effective date of this rider shall constitute acceptance by the Plan Sponsor of the Plan modifications contained herein.

No other Plan provision or condition is changed in any way by this amendment, except as described above.

Signed for the Company at New Orleans, Louisiana.

**PAN-AMERICAN LIFE INSURANCE COMPANY**

A handwritten signature in black ink, appearing to read "Jose Suquet". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke at the end.

Chairman of the Board  
President and Chief Executive Officer.

**PAN-AMERICAN LIFE INSURANCE COMPANY**  
**New Orleans, Louisiana**

This rider is made part of the Plan to which it is attached. This Rider is subject to all provisions of the Plan which are in conflict with the provisions of this Rider.

This benefit provision only applies if it is elected and the required premiums are paid.

**INPATIENT MISCELLANEOUS INDEMNITY BENEFIT**

If elected, the following line item will be added to the Hospital Indemnity provision of the Plan:

25% of the inpatient per day indemnity benefit, for a Calendar Year Maximum of 60 days for any miscellaneous charges related to an inpatient stay in a Hospital. This benefit does not apply to the Substance Abuse, Mental Illness or Skilled Nursing Facility provisions. This benefit does not include any professional charges, ambulance charges or room and board charges.

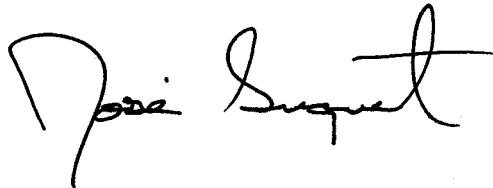
This rider is hereby accepted and deemed valid on the effective date of September 01, 2011.

Payment of premium on or after the effective date of this rider shall constitute acceptance by the Plan Sponsor of the Plan modifications contained herein.

No other Plan provision or condition is changed in any way by this amendment, except as described above.

Signed for the Company at New Orleans, Louisiana.

**PAN-AMERICAN LIFE INSURANCE COMPANY**

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Chairman of the Board  
President and Chief Executive Officer

**PAN-AMERICAN LIFE INSURANCE COMPANY**  
**New Orleans, Louisiana**

This rider is made part of the Plan to which it is attached. This Rider is subject to all provisions of the Plan which are in conflict with the provisions of this Rider.

This benefit provision only applies if it is elected and the required premiums are paid.

**OUTPATIENT SURGICAL FACILITY CENTER BENEFIT**

Pan-American will pay a benefit for surgeries performed at an Outpatient Surgical Facility Center or a Hospital outpatient surgical facility (provided the patient is not subsequently admitted to the Hospital as an inpatient) in the amount of \$250 to a Calendar Year Maximum of \$500.

No benefit is payable for any surgery performed in a Doctor's office.

This benefit will be paid for a Plan Participant or a Dependent. This benefit pays in addition to the Surgical Indemnity Benefit and the Anesthesia Indemnity Benefit Rider.

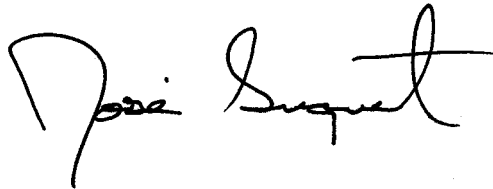
This rider is hereby accepted and deemed valid on the effective date of September 01, 2011.

Payment of premium on or after the effective date of this rider shall constitute acceptance by the Plan Sponsor of the Plan modifications contained herein.

No other Plan provision or condition is changed in any way by this amendment, except as described above.

Signed for the Company at New Orleans, Louisiana.

**PAN-AMERICAN LIFE INSURANCE COMPANY**

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Chairman of the Board  
President and Chief Executive Officer



## NOTICE OF PRIVACY POLICY FOR PERSONAL HEALTH INFORMATION

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

As your insurer, Pan-American Life Insurance Company (“Pan-American”) may collect certain health information from you, either from your insurance application for coverage or from yourself or your provider for reimbursement of medical expenses, and for other purposes that are permitted or required by law.

### USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

Pan-American is permitted or required by law to use or disclose your medical information without your consent or authorization for the following purposes:

**Treatment.** For example, Pan-American may use and disclose your health information to a physician or other health care provider providing treatment to you.

**Payment.** For example, Pan-American may use and disclose your health information to process or pay claims, or to collect payment from third parties, such as other health plans or providers, for the care you receive. Pan-American may also disclose information regarding your coverage or your medical information to other health plans to coordinate payment of benefits.

**Health Care Operations.** For example, Pan-American may use and disclose your health information for its own health care operations. These purposes include (i) to conduct quality assessment and improvement activities, (ii) for underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits, (iii) review and auditing, including compliance reviews, medical reviews, legal services and compliance programs, (iv) business planning and development including cost management and planning related analyses and formulary development, (v) business management and general administrative activities of Pan-American administered health plans, including customer service and resolution of internal grievances.

**Health Related Services.** For example, Pan-American may use and disclose your health information to contact you about health related products and services that may be of interest to you.

**Business Associates.** For example, Pan-American may use and disclose your health information to business associates to assist Pan-American with its payment or health care operations. In all cases, Pan-American requires these business associates to appropriately safeguard the privacy of your information.

**Plan Sponsor.** For example, Pan-American may under certain conditions use and disclose your health information to a plan sponsor for statistical, renewal or quotation purposes. However, your plan sponsor is not permitted to use such information for employment purposes.

**Other Uses and Disclosures.** Pan-American may use or disclose your health information as authorized by law as follows:

- for any purposes as required by law;
- for public health activities, such as required reporting of certain diseases
- as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials as required by law;
- to coroners and/or funeral directors consistent with law;
- if necessary to arrange an organ of tissue donation from you or a transplant for you;
- to avert a serious threat to health or safety;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates; and
- as authorized by and to the extent necessary to comply with state worker’s compensation laws.

Pan-American will adhere to all state and federal laws or regulations that provide additional privacy protection.

## YOUR PRIVACY RIGHTS

**Confidential Communication.** Pan-American will not release any of your personal medical information to anyone other than as permitted by law without your prior written consent. After we obtain your written consent to share this information, you have the right to withdraw your consent for release of this information at any time by sending written notice to: Privacy Officer, Pan-American Life Insurance Company, 601 Poydras Street, Room 2600, New Orleans, LA 70130.

**Restrictions.** You have the right to request restrictions on certain uses and disclosures of your protected health information; however, Pan-American is not required to comply with such requests. We will make every effort to do so; however, to request restriction, you must send a written request to: Privacy Officer, Pan-American Life Insurance Company, 601 Poydras Street, Room 2600, New Orleans, LA 70130.

**Receiving Confidential Communication.** You have the right to request that Pan-American communicates with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that Pan-American only communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please send your request in writing to Privacy Officer, Pan-American Life Insurance Company, 601 Poydras Street, New Orleans, LA 70130. Pan-American will attempt to honor your reasonable requests for confidential communications.

**Access.** You have the right to inspect your file in our office and to make copies of your file. A request to inspect and copy records containing your health information must be made in writing to Privacy Officer, Pan-American Life Insurance Company, 601 Poydras Street, New Orleans, LA 70130.

**Amendment.** If you believe that your health information records are inaccurate or incomplete, you may request that Pan-American amend the records. That request may be made as long as the information is maintained by Pan-American. A request for an amendment of records must be made in writing to Privacy Officer, Pan-American Life Insurance Company, 601 Poydras Street, New Orleans, LA 70130. Pan-American may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by Pan-American, if the health information you are requesting to amend is not part of Pan-American's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if Pan-American determines the records containing your health information are accurate and complete.

**Disclosures.** You may request details regarding any disclosures of your medical information while it has been in our possession. You must submit your request in writing to: Privacy Officer, Pan-American Life Insurance Company, 601 Poydras Street, Room 2600, New Orleans, LA 70130.

**Changes to this Notice.** Pan-American Life Insurance Company is required by law to maintain the privacy of your personal health information and to provide you with this notice advising you of our legal duties and privacy practices with respect to this information. Pan-American is also required to abide by the terms of this notice and to advise you if there are any changes in our privacy practice that will affect the protection of your health information in the future. If you elect to receive any or all of the above information electronically, you will always have the right to request paper copies of the information as well.

**Complaints.** If you have any complaints about the violation of your private medical information, please send a detailed description of your complaint to: Privacy Officer, Pan-American Life Insurance Company, 601 Poydras Street, Room 2600, New Orleans, LA 70130. If you do file a complaint, Pan-American will attempt to resolve the complaint to your satisfaction. No retaliatory action will be taken for the filing of such a complaint.

**Effective Date.** This notice was effective April 14, 2003 and revisions to this notice are effective August 1, 2008, and will remain in effect until you are notified otherwise.

**Contact Information.** If you have any questions about Pan-American privacy practice, or if you wish to file a complaint, please contact us at:

Pan-American Life Insurance Company  
Attn: Privacy Officer  
601 Poydras Street, Room 2600  
New Orleans, LA 70130  
Telephone: 1-877-939-4551

## ERISA GENERAL INFORMATION

1. **NAME OF PLAN:** Evergreen Alliance Golf Limited, LP Employee Welfare Plan
2. **NAME AND ADDRESS OF PLAN SPONSOR:**  
Evergreen Alliance Golf Limited, LP  
4851 LBJ Freeway  
Dallas, TX. 75244
3. **EMPLOYER IDENTIFICATION NUMBER (EIN):** 75-2798353
4. **PLAN NUMBER (PN):** 501
5. **TYPE OF PLAN:** Hospital Indemnity
6. **TYPE OF ADMINISTRATION:**  
The Plan is administered on behalf of the Plan Administrator by Pan-American Life Insurance Company pursuant to the terms of the following documents:  
  
Pan-American Life funded portion of the Plan - Contract Administration
7. **NAME AND ADDRESS OF PLAN ADMINISTRATOR:**  
Evergreen Alliance Golf Limited, LP (Health and Welfare Plan)  
4851 LBJ Freeway  
Dallas, TX. 75244
8. **AGENT FOR SERVICE OF LEGAL PROCESS:**  
Evergreen Alliance Golf Limited, LP  
4851 LBJ Freeway  
Dallas, TX. 75244
9. **SOURCE OF CONTRIBUTIONS AND FUNDING:**  
Pan-American Life completely funds the following benefits:  
  
Hospital Indemnity  
  
The cost of the coverages for Plan Participants and their Dependents is paid by the Plan Participant. The Plan Participant's contribution toward the cost of the Plan is at a rate determined by the Plan Sponsor.
10. **PLAN YEARS:**  
The financial records of the Plan are kept on a Plan Year basis. The Plan Year ends on each August 31.
11. **PLAN DETAILS:**  
The eligibility requirements, termination provisions and a description of the circumstances which may result in disqualification, ineligibility, or denial or loss of any benefits are described in this booklet.
12. **FUTURE OF THE PLANS**  
Although the Plan Sponsor expects and intends to continue the Plans indefinitely, the Plan Sponsor reserves the right to modify, amend, suspend or terminate.

## **SURGERY NOTICE**

For benefit information on a specific surgical procedure call:

Pan-American Life Insurance Company  
Customer Service Department

1-877-569-3075  
7:30 AM – 5:30 PM CST

Please have the plan number and CPT Code for the surgery from your physician.

Any payment for covered services is subject to the insured's eligibility at the time of service, limitations/exclusions set forth in the policy provisions and the information submitted with your claim by your medical provider.



**PAN-AMERICAN LIFE INSURANCE COMPANY**

**601 Poydras Street  
New Orleans, Louisiana 70130  
TOLL FREE: 1-877-569-3075**

This amendment forms a part of the policy/certificate to which it is attached and amends such policy/certificate in the manner indicated. Anything specifically stated in this amendment overrides anything to the contrary in the policy/certificate, and will be subject to all other parts of the policy/certificate. This amendment is effective on the Plan effective date.

The following changes apply:

**THE DEFINITION OF DEPENDENT IS HEREBY DELETED AND REPLACED WITH THE FOLLOWING:**

**DEPENDENT:** A person who is designated by a Plan Participant may become covered or is entitled to benefits under the Plan if he is one of the following:

1. Your spouse, unless You are legally separated from Your spouse; and
2. Your children, until the age of twenty-six (26)\*.

The term child includes any of the following:

- a. A natural child.
- b. A stepchild.
- c. A legally adopted child.
- d. A child placed for adoption. Placed for adoption means the assumption and retention by the Employee or the Employee's spouse of a legal obligation for total or partial support of the child in anticipation of adoption of the child.
- e. A child placed in your home following the execution of an act of voluntary surrender in favor of you or your legal representative.
- f. A child for whom legal guardianship has been awarded to the Employee or the Employee's spouse.
- g. A grandchild who is residing with and under the legal custody of either the Employee or the Employee's spouse.

We will not limit or otherwise restrict the offer of coverage to a child or grandchild until the age of twenty-six (26) by requiring any of the following:

- a. That the child or grandchild had to have been previously covered as a dependent.
- b. That the child or grandchild resides in this state.
- c. That the child or grandchild demonstrate that he had previous creditable coverage.
- d. That the enrollee or insured requested coverage for the child or grandchild the first time such child or grandchild was eligible for coverage.

Subject to the employee eligibility and enrollment rules, we will not deny coverage to a child or grandchild under the age of twenty-six when the enrollee or insured requests coverage.

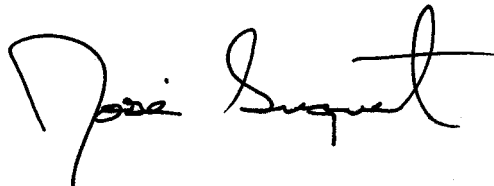
\*Residents of Florida are provided additional Dependent eligibility provided in this amendment as follows:

For residents of the state of Florida, a Dependent will be eligible for coverage until the end of the Calendar Year in which the child reaches the age of 30 if the child:

- is unmarried and does not have a dependent of his or her own
- is a resident of Florida or a full-time or part-time student, and
- is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act

Except as amended by this Amendment, all terms, conditions, limitations and exclusions of the Policy or Certificate to which this Amendment is attached will remain in full force and effect. In the event of a conflict between the provisions of any other Section of Your Policy or Certificate and the provisions of this Amendment, the provisions of this Amendment shall prevail.

**PAN-AMERICAN LIFE INSURANCE COMPANY**



Chairman of the Board  
President and Chief Executive Officer





## OUTLINE OF COVERAGE FOR PANAMED PLAN

This outline of coverage provides a brief summary of some important features of your insurance certificate. This outline of coverage is not an insurance contract and only the actual certificate provisions will control. Your certificate includes in detail the rights and obligations of you, your employer, and Pan-American Life Insurance Company. Please review your certificate carefully for additional information.

Categories of Coverage: Your certificate includes **limited medical benefits**, also referred to as fixed indemnity coverage. Limited benefit plans differ from major medical coverage and are not designed to cover all medical expenses or meet the minimum standards required by the Affordable Care Act for major medical coverage. Payments for the limited medical benefits are based on the scheduled dollar amounts in the Summary of Benefits rather than on a percentage of the provider's charge. If you need comprehensive major medical coverage, there may be other options available to you and your family members. Please go to [www.healthcare.gov](http://www.healthcare.gov) for more information.

Benefits: The benefit levels are described in your **Summary of Benefits**. Some benefits included in your plan may appear as riders and these can be found following your **Summary of Benefits**.

The **Table of Contents** shows where to find more information regarding: eligibility, benefits, exclusions and limitations, and other important terms and conditions.

Exceptions, Reductions, and Limitations: Your benefits are subject to certain exclusions, limitations, and terms for keeping the benefits in force. For example, the following services are not covered by this plan:

- Infertility treatments
- Cosmetic surgery
- Counseling for mental illness or substance abuse
- Obesity, weight reduction, or dietetic control (except for morbid obesity or disease etiology)
- Physical therapy
- Chiropractic visits (spinal manipulation)
- Acupuncture

Please refer to the section entitled "**Exclusions and Limitations**" for further details on these and other exclusions and limitations. The first page of the **Summary of Benefits** provides information on the **Waiting Period** and the **age-based reduction in Life Insurance Benefits**, if applicable.

Continuation of Coverage: Eligibility for coverage is described in the sections entitled **Eligibility for Employees** and **Eligibility for Dependents** of your certificate. Your coverage may not begin until after a waiting period, as described on the first page of the **Summary of Benefits**. The **Termination of Coverage** section of your certificate explains when your coverage will terminate. Under certain circumstances, you may continue your coverage for a limited time period if you should become disabled. See the **Extension Due to a Total Disability** section for details. In addition, you may be eligible for continued coverage under applicable COBRA laws. See the **Continuation Coverage Rights Under COBRA** section for further details.

Premium or Contribution: The cost of this coverage is included within the premiums paid for your benefit plan. Your contribution will be deducted by your employer from your paycheck.



# Frequently Asked Questions

**Q: Is PanaMed Major Medical coverage?**

A: No. PanaMed is a fixed indemnity plan. This is not basic health insurance or major medical coverage and is not designed as a substitute for either coverage. PanaMed is a limited benefit plan that pays a fixed benefit amount to help cover the cost of common medical services. The plan is not designed to cover the costs of serious or chronic illnesses. It contains specific dollar limits that will be paid for medical services which may not be exceeded. Specific dollar limits are listed in the summary of benefits.

**Q: Does PanaMed have any exclusions or limitations?**

A: Benefits are subject to certain exclusions, limitations, and terms for keeping the benefits in force. For example the following services are not covered by this plan: infertility treatments, cosmetic surgery, counseling for mental illness or substance abuse, obesity, weight reduction or dietetic control, physical therapy, spinal manipulation, acupuncture. This is a partial list of services that are generally not covered. Members should refer to their certificate to determine which services are covered and to what extent. Additional information can be found at [www.panamericanbenefits.com](http://www.panamericanbenefits.com).

**Q: Will the PanaMed plan provide an indemnity benefit to any Physician or Hospital?**

A: Yes. The member is free to seek the services of any licensed Physician or accredited Hospital. There is no requirement that the Physician or Hospital belong to a PPO network to receive benefits.

**Q: What is a PPO?**

A: PPO is the abbreviation for Preferred Provider Organization. This organization of providers (referred to as a “network”) has agreed to provide their services as a negotiated discount, reducing your out of pocket cost.

**Q: How does a member determine which providers participate in the network?**

A: PPO participation may be verified by calling the PPO company directly or by accessing the PPO company’s website. The PPO company’s contact information can be found on the member’s ID card or by selecting the PPO information tab via the Pan-American Life Web Portal. The insured is responsible for verifying the current PPO participation of their provider.

**Q: Is there a pre-existing condition exclusion on the plan?**

A: Because this is a limited medical plan there are no pre-existing condition exclusions. However there are certain circumstances where pregnancy is not covered if conception occurred prior to the insured’s effective date of coverage. This exclusion does not apply to residents of California, Montana, and Texas, or to North Carolina groups.

**Q: Can dependents be insured by PanaMed?**

A: Yes. If the member is covered by PanaMed, dependents are also eligible for coverage.

**Q: Are Medicare and Medicaid recipients eligible for PanaMed?**

A: Yes. However, under Medicare and Medicaid policies, PanaMed is considered primary coverage. As a result, with PanaMed, Medicare and/or Medicaid coverage may be reduced or discontinued.

**Q: Can the PanaMed plan be used if the insured has separate health insurance?**

A: Yes. The specified benefits pay irrespective of any other private group coverage.

**Q: Is the member allowed to assign benefits to his or her healthcare provider?**

A: Yes. Benefits are automatically assigned to the member’s healthcare provider. If the member would like to receive the benefit payment directly, complete the medical claim form and sign the authorization of payment section.

**Q: Are chiropractor visits covered under the PanaMed plan?**

A: Only charges billed as a physician office visit are covered. Charges billed as treatment and/or manipulations are not covered.

**Q: How is the payment for a surgical procedure determined?**

A: Any payment for covered services is subject to the insured’s eligibility at the time of service, limitations/exclusions set forth in the policy provisions and the information submitted with your claim by your medical provider. For benefit information on a specific surgical procedure please contact our member service department. You will need to provide the CPT code for the surgery from your physician.

**Q: Is PanaMed COBRA eligible?**

A: Yes. PanaMed is COBRA eligible for employer groups with 20 or more employees.

*Panamed is issued by Pan-American Life Insurance Company, a member of the Pan-American Life Insurance Group. Special enrollment rules are required for residents of California, Washington, Vermont, New Hampshire, and Utah. Due to special state mandates, coverage options for residents of Kansas, Oklahoma, Massachusetts, Maryland and Washington will differ slightly from the plan options shown. Coverage for residents of Massachusetts will not meet the state's minimum creditable coverage requirements. The plan will not pay benefits for any care provided prior to the coverage effective date or if the insured is confined in a hospital at the time the coverage is effective. Hospital does not include a nursing home, convalescent home or extended care facility. Medical Accident/AD&D is not available in Maryland.*



# Group Summary of Benefits

*Prepared for:*



# Member Advantages

Thanks again for choosing PanaMed for your medical benefit needs. This summary has been designed to provide you with an overview of your 2011 medical benefits. If you have any questions about your plan, please call our Member Services at 1-877-569-3075 and we'll be glad to assist you.

You may also access your benefits online 24 hours a day at [www.panamericanbenefits.com](http://www.panamericanbenefits.com).

## Member Services

Our member service representatives are responsible for ensuring that you receive the highest quality assistance. You have questions. We're here to help. Our representatives provide detailed information in response to inquiries about products and services. We communicate through a variety of means; by telephone, e-mail, fax, and mail.

We can assist you with:

- Medical Claims
- Verification of Benefits
- Member Eligibility
- Policy Information
- Health Advocacy
- Finding a Provider
- Prescription Benefits
- ID Cards
- ...and more!

## Health Advocacy

We make healthcare work for you. No more hassles. No more frustrations. Health Advocacy makes it easy and simple to get help. Call us and we'll be able to:

- Find some of the best doctors, hospitals and providers anywhere in the country
- Resolve insurance claims
- Negotiate billing and payment arrangements
- Schedule appointments with providers, including hard to reach specialists
- Assist in the transfer of medical records, x-rays and lab results
- Identify renowned "best-class" medical institutions regarding serious illness or injury

*AND...MUCH MORE!*

## Provider Discount

PanaMed members may benefit from discounted provider prices through access to our network of Preferred Provider Organization (PPO). We have partnered with the largest PPO network in the country, with nearly **550,000** physicians, **4,100** hospitals and more than **67,000** ancillary care facilities throughout the United States. This allows our members to save on healthcare services and stretch their benefit dollars to meet their needs.

## How Does Your Medical Plan Work

1. Call PHCS to locate an in-network provider
2. Visit provider and present ID card
3. Provider files claim
4. PPO Network PHCS applies discounts and forwards claim to insurance carrier
5. If the claim is less than the allowable benefit amount, you owe nothing. If the claim is more than the allowable benefit amount, you will owe the balance to the provider

**NOTE** – If you visit a non-network provider, you will need to pay the full amount and submit a claim form to be paid the allowable benefit amount.

*PPO services are not insurance products and are provided by MultiPlan, Inc. [www.multiplan.com](http://www.multiplan.com). Pan-American Life and MultiPlan, Inc. are not affiliated.*

## Global Repatriation

Global Repatriation is a worldwide benefit designed to help families when a member or a covered dependent suffers a loss of life due to a covered accident or illness while traveling 100 miles or more away from their permanent residence. Travel within the U.S. and abroad.

Our Global Repatriation benefit makes all the necessary arrangements for the transportation of a covered member's remains to anywhere in the United States and includes repatriation of foreign nationals to their home countries. Arrangements must be coordinated with the member service center and covers up to \$20,000 in expenses.

*Global Repatriation benefit is provided by AXA Assistance USA. [www.axa-assistance.us](http://www.axa-assistance.us). Pan-American Life and AXA Assistance USA are not affiliated. See policy for exclusions and limitations.*

**For assistance please call 1-877-569-3075**

Monday through Friday 8:00 AM – 5:00 PM Central Time  
or email [CRMC6@panamericanlife.com](mailto:CRMC6@panamericanlife.com)

## Prescription Drug Plan

**Generic - \$15 co-pay** for 30 day supply.

**Formulary Brand Name - \$50 co-pay or 50%**

(whichever is greater) for a 30 day supply.

Non-preferred drugs – Discount only.

Monthly Maximum Limit **\$750** per month per insured person.

Over 2,200 preferred brand drugs included on formulary listing.

Mail order available for 90 day supply.

The Rx retail pharmacy network consists of **over 62,000** national, regional and local chains and independent pharmacies.

### How Does Your Prescription Benefit Work

1. Select a convenient pharmacy near you and verify that they are in the network (verification can be attained by calling RxEDO or visiting their website)
2. Present your ID card
3. The discount is applied
4. Member pays the discounted amount
5. Pharmacy will automatically file your claim for you
6. The pharmacy administrator will mail a check directly to you for the full benefit amount specified in your plan

**For updated formulary and information call:**

**1-888-879-7336 Or Go to [www.rxedo.com](http://www.rxedo.com)**

Members can create an account. Use the member ID printed on the card or SSN when prompted.

**Access to:** Claim Search, Rx Coverage, Drug Information, Formulary Listings, Pharmacy Search, Drug Pricing and more...

*Rx benefits are provided by RxEDO, Inc. [www.rxedo.com](http://www.rxedo.com). Pan-American Life and RxEDO, Inc. are not affiliated.*

## Professional Health Services!

No matter how complex or simple, we all have healthcare needs. From finding a doctor to solving a billing problem, getting straight answers can seem impossible at times. But you're in luck, you have a Compass. In addition to your insurance plan, Compass is here to serve as your personal healthcare advisor. Our mission is to help you understand and reap the full value from your healthcare benefits. Call or email Compass for help any step of the way:

- Price comparisons that save you money
- Unbiased doctor recommendations
- Bill review and problem resolution and more...

*Professional health services are not insurance products and are Provided by Compass Professional Health Services [www.compassphs.com](http://www.compassphs.com). Pan-American Life and Compass Professional Health Services are not affiliated.*

## Telehealth Services - AmeriDoc

**24/7 Physician Care when you need it!**

AmeriDoc is a national network of U.S. board-certified physicians who use electronic health records, telephone consultations and online video consultations to diagnose, recommend treatment and write short term, non-DEA controlled prescriptions, when appropriate.

Physicians are available 24 hours a day, 365 days a year, allowing members of any age to conveniently access quality care from their home, work or on-the-go as opposed to more expensive and time consuming alternatives like the doctor's office or emergency room.

### To Set Up Your Account

Please call **1-877-263-7409** to get your login and password so that you can set up your own membership account and answer your health questionnaire.

Once your account is set up and your health questionnaire is complete you will be able to speak with a physician within minutes. You will also be able to log on to [www.ameridoc.com](http://www.ameridoc.com) and consult with a physician through our secure email system.

*Telehealth services are not insurance products and are provided by AmeriDoc, LLC. [www.ameridoc.com](http://www.ameridoc.com). Pan-American Life and AmeriDoc are not affiliated.*

## Medical Accident with AD&D

Many working Americans are not prepared to pay for expenses that may occur due to accidents. The unexpected cost of hospitalization and emergency room care can cost more than an average family can earn in an entire month. Medical Accident insurance provides protection to families not only for accidental injury but also for the occurrence of an accidental death.

*Depending on the state of issue, medical accident insurance is issued by Pan-American Life Insurance Company on policy form number SM-2003 or by Zurich American Insurance Company or Fairmont Specialty. Pan-American Life and Zurich American Insurance Company or Fairmont Specialty are not affiliated.*

## Certificates

Certificates have been delivered to your employer. You may request a printed copy of your certificate from your employer or download it by logging on and registering through our website

[www.panamericanbenefits.com](http://www.panamericanbenefits.com)

**For assistance please call 1-877-569-3075**

Monday through Friday 8:00 AM – 5:00 PM Central Time  
or email [CRMC6@panamericanlife.com](mailto:CRMC6@panamericanlife.com)





**SUMMARY OF BENEFITS**  
**Option 2**

We will provide the benefits shown. Any change in amount is subject to the Change in Amounts of Benefits provision.

**Group Number:** 97969  
**Plan Sponsor:** Evergreen Alliance Golf Limited, LP  
**Plan Sponsor Address:** 4851 LBJ Freeway, Dallas, TX. 75244  
**Plan Administrator:** Evergreen Alliance Golf Limited, LP (Health and Welfare Plan)  
**Effective Date:** September 01, 2011  
**Plan Anniversary Date:** September 01

**BENEFITS AND AMOUNT OF BENEFITS**

Waiting Period: Employee's hired before September 01, 2011 will be eligible for coverage on the Policy Effective Date.

Employee's hired on or after September 01, 2011 will be eligible for coverage on the first of the month following ninety (90) days of employment.

**HOSPITAL INDEMNITY**

\$1,500 per day as the result of an Illness or Injury up to a Calendar Year Maximum of 60 days (for any inpatient stay in a Hospital).

\$3,000 per day for intensive care, up to a maximum of 30 days per Calendar Year.

\$750 per day for treatment of Substance Abuse, up to a maximum of 30 days per Calendar Year.

\$750 per day for Mental Illness, up to a Calendar Year Maximum of 60 days.

\$750 per day for stays in a Skilled Nursing Facility, up to a maximum of 60 days per stay. The stay is only covered if it is following a covered Hospital stay of at least 3 days.

**IT IS OUR INTENT TO PAY BENEFITS IN ACCORDANCE WITH THE LAWS OF THE STATE WHERE THE GROUP POLICY IS ISSUED, UNLESS OTHERWISE FORBIDDEN BY THE LAWS OF THE STATE WHERE THE COVERED PERSON LIVES. IF THERE IS A CONFLICT BETWEEN ANY PROVISION IN THE PLAN AND THE APPLICABLE STATE LAW, THE STATE LAW WILL PREVAIL.**

**DOCTOR'S OFFICE VISIT INDEMNITY BENEFIT**

Doctor's office visits are payable at \$100 per Covered Person per Doctor's Office Visit up to a Calendar Year maximum of \$600. Routine exams, medical treatment, and injections are not covered under this benefit.

**PREVENTIVE CARE INDEMNITY BENEFIT**

Routine exams, medical treatment, and injections are payable at \$150 per Covered Person per visit up to a Calendar Year maximum of \$450.

**SURGICAL INDEMNITY BENEFIT**

Surgeries performed by a Doctor are payable according to the Surgical Schedule per Covered Person with a Calendar Year maximum of \$3,000.

**OUTPATIENT DIAGNOSTIC LAB, X-RAY AND ADVANCED STUDIES INDEMNITY BENEFIT**

**OUTPATIENT DIAGNOSTIC LAB (DL) INDEMNITY BENEFIT**

Diagnostic lab (DXL) tests ordered or performed by a Doctor are payable at \$20 per Covered Person with a three (3) test limit as the Calendar Year maximum when Hospital Confinement is not required. Routine exams are not covered under this benefit. This benefit is defined as those procedures in the CPT code range of 80000 excluding preventive care testing.

**OUTPATIENT X-RAY INDEMNITY BENEFIT**

Diagnostic x-ray tests ordered or performed by a Doctor are payable at \$70 per Covered Person with a Calendar Year maximum of two (2) x-ray tests per year when Hospital Confinement is not required. Benefit includes costs for reading of the x-ray. Routine exams are not covered under this benefit. This benefit is defined as those procedures in the CPT code range of 70000 excluding preventive care testing.

**OUTPATIENT ADVANCED STUDIES INDEMNITY BENEFIT**

Diagnostic Advanced Studies ordered or performed by a Doctor are payable as shown in the schedule below up to the Calendar Year maximum of \$1,000 per Covered Person per Calendar Year when Hospital Confinement is not required. Routine exams are not covered under this benefit. This benefit is defined as those procedures in the CPT code 90000 series excluding preventive care testing. Those services covered under this benefit include but are not limited to:

<b>Service</b>	<b>Schedule C</b>
Angiogram, Aretteriogram	\$270
EEG	\$50
Myelogram	\$90
CT	\$170
MRI Scans	\$220
PET	\$400

**EMERGENCY ROOM VISIT INDEMNITY BENEFIT**

We will pay an Emergency Room Visit Indemnity Benefit as a result of an Illness in the amount of \$75 per visit up to a \$300 maximum per calendar year for services Medically Necessary and provided on an Emergency basis that do not result in Hospital Confinement.

**PAN-AMERICAN LIFE INSURANCE COMPANY**  
**New Orleans, Louisiana**

This rider is made part of the Plan to which it is attached. This Rider is subject to all provisions of the Plan which are in conflict with the provisions of this Rider.

This benefit provision only applies if it is elected and the required premiums are paid.

**AMBULANCE SERVICES-INDEMNITY BENEFIT**

Ambulance transportation as the result of an Illness or Injury by a licensed ambulance service, to the nearest Hospital where health services can be performed will be paid at \$150 per service, up to the Calendar Year maximum of \$150.

THE FOLLOWING DEFINITION IS HEREBY ADDED TO THE PLAN:

**Ambulance:** Emergency ground ambulance transportation when Medically Necessary and used locally to or from the nearest facility qualified to render treatment; Emergency air or water ambulance when Medically Necessary to transport a Covered Person to the nearest facility qualified to render treatment in a life-threatening situation; and ambulance transportation necessary for the provision of emergency medical care for a newborn Child when such Child is transported to the nearest Hospital capable of providing the Medically Necessary treatment on a timely basis, and the mode of transportation is the most economically consistent with the well-being of such Child.

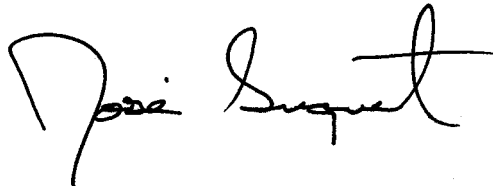
This rider is hereby accepted and deemed valid on the effective date of September 01, 2011.

Payment of premium on or after the effective date of this rider shall constitute acceptance by the Plan Sponsor of the Plan modifications contained herein.

No other Plan provision or condition is changed in any way by this amendment, except as described above.

Signed for the Company at New Orleans, Louisiana.

**PAN-AMERICAN LIFE INSURANCE COMPANY**

A handwritten signature in black ink, appearing to read "David S. Siquel". The signature is fluid and cursive, with a large initial "D" and "S".

Chairman of the Board  
President and Chief Executive Officer

**PAN-AMERICAN LIFE INSURANCE COMPANY**  
**New Orleans, Louisiana**

**ANESTHESIA INDEMNITY BENEFIT RIDER**

If elected, this Benefit Rider forms a part of the Plan to which it is attached and amends such Plan in the manner indicated for Covered Persons only. Anything specifically stated in this rider overrides anything to the contrary in the Plan, and will be subject to all other parts of the Plan.

**ANESTHESIA INDEMNITY BENEFIT**

This benefit provision only applies if it is elected and the required premiums are paid.

Subject to the terms and conditions of the Plan, We will pay an Anesthesia Indemnity Benefit when a surgery is performed that is covered and paid under the Surgical Indemnity Benefit of Your Plan. The Anesthesia Indemnity Benefit amount will equal 25% of the amount paid for the surgical procedure which is paid according to our Schedule of Surgical Procedures.

The Anesthesia Indemnity Benefit will be paid for a Plan Participant or a Dependent. We will pay the benefit specified in this Rider for each surgical procedure, however such benefits are only payable once per surgical session.

The Plan must have the Surgical Indemnity Benefit in order for this Rider to be elected.

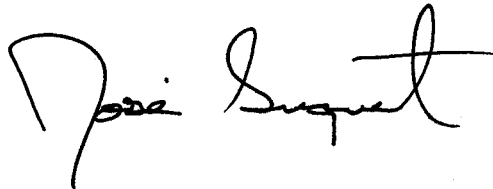
This rider is hereby accepted and deemed valid on the effective date of September 01, 2011.

Payment of premium on or after the effective date of this rider shall constitute acceptance by the Plan Sponsor of the Plan modifications contained herein.

No other Plan provision or condition is changed in any way by this amendment, except as described above.

Signed for the Company at New Orleans, Louisiana.

**PAN-AMERICAN LIFE INSURANCE COMPANY**

A handwritten signature in black ink, appearing to read "Jose Siquet". The signature is fluid and cursive, with a large initial "J" and a long horizontal stroke at the end.

Chairman of the Board  
President and Chief Executive Officer

**PAN-AMERICAN LIFE INSURANCE COMPANY**  
**New Orleans, Louisiana**

This rider is made part of the Plan to which it is attached. This Rider is subject to all provisions of the Plan which are in conflict with the provisions of this Rider.

This benefit provision only applies if it is elected and the required premiums are paid.

**DURABLE MEDICAL EQUIPMENT BENEFIT RIDER**

We will pay up to \$25 per Calendar Year for Durable Medical Equipment that meets the following criteria:

1. Ordered or provided by a Doctor for outpatient use;
2. Used for medical purposes;
3. Not consumable or disposable (except diabetic supplies and equipment);
4. Not of use to a person in the absence of a disease or disability.

Examples of Durable Medical Equipment include:

- Equipment to assist mobility, such as a standard wheelchair;
- A standard Hospital-type bed;
- Diabetic supplies, glucometer, etc.;
- Oxygen and the rental of equipment to administer oxygen (including tubing connectors and masks);
- Delivery pumps for tube feedings (including tubing and connectors);
- Braces, including necessary adjustment to shoes to accommodate braces. Braces that stabilize an injured body part and braces to treat curvature of the spine are considered Durable Medical Equipment. Braces that straighten or change the shape of a body part are orthotic devices, and are excluded from coverage. Dental braces are also excluded from coverage;
- Medical equipment necessary for the treatment of chronic or acute respiratory failure (except air conditioners, humidifiers, dehumidifiers, air purifiers and filters, and personal comfort items are excluded from coverage).
- The following equipment, supplies and related services for the treatment of Type I, Type II, and gestational diabetes, when medically necessary and when recommended or prescribed by a Doctor or other licensed health care provider legally authorized:
  - A. Blood glucose monitors;
  - B. Blood glucose monitors to the legally blind;
  - C. Test strips for glucose monitors;
  - D. Visual reading and urine testing strips;
  - E. Insulin;
  - F. Injection aids;
  - G. Cartridges for the legally blind;
  - H. Syringes;
  - I. Insulin pumps for the appurtenances thereto;
  - J. Insulin infusing devices;
  - K. Oral agents for controlling blood sugar; and
  - L. Podiatric appliances for prevention of complications associated with diabetes.

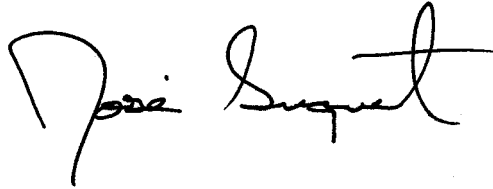
This rider is hereby accepted and deemed valid on the effective date of September 01, 2011.

Payment of premium on or after the effective date of this rider shall constitute acceptance by the Plan Sponsor of the Plan modifications contained herein.

No other Plan provision or condition is changed in any way by this amendment, except as described above.

Signed for the Company at New Orleans, Louisiana.

**PAN-AMERICAN LIFE INSURANCE COMPANY**

A handwritten signature in black ink, appearing to read "Jose August". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke at the end.

Chairman of the Board  
President and Chief Executive Officer

**PAN-AMERICAN LIFE INSURANCE COMPANY**  
**New Orleans, Louisiana**  
**EMERGENCY ROOM VISIT INDEMNITY BENEFIT RIDER**

If elected, this Benefit Rider forms a part of the Plan to which it is attached and amends such Plan in the manner indicated for Covered Persons only. Anything specifically stated in this rider overrides anything to the contrary in the Plan, and will be subject to all other parts of the Plan.

**EMERGENCY ROOM VISIT INDEMNITY BENEFIT**

This benefit provision only applies if it is elected and the required premiums are paid.

Subject to the terms and conditions of the Plan, We will pay an Emergency Room Visit Indemnity Benefit as a result of an Illness in the amount of \$75 per visit up to a \$300 maximum per calendar year for services Medically Necessary and provided on an Emergency basis that do not result in Hospital Confinement. Emergency Room Visit Indemnity Benefits will be paid for a Plan Participant or a Dependent. We will pay the benefit specified in this Rider for each Emergency Room Benefit Visit. However, such benefits will not exceed the applicable Calendar Year maximum shown in this Rider.

Emergency is defined as the sudden onset of a medical condition manifested by symptoms of such severity that the failure to immediately provide Medically Necessary care could reasonably be expected to result in:

- A. Placing the patient's health in serious jeopardy; or
- B. Serious impairment to bodily functions; or
- C. Serious dysfunction of any bodily organ or part.

Illness is defined as a disorder or disease of the mind or body, or a pregnancy.

The Plan Participant shall have free choice of any Doctor and the Doctor-patient relationship shall be maintained.

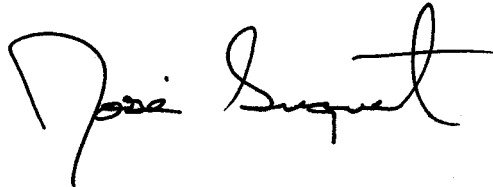
This rider is hereby accepted and deemed valid on the effective date of September 01, 2011.

Payment of premium on or after the effective date of this rider shall constitute acceptance by the Plan Sponsor of the Plan modifications contained herein.

No other Plan provision or condition is changed in any way by this amendment, except as described above.

Signed for the Company at New Orleans, Louisiana.

**PAN-AMERICAN LIFE INSURANCE COMPANY**



Chairman of the Board  
President and Chief Executive Officer.

**PAN-AMERICAN LIFE INSURANCE COMPANY**  
**New Orleans, Louisiana**

This rider is made part of the Plan to which it is attached. This Rider is subject to all provisions of the Plan which are in conflict with the provisions of this Rider.

This benefit provision only applies if it is elected and the required premiums are paid.

**INPATIENT MISCELLANEOUS INDEMNITY BENEFIT**

If elected, the following line item will be added to the Hospital Indemnity provision of the Plan:

25% of the inpatient per day indemnity benefit, for a Calendar Year Maximum of 60 days for any miscellaneous charges related to an inpatient stay in a Hospital. This benefit does not apply to the Substance Abuse, Mental Illness or Skilled Nursing Facility provisions. This benefit does not include any professional charges, ambulance charges or room and board charges.

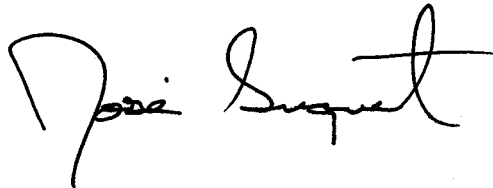
This rider is hereby accepted and deemed valid on the effective date of September 01, 2011.

Payment of premium on or after the effective date of this rider shall constitute acceptance by the Plan Sponsor of the Plan modifications contained herein.

No other Plan provision or condition is changed in any way by this amendment, except as described above.

Signed for the Company at New Orleans, Louisiana.

**PAN-AMERICAN LIFE INSURANCE COMPANY**

A handwritten signature in black ink, appearing to read "Jose Siquet". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke at the end.

Chairman of the Board  
President and Chief Executive Officer



**PAN-AMERICAN LIFE INSURANCE COMPANY  
New Orleans, Louisiana**

This rider is made part of the Plan to which it is attached. This Rider is subject to all provisions of the Plan which are in conflict with the provisions of this Rider.

This benefit provision only applies if it is elected and the required premiums are paid.

**OUTPATIENT SURGICAL FACILITY CENTER BENEFIT**

Pan-American will pay a benefit for surgeries performed at an Outpatient Surgical Facility Center or a Hospital outpatient surgical facility (provided the patient is not subsequently admitted to the Hospital as an inpatient) in the amount of \$375 to a Calendar Year Maximum of \$750.

No benefit is payable for any surgery performed in a Doctor's office.

This benefit will be paid for a Plan Participant or a Dependent. This benefit pays in addition to the Surgical Indemnity Benefit and the Anesthesia Indemnity Benefit Rider.

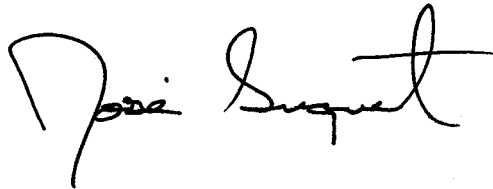
This rider is hereby accepted and deemed valid on the effective date of September 01, 2011.

Payment of premium on or after the effective date of this rider shall constitute acceptance by the Plan Sponsor of the Plan modifications contained herein.

No other Plan provision or condition is changed in any way by this amendment, except as described above.

Signed for the Company at New Orleans, Louisiana.

**PAN-AMERICAN LIFE INSURANCE COMPANY**

A handwritten signature in black ink, appearing to read "Jose Siquet". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke at the end.

Chairman of the Board  
President and Chief Executive Officer



## NOTICE OF PRIVACY POLICY FOR PERSONAL HEALTH INFORMATION

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

As your insurer, Pan-American Life Insurance Company (“Pan-American”) may collect certain health information from you, either from your insurance application for coverage or from yourself or your provider for reimbursement of medical expenses, and for other purposes that are permitted or required by law.

### USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION

Pan-American is permitted or required by law to use or disclose your medical information without your consent or authorization for the following purposes:

**Treatment.** For example, Pan-American may use and disclose your health information to a physician or other health care provider providing treatment to you.

**Payment.** For example, Pan-American may use and disclose your health information to process or pay claims, or to collect payment from third parties, such as other health plans or providers, for the care you receive. Pan-American may also disclose information regarding your coverage or your medical information to other health plans to coordinate payment of benefits.

**Health Care Operations.** For example, Pan-American may use and disclose your health information for its own health care operations. These purposes include (i) to conduct quality assessment and improvement activities, (ii) for underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits, (iii) review and auditing, including compliance reviews, medical reviews, legal services and compliance programs, (iv) business planning and development including cost management and planning related analyses and formulary development, (v) business management and general administrative activities of Pan-American administered health plans, including customer service and resolution of internal grievances.

**Health Related Services.** For example, Pan-American may use and disclose your health information to contact you about health related products and services that may be of interest to you.

**Business Associates.** For example, Pan-American may use and disclose your health information to business associates to assist Pan-American with its payment or health care operations. In all cases, Pan-American requires these business associates to appropriately safeguard the privacy of your information.

**Plan Sponsor.** For example, Pan-American may under certain conditions use and disclose your health information to a plan sponsor for statistical, renewal or quotation purposes. However, your plan sponsor is not permitted to use such information for employment purposes.

**Other Uses and Disclosures.** Pan-American may use or disclose your health information as authorized by law as follows:

- for any purposes as required by law;
- for public health activities, such as required reporting of certain diseases
- as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials as required by law;
- to coroners and/or funeral directors consistent with law;
- if necessary to arrange an organ of tissue donation from you or a transplant for you;
- to avert a serious threat to health or safety;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates; and
- as authorized by and to the extent necessary to comply with state worker’s compensation laws.

Pan-American will adhere to all state and federal laws or regulations that provide additional privacy protection.

## YOUR PRIVACY RIGHTS

**Confidential Communication.** Pan-American will not release any of your personal medical information to anyone other than as permitted by law without your prior written consent. After we obtain your written consent to share this information, you have the right to withdraw your consent for release of this information at any time by sending written notice to: Privacy Officer, Pan-American Life Insurance Company, 601 Poydras Street, Room 2600, New Orleans, LA 70130.

**Restrictions.** You have the right to request restrictions on certain uses and disclosures of your protected health information; however, Pan-American is not required to comply with such requests. We will make every effort to do so; however, to request restriction, you must send a written request to: Privacy Officer, Pan-American Life Insurance Company, 601 Poydras Street, Room 2600, New Orleans, LA 70130.

**Receiving Confidential Communication.** You have the right to request that Pan-American communicates with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that Pan-American only communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please send your request in writing to Privacy Officer, Pan-American Life Insurance Company, 601 Poydras Street, New Orleans, LA 70130. Pan-American will attempt to honor your reasonable requests for confidential communications.

**Access.** You have the right to inspect your file in our office and to make copies of your file. A request to inspect and copy records containing your health information must be made in writing to Privacy Officer, Pan-American Life Insurance Company, 601 Poydras Street, New Orleans, LA 70130.

**Amendment.** If you believe that your health information records are inaccurate or incomplete, you may request that Pan-American amend the records. That request may be made as long as the information is maintained by Pan-American. A request for an amendment of records must be made in writing to Privacy Officer, Pan-American Life Insurance Company, 601 Poydras Street, New Orleans, LA 70130. Pan-American may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by Pan-American, if the health information you are requesting to amend is not part of Pan-American's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if Pan-American determines the records containing your health information are accurate and complete.

**Disclosures.** You may request details regarding any disclosures of your medical information while it has been in our possession. You must submit your request in writing to: Privacy Officer, Pan-American Life Insurance Company, 601 Poydras Street, Room 2600, New Orleans, LA 70130.

**Changes to this Notice.** Pan-American Life Insurance Company is required by law to maintain the privacy of your personal health information and to provide you with this notice advising you of our legal duties and privacy practices with respect to this information. Pan-American is also required to abide by the terms of this notice and to advise you if there are any changes in our privacy practice that will affect the protection of your health information in the future. If you elect to receive any or all of the above information electronically, you will always have the right to request paper copies of the information as well.

**Complaints.** If you have any complaints about the violation of your private medical information, please send a detailed description of your complaint to: Privacy Officer, Pan-American Life Insurance Company, 601 Poydras Street, Room 2600, New Orleans, LA 70130. If you do file a complaint, Pan-American will attempt to resolve the complaint to your satisfaction. No retaliatory action will be taken for the filing of such a complaint.

**Effective Date.** This notice was effective April 14, 2003 and revisions to this notice are effective August 1, 2008, and will remain in effect until you are notified otherwise.

**Contact Information.** If you have any questions about Pan-American privacy practice, or if you wish to file a complaint, please contact us at:

Pan-American Life Insurance Company  
Attn: Privacy Officer  
601 Poydras Street, Room 2600  
New Orleans, LA 70130  
Telephone: 1-877-939-4551

## ERISA GENERAL INFORMATION

1. **NAME OF PLAN:** Evergreen Alliance Golf Limited, LP Employee Welfare Plan
2. **NAME AND ADDRESS OF PLAN SPONSOR:**  
Evergreen Alliance Golf Limited, LP  
4851 LBJ Freeway  
Dallas, TX. 75244
3. **EMPLOYER IDENTIFICATION NUMBER (EIN):** 75-2798353
4. **PLAN NUMBER (PN):** 501
5. **TYPE OF PLAN:** Hospital Indemnity
6. **TYPE OF ADMINISTRATION:**  
The Plan is administered on behalf of the Plan Administrator by Pan-American Life Insurance Company pursuant to the terms of the following documents:  
  
Pan-American Life funded portion of the Plan - Contract Administration
7. **NAME AND ADDRESS OF PLAN ADMINISTRATOR:**  
Evergreen Alliance Golf Limited, LP (Health and Welfare Plan)  
4851 LBJ Freeway  
Dallas, TX. 75244
8. **AGENT FOR SERVICE OF LEGAL PROCESS:**  
Evergreen Alliance Golf Limited, LP  
4851 LBJ Freeway  
Dallas, TX. 75244
9. **SOURCE OF CONTRIBUTIONS AND FUNDING:**  
Pan-American Life completely funds the following benefits:  
  
Hospital Indemnity  
  
The cost of the coverages for Plan Participants and their Dependents is paid by the Plan Participant. The Plan Participant's contribution toward the cost of the Plan is at a rate determined by the Plan Sponsor.
10. **PLAN YEARS:**  
The financial records of the Plan are kept on a Plan Year basis. The Plan Year ends on each August 31.
11. **PLAN DETAILS:**  
The eligibility requirements, termination provisions and a description of the circumstances which may result in disqualification, ineligibility, or denial or loss of any benefits are described in this booklet.
12. **FUTURE OF THE PLANS**  
Although the Plan Sponsor expects and intends to continue the Plans indefinitely, the Plan Sponsor reserves the right to modify, amend, suspend or terminate.

## **SURGERY NOTICE**

For benefit information on a specific surgical procedure call:

Pan-American Life Insurance Company  
Customer Service Department

1-877-569-3075  
7:30 AM – 5:30 PM CST

Please have the plan number and CPT Code for the surgery from your physician.

Any payment for covered services is subject to the insured's eligibility at the time of service, limitations/exclusions set forth in the policy provisions and the information submitted with your claim by your medical provider.

**PAN-AMERICAN LIFE INSURANCE COMPANY**

**601 Poydras Street  
New Orleans, Louisiana 70130  
TOLL FREE: 1-877-569-3075**

This amendment forms a part of the policy/certificate to which it is attached and amends such policy/certificate in the manner indicated. Anything specifically stated in this amendment overrides anything to the contrary in the policy/certificate, and will be subject to all other parts of the policy/certificate. This amendment is effective on the Plan effective date.

The following changes apply:

**THE DEFINITION OF DEPENDENT IS HEREBY DELETED AND REPLACED WITH THE FOLLOWING:**

**DEPENDENT:** A person who is designated by a Plan Participant may become covered or is entitled to benefits under the Plan if he is one of the following:

1. Your spouse, unless You are legally separated from Your spouse; and
2. Your children, until the age of twenty-six (26)\*.

The term child includes any of the following:

- a. A natural child.
- b. A stepchild.
- c. A legally adopted child.
- d. A child placed for adoption. Placed for adoption means the assumption and retention by the Employee or the Employee's spouse of a legal obligation for total or partial support of the child in anticipation of adoption of the child.
- e. A child placed in your home following the execution of an act of voluntary surrender in favor of you or your legal representative.
- f. A child for whom legal guardianship has been awarded to the Employee or the Employee's spouse.
- g. A grandchild who is residing with and under the legal custody of either the Employee or the Employee's spouse.

We will not limit or otherwise restrict the offer of coverage to a child or grandchild until the age of twenty-six (26) by requiring any of the following:

- a. That the child or grandchild had to have been previously covered as a dependent.
- b. That the child or grandchild resides in this state.
- c. That the child or grandchild demonstrate that he had previous creditable coverage.
- d. That the enrollee or insured requested coverage for the child or grandchild the first time such child or grandchild was eligible for coverage.

Subject to the employee eligibility and enrollment rules, we will not deny coverage to a child or grandchild under the age of twenty-six when the enrollee or insured requests coverage.

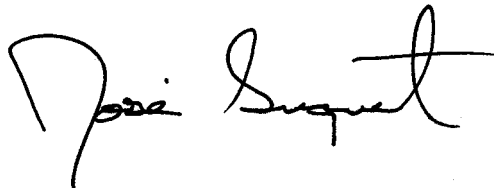
\*Residents of Florida are provided additional Dependent eligibility provided in this amendment as follows:

For residents of the state of Florida, a Dependent will be eligible for coverage until the end of the Calendar Year in which the child reaches the age of 30 if the child:

- is unmarried and does not have a dependent of his or her own
- is a resident of Florida or a full-time or part-time student, and
- is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act

Except as amended by this Amendment, all terms, conditions, limitations and exclusions of the Policy or Certificate to which this Amendment is attached will remain in full force and effect. In the event of a conflict between the provisions of any other Section of Your Policy or Certificate and the provisions of this Amendment, the provisions of this Amendment shall prevail.

**PAN-AMERICAN LIFE INSURANCE COMPANY**



Chairman of the Board  
President and Chief Executive Officer



Non-Preferred Brands (\$\$\$)	R <sub>x</sub> EDO Preferred Alternatives (\$ or \$\$) *
ACIPHEX	omeprazole, lansoprazole
AEROBID	FLOVENT, PULMICORT, QVAR
ALTOPREV	lovastatin, pravastatin, simvastatin
AMBIEN	zolpidem tartrate
AVAPRO	BENICAR, MICARDIS
AVINZA	morphine sulfate SA
CADUET	verapamil SR/pravastatin
CONCERTA	ADDERALL XR, METADATE CD
COZAAR	BENICAR, MICARDIS, verapamil SR
CLARINEX	fevoxfenadine
DETROL	oxybutynin, DETROL LA
DIOVAN	BENICAR, MICARDIS, verapamil SR
DYNABAC	AVELOX, ciprofloxacin
DYNACIRC CR	BENICAR, MICARDIS, verapamil SR
FLOMAX	doxazosin, finasteride, terazosin
FOVA	MAXALT, sumatriptan succinate
INDERAL LA	propranolol
LAMISIL	itraconazole
LEVAQUIN	AVELOX, ciprofloxacin
LEXAPRO	fluoxetine, paroxetine
LEXCEL	amlodipine/benazepril
LIPITOR	lovastatin, pravastatin, simvastatin
MOBIC	fenopropfen, ketoprofen, meloxicam
NEXIUM	omeprazole, lansoprazole
NORVASC	amlodipine
OXYTROL	oxybutynin, DETROL LA
PRAVACHOL	pravastatin
PROTONIX	omeprazole, lansoprazole
PROZAC WEEKLY	fluoxetine
RESCULA	TRAVATAN, TRAVATAN Z
TEQUIN	AVELOX, ciprofloxacin
TRICOR	lofibra, gemfibrozil, lovastatin
TRINASAL	fluticasone, mometasone furoate
VANCEMASE	fluticasone, mometasone furoate
XOPENEX	albuterol
ZOCOR	simvastatin
ZOLOFT	sertraline
ZYRTEC	fevoxfenadine

\*Please note that the preferred alternatives listed here are not a complete listing of all alternatives, only those medications that are most commonly prescribed.



## Preferred Drug List

# Select

### Dear Member:

Please review this Preferred Drug List (PDL) with your physician at the time he or she writes your prescription. This PDL, which includes both brand and generic medications, is not a complete list, but a summary of the most commonly prescribed medications. Your plan's benefit design determines which medications are included or excluded from coverage. Please refer to your benefit information for applicable copays and medication coverage.

### Dear Physician:

Please refer to this list when prescribing for your patient. The medications listed and all generic equivalents are Preferred Drug Choices under the patient's prescription benefit. The PDL is not intended as a substitute for your professional judgment; however, when you prescribe Preferred Drugs for your patients, out-of-pocket expense and plan costs may be lowered. When applicable, generic prescribing is optimal. As generic equivalents become available in the marketplace brand named drugs may be removed from this list.

RETHINK  
REVALUATE  
REDEFINE



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2011 Edition

You can access this list via our member portal at our website: [www.rxedo.com](http://www.rxedo.com)



R<sub>x</sub>EDO Preferred Drug List

<b>Allergy</b> azelastine budesonide cypiroheptadine fexofenadine fluticasone hydroxyzine ipratropium nasal spray mometasone furoate triamcinolone acetonide	itraconazole ketoconazole MYCELEX V FEND	<b>Anti-Inflammatory</b> choleline mag trisilicylate diclofenac diflunisal ENBREL** etodolac fenoprofen ibuprofen indomethacin ketoprofen ketorolac meloxicam nabumetone naproxen oxaprozin piroxicam salsalate sulfindac tolmetin	QVAR SEREVENT SINGULAIR SPIRIVA UNIPHYL VENTOLIN HFA zafirlucast	phenytoin primidone SINGULAR SPIRIVA UNIPHYL VENTOLIN HFA zafirlucast	<b>Atypical Antipsychotics</b> ABILIFY GEODON risperidone SEROQUEL ZYPREXA	<b>CNS-Stimulants</b> ADDERALL XR amphetamine mixtures dextroamphetamine METADATE CD methylphenidate	<b>Growth Hormones</b> NUTROPIN** NUTROPIN AQ** OMNITROPE**	AVONEX ADMIN PACK** COPAXONE** REBIT**
<b>Antibiotics</b> amoxicillin amoxicillin/clavulanate ampicillin AVELOX cefadroxil cefactor, cefactor CD cefadroxil cefepime cefprozime cephalexin ciprofloxacin CIPRODEX CIPRO HC didoxacillin doxycycline erythromycin metronidazole minocycline nitrofurantoin penicillin VK sulfamethoxazole/ trimethoprim tetracycline	anticonazole MYCELEX V FEND	<b>Anti-Migraine Agents</b> MAXALT RELPAX sumatriptan succinate zolmitriptan	<b>Blood Glucose Diagnostis</b> ASCENSIA PRODUCTS NOVOFINE NEEDLES	<b>CNS-Stimulants</b> ADDERALL XR amphetamine mixtures dextroamphetamine METADATE CD methylphenidate	<b>Heart Disease/Blood Pressure</b> acebutolol amlodipine atenolol benazepril/ benazepril/HCTZ BENICAR, BENICAR HCT bisoprolol captopril/ captopril/HCTZ carvedilol diltiazem enalapril/ enalapril/HCTZ fosinopril furosemide hydrochlorothiazide (HCTZ) INNOPRAN XL K-DUR labetalol LANOXIN lisinopril/ lisinopril/HCTZ metolazone metoprolol metoprolol succinate MICARDIS, MICARDIS HCT moexipril nadolol nifedipine nimodipine nisoldipine propranolol quinapril/ quinapril/HCTZ sotalol, sotalol AF spironolactone torsemide triamterene/HCTZ verapamil	<b>Contraceptives</b> All generic oral contraceptives DEMULEN LOESTRIN LO OVRAL MICRONOR MODICON NORDETTE NORINYL ORTHO-CEPT ORTHO EVRA ORTHO NOVUM ORTHO TRI-CYCLEN TAB ORTHO TRI-CYCLEN LO TRI-NORINYL TRIPHASIL	<b>Estrogens</b> alora CENESTIN ESTRADERM TRANSDERMAL estradiol patch estradiol tablet FEMHRT estropipate PREMARIN PREMPRO, PREMPHASE VAJIFEM VIVELLE TRANSDERMAL VIVELLE-DOT TRANSDERMAL	<b>Insulin</b> HUMALOG HUMULIN LANTUS LEVEMIR NOVOLIN NOVOLOG
<b>Anti-depressants</b> amitriptyline bupropion citalopram clonipramine desipramine doxepin fluoxetine fluvoxamine imipramine maprotiline mirtazapine nortriptyline paroxetine sertraline trazodone venlafaxine	itraconazole ketoconazole MYCELEX V FEND	<b>Anti-Virals</b> ATRIPLA acyclovir BARACLUDE** CRIVIVAN famciclovir PEGASYS** PEG-INTRON** PREZISTA TAMIFLU TRUVADA valacyclovir	<b>Cholesterol Reduction</b> cholestyramine CRESTOR gemfibrozil Iofibra lovastatin NIASPAN pravastatin simvastatin	<b>CNS-Stimulants</b> ADDERALL XR amphetamine mixtures dextroamphetamine METADATE CD methylphenidate	<b>Oral Anti-Diabetic Agents</b> ACTOS glipizide, glipizide ER glyburide, glyburide micronized glyburide-metformin JANUMET metformin, metformin ER PRANDIN	<b>Multiple Sclerosis Agents</b> AVONEX**	<b>Topical Preparations</b> CUTIVATE ELOCON SORIATANE CK TAZORAC	
<b>Anti-Fungals</b> ANCOBON Fluconazole GRIS-PEG	itraconazole ketoconazole MYCELEX V FEND	<b>Asthma/COPD</b> ADVAIR albuterol ATROVENT INHALER BECLONENT COMBIVENT cromolyn inh. sol. DULERA FLOVENT FLOVENT HFA FORADIL ipratropium inh. sol. metaproterenol PULMICORT	<b>CNS-Anxiety</b> alprazolam buspirone clorazepate diazepam lorazepam oxazepam	<b>CNS-Stimulants</b> ADDERALL XR amphetamine mixtures dextroamphetamine METADATE CD methylphenidate	<b>Oral Anti-Diabetic Agents</b> ACTOS glipizide, glipizide ER glyburide, glyburide micronized glyburide-metformin JANUMET metformin, metformin ER PRANDIN	<b>Overactive Bladder</b> DETROL LA oxybutynin	<b>Prostate Agents</b> AVODART doxazosin finasteride terazosin UROXATRAL	
			<b>CNS-Nausea</b> prochlorperazine promethazine trimethobenzamide	<b>CNS-Stimulants</b> ADDERALL XR amphetamine mixtures dextroamphetamine METADATE CD methylphenidate	<b>Oral Anti-Diabetic Agents</b> ACTOS glipizide, glipizide ER glyburide, glyburide micronized glyburide-metformin JANUMET metformin, metformin ER PRANDIN	<b>Sleep Aids</b> flurazepam temazepam triazolam zolpidem tartrate		
			<b>CNS-Parkinson's</b> amantadine benztropine bromocriptine carbidopa/levodopa/CR COMTAN selegiline	<b>CNS-Stimulants</b> ADDERALL XR amphetamine mixtures dextroamphetamine METADATE CD methylphenidate	<b>Oral Anti-Diabetic Agents</b> ACTOS glipizide, glipizide ER glyburide, glyburide micronized glyburide-metformin JANUMET metformin, metformin ER PRANDIN			
			<b>CNS-Seizures</b> carbamazepine clonazepam divalproex/ER DILANTIN gabapentin lamotrigine MEBARAL	<b>CNS-Stimulants</b> ADDERALL XR amphetamine mixtures dextroamphetamine METADATE CD methylphenidate	<b>Oral Anti-Diabetic Agents</b> ACTOS glipizide, glipizide ER glyburide, glyburide micronized glyburide-metformin JANUMET metformin, metformin ER PRANDIN			

\$ - Generic drugs (listed in all lowercase letters) have the lowest copay

\$\$\$ - Non-preferred brand name drugs (listed in all CAPITAL letters on the front of this handout) have the highest copay

\*\* - Specialty medications may be subject to a unique copay (Please refer to your benefits information for applicable copays and medication coverage)

\$\$\$ - Preferred brand name drugs (listed in all CAPITAL letters) have the middle copay



## OUTLINE OF COVERAGE FOR PANAMED PLAN

This outline of coverage provides a brief summary of some important features of your insurance certificate. This outline of coverage is not an insurance contract and only the actual certificate provisions will control. Your certificate includes in detail the rights and obligations of you, your employer, and Pan-American Life Insurance Company. Please review your certificate carefully for additional information.

Categories of Coverage: Your certificate includes **limited medical benefits**, also referred to as fixed indemnity coverage. Limited benefit plans differ from major medical coverage and are not designed to cover all medical expenses or meet the minimum standards required by the Affordable Care Act for major medical coverage. Payments for the limited medical benefits are based on the scheduled dollar amounts in the Summary of Benefits rather than on a percentage of the provider's charge. If you need comprehensive major medical coverage, there may be other options available to you and your family members. Please go to [www.healthcare.gov](http://www.healthcare.gov) for more information.

Benefits: The benefit levels are described in your **Summary of Benefits**. Some benefits included in your plan may appear as riders and these can be found following your **Summary of Benefits**.

The **Table of Contents** shows where to find more information regarding: eligibility, benefits, exclusions and limitations, and other important terms and conditions.

Exceptions, Reductions, and Limitations: Your benefits are subject to certain exclusions, limitations, and terms for keeping the benefits in force. For example, the following services are not covered by this plan:

- Infertility treatments
- Cosmetic surgery
- Counseling for mental illness or substance abuse
- Obesity, weight reduction, or dietetic control (except for morbid obesity or disease etiology)
- Physical therapy
- Chiropractic visits (spinal manipulation)
- Acupuncture

Please refer to the section entitled "**Exclusions and Limitations**" for further details on these and other exclusions and limitations. The first page of the **Summary of Benefits** provides information on the **Waiting Period** and the **age-based reduction in Life Insurance Benefits**, if applicable.

Continuation of Coverage: Eligibility for coverage is described in the sections entitled **Eligibility for Employees** and **Eligibility for Dependents** of your certificate. Your coverage may not begin until after a waiting period, as described on the first page of the **Summary of Benefits**. The **Termination of Coverage** section of your certificate explains when your coverage will terminate. Under certain circumstances, you may continue your coverage for a limited time period if you should become disabled. See the **Extension Due to a Total Disability** section for details. In addition, you may be eligible for continued coverage under applicable COBRA laws. See the **Continuation Coverage Rights Under COBRA** section for further details.

Premium or Contribution: The cost of this coverage is included within the premiums paid for your benefit plan. Your contribution will be deducted by your employer from your paycheck.





# Frequently Asked Questions

**Q: Is PanaMed Major Medical coverage?**

A: No. PanaMed is a fixed indemnity plan. This is not basic health insurance or major medical coverage and is not designed as a substitute for either coverage. PanaMed is a limited benefit plan that pays a fixed benefit amount to help cover the cost of common medical services. The plan is not designed to cover the costs of serious or chronic illnesses. It contains specific dollar limits that will be paid for medical services which may not be exceeded. Specific dollar limits are listed in the summary of benefits.

**Q: Does PanaMed have any exclusions or limitations?**

A: Benefits are subject to certain exclusions, limitations, and terms for keeping the benefits in force. For example the following services are not covered by this plan: infertility treatments, cosmetic surgery, counseling for mental illness or substance abuse, obesity, weight reduction or dietetic control, physical therapy, spinal manipulation, acupuncture. This is a partial list of services that are generally not covered. Members should refer to their certificate to determine which services are covered and to what extent. Additional information can be found at [www.panamericanbenefits.com](http://www.panamericanbenefits.com).

**Q: Will the PanaMed plan provide an indemnity benefit to any Physician or Hospital?**

A: Yes. The member is free to seek the services of any licensed Physician or accredited Hospital. There is no requirement that the Physician or Hospital belong to a PPO network to receive benefits.

**Q: What is a PPO?**

A: PPO is the abbreviation for Preferred Provider Organization. This organization of providers (referred to as a “network”) has agreed to provide their services as a negotiated discount, reducing your out of pocket cost.

**Q: How does a member determine which providers participate in the network?**

A: PPO participation may be verified by calling the PPO company directly or by accessing the PPO company’s website. The PPO company’s contact information can be found on the member’s ID card or by selecting the PPO information tab via the Pan-American Life Web Portal. The insured is responsible for verifying the current PPO participation of their provider.

**Q: Is there a pre-existing condition exclusion on the plan?**

A: Because this is a limited medical plan there are no pre-existing condition exclusions. However there are certain circumstances where pregnancy is not covered if conception occurred prior to the insured’s effective date of coverage. This exclusion does not apply to residents of California, Montana, and Texas, or to North Carolina groups.

**Q: Can dependents be insured by PanaMed?**

A: Yes. If the member is covered by PanaMed, dependents are also eligible for coverage.

**Q: Are Medicare and Medicaid recipients eligible for PanaMed?**

A: Yes. However, under Medicare and Medicaid policies, PanaMed is considered primary coverage. As a result, with PanaMed, Medicare and/or Medicaid coverage may be reduced or discontinued.

**Q: Can the PanaMed plan be used if the insured has separate health insurance?**

A: Yes. The specified benefits pay irrespective of any other private group coverage.

**Q: Is the member allowed to assign benefits to his or her healthcare provider?**

A: Yes. Benefits are automatically assigned to the member’s healthcare provider. If the member would like to receive the benefit payment directly, complete the medical claim form and sign the authorization of payment section.

**Q: Are chiropractor visits covered under the PanaMed plan?**

A: Only charges billed as a physician office visit are covered. Charges billed as treatment and/or manipulations are not covered.

**Q: How is the payment for a surgical procedure determined?**

A: Any payment for covered services is subject to the insured’s eligibility at the time of service, limitations/exclusions set forth in the policy provisions and the information submitted with your claim by your medical provider. For benefit information on a specific surgical procedure please contact our member service department. You will need to provide the CPT code for the surgery from your physician.

**Q: Is PanaMed COBRA eligible?**

A: Yes. PanaMed is COBRA eligible for employer groups with 20 or more employees.

*Panamed is issued by Pan-American Life Insurance Company, a member of the Pan-American Life Insurance Group. Special enrollment rules are required for residents of California, Washington, Vermont, New Hampshire, and Utah. Due to special state mandates, coverage options for residents of Kansas, Oklahoma, Massachusetts, Maryland and Washington will differ slightly from the plan options shown. Coverage for residents of Massachusetts will not meet the state's minimum creditable coverage requirements. The plan will not pay benefits for any care provided prior to the coverage effective date or if the insured is confined in a hospital at the time the coverage is effective. Hospital does not include a nursing home, convalescent home or extended care facility. Medical Accident/AD&D is not available in Maryland.*