

**OVERVIEW OF PLAN BENEFITS**

Note: This chart only represents a portion of our plan benefits. Please refer to a Certificate of Coverage for details.

		PPO CHOICE SAVER PLUS (PLAN V)		PPO CHOICE 30 (PLAN W)		LIFESTYLE 1750 (PLAN DL)		LIFESTYLE 2500 (PLAN AL)		LIFESTYLE 3500 (PLAN BL)		LIFESTYLE 4500 (PLAN CL)																															
<b>Lifetime Maximum Benefit</b>		\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000																															
<b>CALENDAR YEAR DEDUCTIBLE</b> (Family Deductible is 2x the individual.)		Choice of \$1,750, \$2,400, \$3,600 or \$4,800 (Benefits are subject to and accumulate toward the deductible incl. the Prescription Drug Benefit.) Preventive Care not subject to deductible.		Choice of \$750, \$1,500 or \$2,500		\$1,750		\$2,500		\$3,500		\$4,500																															
<b>Maximum Annual Out-of-Pocket per Individual</b> Excluding the Calendar Year Deductible. (Family maximum is 2x the individual.)		<table border="1"> <thead> <tr> <th>PPO Benefit</th> <th>Non-PPO Benefit</th> </tr> </thead> <tbody> <tr> <td>\$0</td> <td>\$5,000</td> </tr> </tbody> </table>		PPO Benefit	Non-PPO Benefit	\$0	\$5,000	<table border="1"> <thead> <tr> <th>PPO Benefit</th> <th>Non-PPO Benefit</th> </tr> </thead> <tbody> <tr> <td>\$4,000</td> <td>\$5,000</td> </tr> </tbody> </table>		PPO Benefit	Non-PPO Benefit	\$4,000	\$5,000	<table border="1"> <thead> <tr> <th>PPO Benefit</th> <th>Non-PPO Benefit</th> </tr> </thead> <tbody> <tr> <td>\$0</td> <td>\$7,500</td> </tr> </tbody> </table>		PPO Benefit	Non-PPO Benefit	\$0	\$7,500	<table border="1"> <thead> <tr> <th>PPO Benefit</th> <th>Non-PPO Benefit</th> </tr> </thead> <tbody> <tr> <td>\$0</td> <td>\$7,500</td> </tr> </tbody> </table>		PPO Benefit	Non-PPO Benefit	\$0	\$7,500	<table border="1"> <thead> <tr> <th>PPO Benefit</th> <th>Non-PPO Benefit</th> </tr> </thead> <tbody> <tr> <td>\$0</td> <td>\$7,500</td> </tr> </tbody> </table>		PPO Benefit	Non-PPO Benefit	\$0	\$7,500	<table border="1"> <thead> <tr> <th>PPO Benefit</th> <th>Non-PPO Benefit</th> </tr> </thead> <tbody> <tr> <td>\$0</td> <td>\$7,500</td> </tr> </tbody> </table>		PPO Benefit	Non-PPO Benefit	\$0	\$7,500	<table border="1"> <thead> <tr> <th>PPO Benefit</th> <th>Non-PPO Benefit</th> </tr> </thead> <tbody> <tr> <td>\$0</td> <td>\$7,500</td> </tr> </tbody> </table>		PPO Benefit	Non-PPO Benefit	\$0	\$7,500
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<b>You pay the % indicated after your deductible is met, unless otherwise specified.</b>																																											
<b>Doctor Visits</b>	Visits in a Doctor's Office or Urgent Care Facility (PPO Choice 30 Not Subject to Deductible with PPO Providers.) (Lifestyle Series - Calendar Year Max of 4 PPO Visits Not Subject to Deductible.) Doctor Visit in a Hospital or Skilled Nursing Facility	0%	All Charges Over \$25 Per Visit	\$30 Co-Pay	All Charges Over \$25 Per Visit	\$25 Co-Pay	All Charges Over \$25 Per Visit	\$25 Co-Pay	All Charges Over \$25 Per Visit	\$35 Co-Pay	All Charges Over \$25 Per Visit	\$45 Co-Pay	All Charges Over \$25 Per Visit																														
<b>Immunizations</b>	<b>Adult</b> (Influenza, Pneumonia and Tetanus only.) <b>Child</b> (All immunizations recommended by the American Pediatric Association.) (Co-pay is per immunization. Not Subject to Deductible except on PPO Choice Saver Plus Plan.)	0%	50%	\$15 Co-Pay	\$15 Co-Pay	\$15 Co-Pay	\$15 Co-Pay	\$15 Co-Pay	\$15 Co-Pay	\$15 Co-Pay	\$15 Co-Pay	\$15 Co-Pay	\$15 Co-Pay																														
<b>Adult Preventive Care</b> (Not subject to deductible.)	Annual Physical Office Visit, Lab & Diagnostics (Must be ordered at the time of physical.) Routine Mammography, Pap Test & PSA. <b>(\$250 Maximum Payable per Calendar Year.)</b>	0%	No Benefit	\$30 Co-Pay for Annual Visit 30% for Covered Tests	No Benefit	0%	No Benefit	0%	No Benefit	0%	No Benefit	0%	No Benefit																														
<b>Child Preventive Care</b>	Well Child Care Visits & Hearing Tests Up to Age 18. Routine Labwork & Diagnostics (Must be ordered at time of Well Child Care visit.) <b>(First \$250 per Calendar Year Not Subject to Deductible on Lifestyle Plans. PPO Choice Plans Not Subject to Deductible.)</b>	0%	No Benefit	\$30 Co-Pay for Well Child Care Visit 30% for Lab & Diagnostics	No Benefit	0%	No Benefit	0%	No Benefit	0%	No Benefit	0%	No Benefit																														
<b>Ambulance Transportation<sup>1</sup></b>	(Land or Air. Pre-authorization applies for non-emergency.) (\$5,000 maximum payable benefit per calendar year for non-emergency.)	0%	0%	30%	30%	0%	0%	0%	0%	0%	0%	0%	0%																														
<b>Emergency Hospital Confinement<sup>2</sup></b>		0%	0%	\$250 Co-Pay Plus 30%	\$250 Co-Pay Plus 30%	0%	0%	0%	0%	0%	0%	0%	0%																														
<b>Emergency Room Use<sup>3</sup></b>		0%	50%	\$100 Co-Pay Plus 30%	\$100 Co-Pay Plus 50%	\$100 Co-Pay	\$100 Co-Pay Plus 50%	\$100 Co-Pay	\$100 Co-Pay Plus 50%	\$100 Co-Pay	\$100 Co-Pay Plus 50%	\$100 Co-Pay	\$100 Co-Pay Plus 50%																														
<b>Maternity<sup>1</sup></b>	(Pre-authorization may apply.)	Covered in Full After Deductible is Met	50%	30%	50%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered in Full After Deductible is Met	50%																														
<b>In-Patient Hospital Confinement<sup>1</sup></b>	(Non-PPO coverage limit of \$800/day. Pre-authorization required.)	0%	50%	\$250 Co-Pay Plus 30%	\$250 Co-Pay Plus 50%	0%	50%	0%	50%	0%	50%	0%	50%																														
<b>Outpatient Surgery Facility<sup>1</sup></b>	(Pre-authorization may apply. Non-PPO coverage limit of \$1,000/day.)	0%	50%	\$250 Co-Pay Plus 30%	\$250 Co-Pay Plus 50%	0%	50%	0%	50%	0%	50%	0%	50%																														
<b>Drug Benefit<sup>1</sup></b> Please refer to plan for information.	Generic or 3-Tier Option Available with Lifestyle <sup>SM</sup> Series Only. (Not Subject to Deductible, except on PPO Choice Saver Plus Plan.)	0% at a Participating Pharmacy Using Your Medco Rx Card or Medco Health Home Delivery Service <sup>1</sup>	No Benefit	3-Tier	Participating Pharmacy \$10 Generic • \$35 Flex Formulary Drug List 50% All Other Brand (but not less than \$50)	Generic	Mail Order \$25 Generic • \$87.50 Flex Formulary Drug List 50% All Other Brand (but not less than \$125)		Generic Only Not Available for PPO Choice 30	Participating Pharmacy <sup>4</sup> \$10 Co-pay		Mail Order <sup>4</sup> \$25 Co-pay																															
<b>Term Life Insurance and Accidental Death and Dismemberment</b> Underwritten by Nationwide Life Insurance Company, Columbus, Ohio																																											
Your Coverage = \$5,000 / Your Spouse's Coverage = \$2,500																																											

<sup>1</sup> Benefits reduced to 0% if pre-authorization is not obtained. <sup>2</sup> Benefits reduced to 0% (50% on PPO Choice 30) for confinements in a Non-PPO Hospital where a PPO Hospital is reasonably available, the Covered Person's condition has been stabilized and can safely be transferred to a PPO Hospital. <sup>3</sup>\$100 co-pay waived if admitted to the hospital. <sup>4</sup>Self-administered injectables are not covered under the Generic Drug Co-pay (except insulin).

## MEDICAL COVERAGE EXCLUSIONS FOR NATIONWIDE HEALTH PLANS

**NOTE:** This is only a brief summary of Exclusions and Limitations. Please refer to our sales brochure MKTG 20060.

### Exclusions and Limitations

This Plan does not cover any expenses for services or supplies incurred by You or Your Dependent(s) for any of the following:

- When not under the care of a Doctor or when a Doctor has not personally examined You or Your dependent(s).
- For treatments which are considered to be unsafe, experimental, or educational by the American Medical Association (AMA).
- Cosmetic Surgery, Plastic Surgery, resulting complications, consequences and after effects or other services and supplies that We determine to be furnished primarily to improve appearance rather than a physical function or control of organic disease.
- Performed primarily for the purpose of diagnosing and/or treating infertility; and/or primarily for conceiving a child or children by You or Your Dependent; and/or surgery for the reversal of sterilization procedures or any resulting complications.
- Modifications made to dwellings, property, or automobiles such as ramps, elevators, stairlifts, swimming pools, spas, air conditioners or air-filtering systems, or car hand controls, whether or not their installation is for purposes of providing therapy or easy access, or are portable to other locations.
- Intentional or non-accidental self-inflicted injury; suicide or attempted suicide, whether sane or insane, including complications, consequences and after effects.
- A state of war or any act of war, declared or undeclared.
- For treatment received outside of the 50 United States of America except when Medically Necessary for an Emergency Confinement in a Hospital.
- For which preapproval is required, but is not approved by Us prior to the start of treatment, except as provided in Section 6 of the Certificate of Insurance.
- MP Electronic Beam (EBCT) Scan, or "Ultra Fast CT".
- For the treatment of any illness or Accidental Injury incurred while You or Your Dependent are committing or attempting to commit a felony; while taking part in any illegal occupation or activity; or while taking part in an insurrection or riot.

MKTG 20123 [3/06]



Health Plans  
for the way you live.



Health Insurance and More

On Your Side<sup>SM</sup>



**Nationwide**<sup>®</sup>  
**Health Plans**  
On Your Side<sup>SM</sup>

## NATIONWIDE HEALTH PLANS

Nationwide Health Plans are ideal for individuals and families, offering the benefits you want at affordable rates. Nationwide Health Plans offer you freedom of choice and more!

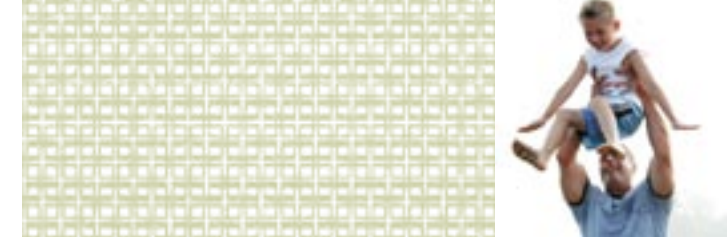
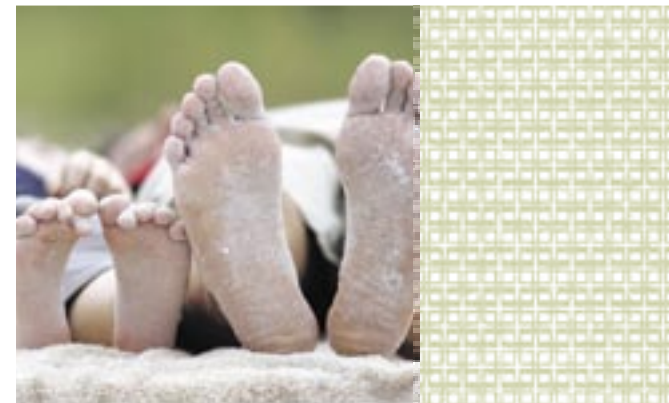
- National PPO Provider Network\*
- A+ Rating by A.M. Best (Nationwide Life Insurance Company)
- Prescription Drug Benefit with No Additional Deductible
- 24-Hours/7 Days a Week Nursline
- 12 Month Rate Guarantee on New Business\*\*

Nationwide Health Plans also offers Dental and Vision plans, Supplemental Term Life Insurance and Benefit Solutions™ Discount Program.

If you are interested in applying, please call your Nationwide Health Plans agent or for an agent near you, call 877-222-4844.

\* Benefit payments are higher when a Preferred Provider Organization(PPO) physician or hospital is chosen.

\*\* Does not apply if you move to a new age band or new rating area.



## PPO CHOICE HEALTH PLANS

Our PPO Choice Health Plans offer you two quality plans.

### PPO CHOICE 30

- Low Deductible Options of \$750, \$1,500 and \$2,500
- \$30 Co-Pay for PPO Doctor Office Visits (*Deductible Waived*)
- 3-Tier Prescription Drug Benefit (*Deductible Waived*)
- Adult & Child Preventive Care (*Deductible Waived*)

### PPO CHOICE SAVER PLUS

- 100% In-Network Coverage After Your Deductible Is Met
- Adult & Child Preventive Care (*Deductible Waived*)
- HSA Qualified Plan Offering Tax Advantages

## LIFESTYLE<sup>SM</sup> SERIES

Our Lifestyle Series is designed for those of you looking for a low cost, high deductible plan with first dollar coverage for the benefits you need.

### YOUR DEDUCTIBLE IS WAIVED FOR:

- 4 PPO Doctor Office Visits with Co-pay (*per Calendar Year*)
- Preventive Care
  - Adult (up to \$250 per Calendar Year)
  - Child (Deductible Waived for First \$250)
- \$15 Immunizations for Adults & Children
- Choice of Generic or 3-Tier Prescription Drug Benefit

Plus! After your calendar year deductible is met, covered PPO benefits are paid at 100%.



**Nationwide**<sup>®</sup>  
**Health Plans**

Underwritten By Nationwide Life Insurance Company