

IFOCUS
on
my Future



AVALON IFOCUS PLANS

Health Benefit Plans for Individuals

IFOCUS
PLANS

It's Your Health

 **AVALON**
HEALTHCARE

877-280-0010 — www.avalonhealthcare.com



IFOCUS on QUALITY HEALTHCARE

We all know that when it comes to healthcare, the individual needs to focus on his or her own special needs to live a fulfilling and happy life. At Avalon Healthcare we offer health insurance products that provide quality health benefit plans for individuals who take an active interest in their own well-being. You know, people like you.

Avalon IFOCUS Health Benefit Plans put the individual first. We offer a variety of plan options that address the specific needs of each individual and allow for personal customization based upon individual needs. Our IFOCUS Plans even let the individual customize their plan based upon family size!

IFOCUS on Choice

At Avalon Healthcare we understand how important healthcare is to you and your family. We believe that people should only pay for the benefits they actually want and use, and our innovative plans reflect that choice.

Avalon has created three distinct plan options to choose from. Each plan provides specific benefit options to match the needs of the Avalon Member.



Co-pay Balance

Choose from a large variety of deductible and co-insurance options and more than a dozen pharmacy plan choices, giving just the right balance between affordability and benefits.



HSA Healthsaver

Tie your qualifying consumer directed health benefit plan to a tax-preferred health savings plan.

Lower your health care costs by selecting from a variety of HSA-eligible plans. Plans can be combined with tax-preferred HSA Savings Accounts lowering cost even further.



Co-pay Select

Select from a choice of \$500, \$1,000 or \$1,500 hospital copayment, limiting your out-of-pocket standard facility charges. These innovative plans also offer choice of deductible, coinsurance, and pharmacy plans providing Members with a wide range of options.



IFOCUS CO-PAY BALANCE

Individual Health Benefit Plans

The IFOCUS Co-pay Balance Plan options offer Members the right balance between benefits and affordability. These benefit plans are available with individual deductibles ranging from \$1,000 to \$5,000.

Co-pay Balance Plans also provide Members with a choice of primary care copayments starting at \$25 and physical co-pay, and choice of specialist copayment. Members can also choose whether they want coverage for Prescription Drugs through a variety of available options.

Co-Pay Choices
\$25 PCP/\$50 Spec. ^a
\$35 PCP/\$60 Spec.
\$25 PCP/\$50 Spec./\$60 Urgent ^a
\$35 PCP/\$60 Spec./\$75 Urgent
\$50 PCP/\$75 Spec./\$90 Urgent

Coverage - Family Deductible and Out-of-Pocket Choices are equal to 2.0 times the Individual Coverage Amount. These products are also available without Specialist Co-pay.

Deductible Choices	
Individual	Family
\$1,000	\$2,000
\$1,500	\$3,000
\$2,000	\$4,000
\$2,500	\$5,000
\$3,500	\$7,000
\$5,000	\$10,000

Coinsurance Choices (in/oon ¹)
100% / 80% ^b
80% / 60%
50% ^c / 30% ^c

Out-of-Pocket Choices (in addition to deductibles)
\$ 0 ^d
\$3,000 ^d
\$5,000

^a \$3,500 and \$5,000 deductible not available

^b 100% coinsurance not available on deductible lower than \$2,000

^c Not available on deductible higher than \$2,500

^d Not available with 50% coinsurance

PLAN BENEFITS²

Primary Care Office Visits ³	Member Pays	PCP Co-pay - then covered 100%
Specialist Office Visits ³	Member Pays	Specialist Co-pay - then covered 100%
Adult Physical Exam (\$250 maximum benefit)	Member Pays	PCP Co-pay - then covered 100%
Well Child Care (to age 16)	Member Pays	PCP Co-pay - then covered 100%
Well Woman - Annual OB/GYN Exam	Member Pays	PCP Co-pay - then covered 100%
Mammography Exams (based on established guidelines)		Covered at 100%

OPTIONAL BENEFITS

Maternity 15 month waiting period	Member Pays	Covered by Rider
Pharmacy		see page 7 for pharmacy choices

COVERED CHARGES

Office/Out-Patient Care

- Diagnostic X-Ray and Lab
- Complex Imaging (MRI, MRA, CAT, PET)⁴
- Second Surgical Opinions
- Allergy Testing & Treatment
- Chiropractic Care (15 visits/cal. year)
- Out-Patient Rehab Services (60 visits/cal. year)⁴

Hospital Care

- Emergency Room⁵
- Surgery, Surgical Assistant, Anesthesia⁴
- Complex Imaging (MRI, MRA, CAT, PET)⁴
- Skilled Nursing Facility (30 days/cal. year)⁴
- Ambulance Services - emergency transportation (\$2,000 max/cal. year)

Other

- Home Health Care (30 visits/cal. year)⁴
- Durable Medical Equipment (\$2,000 max/cal. year)⁴
- Orthotics and Prosthetics (\$2,000 max/cal. year)⁴

PLAN INFORMATION

1. Out-of-network services are those from a provider that does not participate in Avalon's networks.
2. \$1,000 routine primary care benefit per Member per calendar year for out-of-state routine care.
3. Co-pays cover office visit charges only. Procedures covered at office are subject to deductible and coinsurance.
4. These services require pre-certification from Avalon. Please call (866) 469-2347. Failure to pre-certify prior to receiving services will result in a reduction in benefits by 50% of the allowed amount.
5. Must notify Avalon Medical Management within 24 hours or reasonably thereafter.

This is a benefit summary. It is intended for informational purposes only, and does not represent a full description of benefits provided. For a complete description of benefits and exclusions, please refer to the insurance policy certificate and schedule of benefits.





IFOCUS HSA HEALTHSAVER

Individual Health Benefit Plans

The IFOCUS HSA Healthsaver Benefit Plans are available with individual deductibles ranging from \$1,250 to \$5,600. Members can also choose whether they want coverage for Prescription Drugs through a variety of available options. HSA Healthsaver Plans can be combined with Health Savings Accounts (HSAs) to offer an even more affordable approach to healthcare.

Deductible Choices	
Individual	Family
\$1,250	\$2,500
\$1,500	\$3,000
\$2,000	\$4,000
\$2,500	\$5,000
\$3,750	\$7,500
\$5,000 ^c	\$10,000
\$5,600 ^{cd}	\$11,200

Coinsurance Choices (in/oon ¹)
100% ^a / 80%
80% / 60%
70% / 50%
60% / 40%
50% ^b / 30%

Coverage - Family Deductible and Out-of-Pocket Choices are equal to 2.0 times the Individual Coverage Amount.

^a 100% Coinsurance only available on \$2,500 deductible or higher

^b 50% Coinsurance only available on \$2,500 deductible or lower

^c Only available with 100% coinsurance

^d Plan comes with rx discount card

PLAN BENEFITS²

Primary Care Office Visits	Member Pays	Deductible and Coinsurance
Specialist Office Visits	Member Pays	Deductible and Coinsurance
Adult Physical Exam (\$250 maximum benefit)	Member Pays	\$35 Co-pay - then covered at 100%
Well Child Care (to age 16)	Member Pays	\$35 Co-pay - then covered at 100%
Well Woman - Annual OB/GYN Exam	Member Pays	\$35 Co-pay - then covered at 100%
Mammography Exams (based on established guidelines)	Member Pays	Covered at 100%

OPTIONAL BENEFITS

Maternity	15 month waiting period	Member Pays	Covered by Rider
Pharmacy			see page 7 for pharmacy choices

COVERED CHARGES

Office/Out-Patient Care

- Diagnostic X-Ray and Lab
- Complex Imaging (MRI, MRA, CAT, PET)³
- Second Surgical Opinions
- Allergy Testing & Treatment
- Chiropractic Care (15 visits/cal. year)
- Out-Patient Rehab Services (60 visits/cal. year)³

Hospital Care

- Emergency Room⁴
- Surgery, Surgical Assistant, Anesthesia³
- Complex Imaging (MRI, MRA, CAT, PET)³
- Skilled Nursing Facility (30 days/cal. year)³
- Ambulance Services - emergency transportation (\$2,000 max/cal. year)

Other

- Home Health Care (30 visits/cal. year)³
- Durable Medical Equipment (\$2,000 max/cal. year)³
- Orthotics and Prosthetics (\$2,000 max/cal. year)³

PLAN INFORMATION

1. Out-of-network services are those from a provider that does not participate in Avalon's networks.
2. \$1,000 routine primary care benefit per Member for out-of-state routine care.
3. These services require pre-certification from Avalon. Please call (866) 469-2347. Failure to pre-certify prior to receiving services will result in a reduction in benefits by 50% of the allowed amount.
4. Must notify Avalon Medical Management within 24 hours or reasonably thereafter.

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IFOCUS

CO-PAY SELECT

Individual Health Benefit Plans

IFOCUS Co-pay Select Plan options are available for benefit plans with individual deductibles of \$3,500 to \$10,000. Select Co-pay Plans also offer a choice of \$500, \$1,000 or \$1,500 hospital in-patient co-pay (per admittance). Co-pays cover standard facility charges such as room and board, access to all facilities, basic care or any service that appears on a Member's primary medical bill. Surgeon and other specialist services are not covered as part of the co-pay and are paid after the plan deductible is met including anesthesiology, pathology and imaging.

Deductible Choices	
Individual	Family
\$3,500	\$7,000
\$5,000	\$10,000
\$10,000	\$20,000

Then the plan pays 100% of covered charges.

Coinsurance Choices (in/oon ¹)
100% / 80%
80% / 60%

Hospital Co-Pay Options	
In-Patient	Out-Patient
\$500	\$250
\$1,000	\$500
\$1500 ^a	\$750

^a \$3,500 deductible not available

Coverage - Family Deductible and Out-of-Pocket Choices are equal to 2.0 times the Individual Coverage Amount.

PLAN BENEFITS²

Primary Care Office Visits	Member Pays	Deductible and Coinsurance
Specialist Office Visits	Member Pays	Deductible and Coinsurance
Adult Physical Exam (\$250 maximum benefit)	Member Pays	\$50 Co-pay - then covered 100%
Well Child Care (to age 16)	Member Pays	\$50 Co-pay - then covered 100%
Well Woman - Annual OB/GYN Exam	Member Pays	\$50 Co-pay - then covered 100%
Inpatient Hospital Services	Member Pays	Co-pay - then covered 100%
Mammography Exams (based on established guidelines)		Covered at 100%
Rate Guarantee		12 Months
Lifetime Annual Maximum		\$5,000,000

OPTIONAL BENEFITS

Maternity 15 month waiting period	Member Pays	Covered by Rider
Pharmacy		see page 7 for pharmacy choices

COVERED CHARGES

Office/Out-Patient Care

- Diagnostic X-Ray and Lab
- Complex Imaging (MRI, MRA, CAT, PET)³
- Second Surgical Opinions
- Allergy Testing & Treatment
- Chiropractic Care (15 visits/cal. year)
- Out-Patient Rehab Services (60 visits/cal. year)³

Hospital Care

- Emergency Room⁴
- Surgery, Surgical Assistant, Anesthesia³
- Complex Imaging (MRI, MRA, CAT, PET)³
- Skilled Nursing Facility (30 days/cal. year)³
- Ambulance Services - emergency transportation (\$2,000 max/cal. year)

Other

- Home Health Care (30 visits/cal. year)³
- Durable Medical Equipment (\$2,000 max/cal. year)³
- Orthotics and Prosthetics (\$2,000 max/cal. year)³

PLAN INFORMATION

1. Out-of-network services are those from a provider that does not participate in Avalon's networks.
2. \$1,000 routine primary care benefit per Member for out-of-state routine care.
3. These services require pre-certification from Avalon. Please call (866) 469-2347. Failure to pre-certify prior to receiving services will result in a reduction in benefits by 50% of the allowed amount.
4. Must notify Avalon Medical Management within 24 hours or reasonably thereafter.

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IFOCUS on Health Savings Accounts

With an Avalon IFOCUS HSA Healthsaver Plan, an individual can open a Health Savings Account (HSA), which is a savings account to be used for medical expenses not covered by their medical plan. HSAs provide security, flexibility, savings, greater consumer control, ownership, and are portable. By having an HSA, an individual can also gain tax advantages such as tax deductions when contributing to the account, tax-free earnings through investments and tax-free withdrawals for qualified medical expenses. The account can only be setup:

- In conjunction with a qualifying Consumer Directed Health Plan (CDHP)
- If no other first dollar medical coverage is provided
- If a Member is not enrolled in Medicare
- If a Member is not claimed as a dependent on someone else's tax return

HSAs are portable, meaning that account holders can keep the HSA if they change jobs, become unemployed, move to another state or change marital status.

For more information on HSAs, visit the Avalon website and click on the links to the U.S. Treasury Department's website.

HSA Banking Health Savings Administrators



Optimize you healthcare dollars through an HSA Bank account. Avalon has collaborated with

leading HSA administrators to bring you quality HSA products.

Information provided by the U.S. Department of Treasury. (2008)

	HDHP Deductible	Maximum HSA Deposit (2008)
Single Coverage	\$1,100	\$2,900
	\$1,500	\$2,900
	\$2,000	\$2,900
	\$2,500	\$2,900
	\$2,900	\$2,900
Family Coverage	\$2,200	\$5,800
	\$3,000	\$5,800
	\$4,000	\$5,800
	\$5,000	\$5,800
	\$5,800	\$5,800

This chart indicates how much money an individual or family can put into an HSA to offset healthcare costs not paid by their HSA compatible CDHP.

Pharmacy Benefits

We offer a wide selection of optional pharmacy benefits to Avalon Members. This choice in plan selection allows each Avalon individual Member to customize their pharmacy needs. It's important to understand the cost of these pharmacy plan options. For example, someone who is healthy may think twice about paying a higher rate for pharmacy services they may never use. Sometimes it can be less expensive to buy a generic drug from a pharmacy and pay for it out-of-pocket than to have a high priced pharmacy plan.

Visit the Avalon website to learn more about the multiple pharmacy plan options we offer. And, visit the Avalon Learning Center on our website to find out more about the benefits of pharmacy services offered.

OPTIONAL BENEFIT RIDERS

PHARMACY

SUMMARY OF DRUG RIDERS

Step 1: Select Co-Pay Plan

IFOCUS Co-Pays

15 SERIES PLAN

Retail Generic	\$ 15
Retail Formulary	\$ 50
Retail Non-Formulary	\$ 75
Mail Order 90-Day Supply	2.5 x Retail

20 SERIES PLAN

Retail Generic	\$ 20
Retail Formulary	\$ 60
Retail Non-Formulary	\$ 100
Mail Order 90-Day Supply	2.5 x Retail

25 SERIES PLAN

Retail Generic	\$ 25
Retail Formulary	\$ 75
Retail Non-Formulary	\$ 125
Mail Order 90-Day Supply	2.5 x Retail

30 SERIES PLAN

Retail Generic	\$ 30
Retail Formulary	\$ 90
Retail Non-Formulary	\$ 150
Mail Order 90-Day Supply	2.5 x Retail

DEDUCTIBLE OPTIONS

Step 2: Select Deductibles

IFOCUS Rx PLAN	Deductible
A	\$ 0
B	\$ 250
C	\$ 500
D	\$ 750
E	\$ 1,000
F	\$ 1,250
G	\$ 1,500
H	\$ 1,750
I	\$ 2,000
J	\$ 2,500
K	\$ 3,000
L	\$ 3,500
M	\$ 3,750
N	\$ 4,000
O	\$ 5,000
P	\$10,000

Note: All benefit cost-sharing subject to the allowance as defined in the Plan.

Notes on RX Plans:

Co-Pay Plans -

- Any Rx Rider may be purchased with any co-pay health benefit plan.
- The deductible applies to retail (in-network), mail order and out-of-network charges.
- The Rx deductibles exist as separate from medical deductibles.
- There is no OOP maximum for Rx costs.

HSA Plans -

- The elected Rider must have the same deductible as the health benefit plan.
- Medical claims and Rx claims contribute towards the Plan deductible.
- The Plan in-network deductible and OOP applies to retail (in-network) and mail order Rx.
- The Plan out-of-network deductible and OOP applies to out-of-network charges.
- Once Plan in-network deductible is met, co-pays do not count toward the Plan in-network OOP maximum.

MATERNITY*

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Pre-Natal & Post-Natal Care:		
Physician Services & Midwives - PCP Office Visits	Plan Deductible & Coinsurance	Plan Deductible & Coinsurance
Physician Services & Midwives - Specialists Office Visits	Plan Deductible & Coinsurance	Plan Deductible & Coinsurance
Hospital/Birthing Center:		
Normal/Cesarean Section Delivery	Plan Deductible & Coinsurance	Plan Deductible & Coinsurance

* Maternity coverage is effective fifteen (15) months after the individual's effective date of coverage under rider.

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Vision Plan Benefits

At Avalon Healthcare we offer a different view of healthcare insurance. So it's no surprise that we see vision coverage differently too. We know Avalon Members want access to the best eye care possible so we've created a dynamic selection of plan options from which to choose. All with a large selection of private and retail locations throughout the State of Florida.



Avalon Vision Offers Three Distinct Value-Focused Vision Plans

Focus One Discount Plan

All Avalon Members automatically receive this plan with their health insurance. It's a value added product we provide at no cost to Members. Receive discounts for eye exams, eyeglasses, contact lenses, mail order service and additional optical discounts. Members with insured plans can utilize this option after they've exhausted their insured benefits.

Focus One Standard Plan

This comprehensive coverage option is offered to Members who want a quality insured vision plan. Eye exams are covered with a co-pay and Members receive specified frames, lenses and contact lens benefits.

Focus One Elite Plan

Provides added benefits to the standard plan. It's for Members who want the best benefit design we offer.

Whether you need a private doctor or want to visit a leading retailer, the choice is yours. Avalon's vision network has more than 700 optical locations throughout the State of Florida. Retail outlets include Target Optical, JCPenney Optical, Sears Optical, For Eyes Optical and Visionworks.

Dental Plan Benefits

Avalon Members can choose between two high-quality, low cost dental plans, each providing covered benefits for traditional preventive care and discounted fees for all other services. Working with our dental provider, MCNA Dental, Members have access to two dental plans that provide no deductibles to meet, no limits on dental services received and no restrictions due to age or pre-existing conditions.

MCNA Dental Plan 1

This more economical plan includes comprehensive preventive care including one covered cleaning per Member per year, dramatically discounted fees for fillings and cavities and discounts for all other dental services.

MCNA Dental Plan 2

This plan includes comprehensive preventive care including two covered cleanings per Member per year, covered service for fillings and cavities and discounts for all other dental services.

Helpful Tools for Members

Along with our Co-pay and HSA Plans, we offer the tools to help you get the most out of your healthcare plan. Tools such as *One Voice*, where **you will always speak to a trained Member service representative**, or *OptumHealth*SM, where you can speak to a trained nurse 24 hours a day.

We also provide online tools to help you make important healthcare decisions, like selecting a doctor or hospital online, searching for a pharmacy or gathering information from our Learning Center.



One Voice

Talk to a live Member services representative during regular business hours.



Learning Center

Connect via the web and get the information you need to understand the changing medical and financial healthcare landscape.



OptumHealthSM

Speak to a trained nurse 24 hours a day, seven days a week via telephone.



CareSupport

Call the Avalon CareSupport Program to obtain pricing

for medical procedures at hospitals and for medical outcomes data.

Members want to be sure that the care they receive is the highest quality at the best price. Avalon's CareSupport Program, works with our Members and their providers to help find the most appropriate care setting at the right price. Your primary care physician or specialist may be sending you to a hospital or lab that costs considerably more for identical services that can be rendered at a less expensive location with equal or better outcomes. Before visiting a lab, hospital or specialist, call us at: **866-949-5700** to maximize your healthcare dollars.

Here's an example of how the Avalon CareSupport Program allows Members to become their own health advocate, empowering them to find the best possible care while saving money.

- ★ Jack is 45 years old with a wife and three children. He has an Avalon IFOCUS HSA compatible health plan. It is a \$1,250 individual/\$2,500 family deductible plan.
- ★ Jack is responsible for his \$1,250 deductible but because he has a family plan, under HSA rules, the entire \$2,500 family deductible needs to be reached before any benefits become eligible. Once he and/or his family reaches the \$2,500 deductible, Avalon pays 80% of coverage up to his \$5,000 out-of-pocket limit.
- ★ Because Jack has an HSA Healthsaver Plan, his monthly premiums are lower and he has been able to deposit pre-tax \$1,250 into his HSA bank account. Jack's HSA bank has provided him with a debit card that he can utilize at any time to cover any healthcare costs including deductibles for coverage, any non-covered services such as eye glasses. Any money not used during the year "rolls over" into the next year.
- ★ Jack goes to the doctor and learns that he needs an MRI. His doctor sends him to a nearby location where the doctor has "privileges".
- ★ Jack has no idea what an MRI costs.
- ★ Jack trusts that the doctor has sent him to the right facility. But is the price appropriate for the service? How would Jack know?
- ★ Jack calls the Avalon CareSupport Program hotline at 866-949-5700 to find out if he is getting the right deal for an MRI.
- ★ Jack learns that the location to which his doctor has sent him charges \$1,400 for an MRI, which is more than he has in his HSA account.
- ★ Jack also learns through the Avalon CareSupport Program that his doctor has a good relationship with another location down the street that charges \$875 for the same service.
- ★ The customer support person at the Avalon CareSupport Program helps Jack contact his doctor and move the MRI to the less expensive location, with equal or better outcomes, saving Jack \$525.
- ★ Jack takes \$875 out of his HSA account and pays for the MRI. His out-of-pocket cost is \$0.

866-949-5700

Exclusions and Limitations Provision

PRE-EXISTING CONDITIONS

Pre-existing conditions will not be covered until twenty-four (24) months from the individual's coverage effective date. Genetic information may not be treated as a condition in the absence of a diagnosis of the condition related to such information.

A Pre-existing Condition is a condition that, during the twenty-four (24) month period immediately preceding the individual's effective date of coverage, had manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care, or treatment was recommended or received; or a pregnancy existing on the individual's effective date of coverage.

All references to "section," "provision" and "benefit" are references to corresponding section, provision or benefit contained in the Certificate.

EXCLUSIONS AND LIMITATIONS

This is a partial list of Exclusions and Limitations provisions. A complete list can be found in the Avalon Healthcare IFOCUS Plans Certificate of Coverage (Certificate). In addition to the Pre-existing Condition Limitations noted above, the following services and/or supplies are excluded from coverage, and are not Covered Services under this Individual Plan.

Alcoholism or Substance Abuse Treatment, services and supplies.

Ambulance Services other than those specifically provided for in the Plan Services section.

Contraceptives, Oral or other, whether medication or device, regardless of intended use.

Convalescent Care or custodial care in a hospital setting.

Cosmetic Surgery (plastic and reconstructive surgery) and other service and supply to improve the Covered Person's appearance or self-perception, (except as covered under the Breast cancer treatment category), including without limitation, procedures or supplies to correct baldness or the appearance of skin (wrinkling). The restoration of bodily function, or the correction of a deformity resulting from disease, injury, or congenital or developmental abnormalities, is covered.

Custodial Care, including any service or supply of a custodial nature primarily intended to assist the Covered Person in the activities of daily living. This includes rest homes, home health aides (sitters), home parents, domestic maid services, and respite care.

Dental Care; routine dental procedures including, but not limited to: extraction of teeth, restoration of teeth with fillings, crowns or other materials, bridges, cleaning of teeth, dental implants, dentures, periodontal or endodontic procedures, orthodontic treatment including palatal expansion devices, bruxism appliances, dental x-rays and routine intra-oral surgical procedures are not covered, except as otherwise specifically covered under the Accidental Dental Injury provision or the Congenital or Developmental Abnormality provision. Dental treatment in a Hospital or Ambulatory Surgical Center; or dental treatment for children under age 18 due to cleft palate or cleft lip are covered only as specified in the Plan Services section.

Likewise, all procedures, expenses, services and supplies related to the treatment of malocclusion or malposition of the teeth or jaws (orthographic treatment), as well as temporomandibular joint (TMJ) syndrome or craniomandibular jaw disorders (CMJ) are excluded unless determined to be Medically Necessary by Avalon.

Dietary Regimens or treatments, food or food substitutes, dietary supplements, vitamins or nutritional replacements for reducing or controlling weight whether prescription or over-the-counter.

Durable Medical Equipment other than the equipment specifically listed in the Plan Services section. This exclusion includes, but is not limited to items that are primarily for convenience and/or comfort; wheelchair lifts or ramps, modifications to motor vehicles and or homes; water therapy devices such as Jacuzzis, swimming pools, whirlpools or hot tubs; exercise and massage equipment, electric scooters, air conditioners and purifiers, humidifiers, water softeners and/or purifiers, pillows, mattresses or waterbeds, escalators, elevators, stair glides, emergency alert equipment, handrails and grab bars, heat appliances, dehumidifiers, and the replacement of Durable Medical Equipment solely because it is old or used.

Experimental and Investigational Treatment as defined in the Certificate.

Eye Care, including:

1. The purchase, examination, or fitting of eyeglasses or contact lenses, except as specifically provided for in the Plan Services section.
2. Radial Keratotomy, myopic keratomileusis, and any surgery which involves corneal tissue for the purpose of altering, modifying, or correcting myopia, hyperopia, or stigmatic error.
3. Training or orthoptics, including eye exercises.

Family Planning Services

Foot Care (routine), including any service or supply in connection with foot care in the absence of disease. This exclusion includes, but is not limited to, treatment of bunions, flat feet, fallen arches, and chronic foot strain, removal of warts, corns, or calluses, unless determined by Avalon to be Medically Necessary.

Government Agency/Laws/Plans:

1. Services or supplies furnished by or reimbursable through a government-sponsored agency or program (except Medicare); or
2. Services for care provided in any government hospital or facility when the individual is eligible for government benefits; or
3. Services or supplies (a) furnished by or for any government, unless payment is legally required, or (b) to the extent that such services or supplies are provided by any governmental program or law under which the individual is, or could be covered. Item (b) does not apply to Medicaid or to any law or plan when by law, its benefits are in excess to a private plan or program; and
4. Services furnished by governmental plans.

Hearing Aids (external or implantable) and services related to the fitting or provision of hearing aids, including tinnitus maskers.

Home Health Care Services, except as specifically set forth in the Plan Services section.

Home Oxygen Equipment: Benefits are not available for home oxygen equipment items including, but not limited to, emergency oxygen inhalators, portable preset oxygen units, and oxygen administration equipment except as set forth in the Durable Medical Equipment benefit.

Hospice Services, except as specifically set forth in the Plan Services section (and Schedule of Benefits).

Immunizations, except immunizations necessary in the course of other medical treatment of a Covered Condition, or as administered under the Child Health Supervision Services benefit.

Infertility Treatment, services and supplies, including infertility testing, treatment of infertility, diagnostic procedures, and artificial insemination, to determine or correct the cause or reason for infertility or inability to achieve conception. This includes in-vitro fertilization, ovum or embryo placement or transfer, gamete intra-fallopian tube transfer, or cryogenic or other preservation techniques used in such or similar procedures.

Injectables, Injectable Medication, except as specifically set forth in the Plan Services section or specifically provided for under an Outpatient Prescription Drug Rider.

Learning Disorders. Counseling, treatment, services and supplies for non-medical conditions related to hyperkinetic syndromes and learning disabilities (including ADD and ADHD disorders), mental retardation, developmental delay, and adult onset of attention deficit disorders.

Mental and Nervous Disorder Treatment, services and supplies.

Military Service-Connected Medical Care for which the Plan Person is legally entitled to service from military or government facilities, and for which such facilities are reasonably accessible to the Covered Person.

Non-Prescription Drugs, including any non-prescription medicine, remedy, vaccine, biological product, pharmaceuticals or chemical compounds, vitamin, mineral supplements, fluoride products, or health foods.

Orthomolecular Therapy, including nutrients, vitamins, and food supplements.

Physical Examinations, except as specifically set forth in the Plan Services section and the Schedule of Benefits.

Prescription Drugs, prescribed on an outpatient basis except if elected and issued by Out-patient Prescription Drug Rider.

Private Duty Nursing Care

Prosthetic and Orthotic Devices, except as specifically set forth in the Plan Services section.

Rehabilitative Therapy Services, including cardiac, speech, occupational and physical therapy, except as set forth in the Plan Services section. This exclusion includes any service or supply:

1. Provided to a Covered Person as an inpatient in a hospital or other facility, where the admission is primarily to provide rehabilitative services
2. Services that maintain rather than improve a level of physical function, or where it has been determined that the service will not result in significant improvement in the Member's condition within a 60 day period.

Exclusions and Limitations Provision continued. . . .

Reversal of Voluntary, Surgically-Induced Sterility, including the reversal of tubal ligations and vasectomies.

Services or supplies that are:

1. Determined to be not Medically Necessary;
2. Not specifically listed in Plan Services section unless such services are specifically required to be covered by state or federal law. This Individual Plan will provide coverage on a primary or secondary basis as required by state or federal law.
3. Court ordered care or treatment, unless otherwise covered in this Individual Plan.
4. For the treatment of a Covered Condition resulting from:
 - a. War or an act of war, whether declared or not;
 - b. Participation in any act which would constitute a riot or rebellion, or a crime punishable as a felony;
 - c. Engaging in an illegal occupation;
 - d. Services in the armed forces;
 - e. Intentionally self-inflicted injuries, suicide or attempted suicide, without regard to the mental state of the Covered Person;
 - f. Being under the influence of alcohol, narcotic intoxicant or any illegal drug, or legal drug used as described in the Certificate.
4. Received prior to a Covered Person's effective date or received on or after the date a Covered Person's coverage terminates under this Individual Plan, (unless coverage is extended in accordance with the Extension of Benefits provision in the Administrative Provisions section).
5. Provided by a Physician or other Health Care Provider related to the Covered Person by blood or marriage.
6. Rendered from a medical or dental department maintained by or on behalf of an employer, mutual association, labor union, trust, or similar person or group.
7. Non-medical conditions related to hyperkinetic syndromes, learning disabilities, mental retardation, or inpatient confinement for environmental change.
8. Supplied at no charge when insurance coverage is not present, and if applicable, any charges associated with the Calendar Year Deductible and Coinsurance Percentage or Co-payment requirements which are waived by a Health Care Provider.

Sexual Reassignment or Modification Services, including any service or supply related to such treatment, including psychiatric services.

Skilled Nursing Facility Services not provided in lieu of hospitalization or continued hospitalization. Benefits are limited as set forth in the Plan Services section.

Sleep Disorders. Benefits are not available for treatment services or supplies used in the treatment of sleeping disorders, including but not limited to sleep apnea, insomnia, narcolepsy or any related condition.

Smoking Cessation Programs, including any service or supply to eliminate or reduce the dependency on or addiction to tobacco, including but not limited to nicotine withdrawal programs and nicotine products (e.g. gum, transdermal patches, etc.).

Transplantation or Implantation Services and Supplies, including the transplant or implant, other than those specifically listed in the Plan Services section.

Treatment of Obesity. Benefits are not available for weight control and weight loss programs and medications, including, dietary supplements, appetite suppressants, dietary regimens or treatments, exercise programs or equipment, laboratory testing, examinations and prescription drugs. Gastric bypass, gastric stapling, gastric balloon, liposuction and any other related procedures or reversal thereof including treatment of any complications resulting from such surgical or non-surgical treatment, regardless of associated medical or psychological conditions, are not covered.

Volunteer Services or services which would normally be provided free of charge and any charges associated with Deductible, Coinsurance, or Co-payment requirements (if applicable), which are waived by a health care provider.

Voluntary Sterilization, including tubal ligations and vasectomies, unless Medically Necessary.

Weight Control Services, including any service to lose, gain, or maintain weight, including without limitation: any weight control/loss program; appetite suppressants; dietary regimens; food or food supplements; exercise program, or equipment; whether or not it is part of a treatment plan for a Covered Condition.

Wigs or Cranial Prosthesis, except when related to restoration after cancer or brain tumor treatment.

Work Related Condition Services to the extent the Covered Services are paid by Workers' Compensation.

Customer Service and Sales

CALL:

Member Services:  866-469-2347

Precertification: 866-469-2347

Avalon Sales Representative: 877-280-0010

Avalon Producer Fax: 877-280-8881

Avalon's CareSupport Program:  866-949-5700

Optum HealthSM:  877-843-5071

HSA Bank:  800-357-6246

Health Savings Administrators
HSA Administrators: 888-354-0697

MCNA Dental Member Services:  800-494-6262

Avalon Vision Plans:  866-425-2323

EMAIL & WEBSITES:

Avalon Individual Plans Representative:
individuals@avalonhealthcare.com

HSA Bank Questions:
askus@hsabank.com

HSA Administrators Questions:
www.hsaadministrators.com

Florida based Avalon Healthcare is an innovative health insurance company offering consumer directed health benefit plans to employers and individuals who need affordable healthcare and live and work in Florida.

Avalon is poised to meet the rapid changes in the Florida individual health insurance market through the development of innovative new products: in and out-of-network Consumer Directed health plans wrapped around Health Savings Accounts (HSAs). We call these health benefit plans Avalon "IFOCUS Plans" because they clearly focus on the needs of individuals and their families.

The logo features the word "IFOCUS" in a large, serif font. The letter "O" is replaced by a magnifying glass with a glowing yellow sunburst behind it. Below "IFOCUS" is the word "PLANS" in a smaller, sans-serif font. At the bottom, the phrase "Plans for Individuals" is written in a light blue, sans-serif font.

IFOCUS
PLANS
Plans for Individuals



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