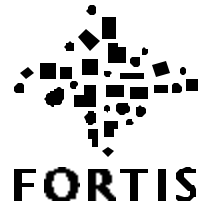


GEORGIA PRODUCT BROCHURE SUPPLEMENT
for the Fortis Insurance Company Small Group Products



Small Business, Big Health Solutions™

Carryover Deductible

Covered charges incurred in the last three months of the calendar year and applied toward that year's deductible are also applied toward the deductible for the next calendar year.

Dental Care

Benefits are provided for covered charges for general anesthesia and associated hospital or ambulatory surgical facility charges in conjunction with dental care if the covered person:

- a) is seven years of age or younger, or is developmentally disabled;
- b) is an individual for which a successful result cannot be expected from dental care provided under local anesthesia because of a neurologically or medically compromising condition; *or*
- c) has sustained extensive facial or dental trauma, unless otherwise covered by Workers' Compensation insurance.

Infertility

Benefits are available for the diagnosis of infertility, subject to deductible and rate of payment.

Mail Order Service

Mail order service for prescription drugs is not available.

Rate of Payment

On PPO plans, the minimum rate of payment for network and non-network providers is 60%.

Rate of Payment

Network	100%	90%	80%	70%	60%
Non-network	70%	60%	60%	60%	60%

Temporomandibular Joint (TMJ) Dysfunction and Functional Deformities of the Maxilla and Mandible

Covered charges include medically necessary surgical and non-surgical treatment for the correction of TMJ dysfunction and for the correction of functional deformities of the upper and lower jaws.

Services for surgical treatment must be included in the dental treatment plan authorized by Fortis Health prior to the surgery.

Covered charges for the non-surgical treatment of TMJ dysfunction are limited to treatment as specified in the contract. Examples of covered treatment include:

- a) history and examinations
- b) radiographs, which must be diagnostic for TMJ dysfunction
- c) splint therapy with necessary adjustment
- d) diagnostic or therapeutic masticatory muscle and TMJ injections.

There is no separate lifetime maximum for covered charges. Covered charges do not include cosmetic or elective orthodontic care, periodontic care or general dental care.

continued on back

GEORGIA PRODUCT BROCHURE SUPPLEMENT

continued

Wellness Services

Benefits are provided for the preventive care of children from birth through age five in accordance with the prevailing Recommendations for Preventive Pediatric Health Care, including the following:

- a) medical history
- b) measurement of height, weight and head circumference
- c) blood pressure testing
- d) sensory screening, including vision and hearing, *and*
- e) hereditary and metabolic screening in accordance with state law; developmental/behavioral assessment; immunizations consistent with prevailing American Academy of Pediatric Committee statements; tuberculin test; hematocrit or hemoglobin; urinalysis; and anticipatory guidance

These services are not subject to the deductible, and are not subject to a dollar limit maximum.

This supplement is for use in conjunction with the product brochure. The plan certificate includes complete details on benefits, limitations and exclusions. Insurance contracts are underwritten and issued by Fortis Insurance Company, a Fortis Health member company. Fortis Health is located in Milwaukee, WI.