

2023

Benefits

Enrollment Guide



Coverage Made Easy

America's Consumers and Affiliates Benefits

The America's Consumers & Affiliates Limited Partnership provides an opportunity for partners to earn a secondary income through use of the Legend Browser application and to receive access to a comprehensive health and life benefits package. The Legend Browser offers a way for partners to rate websites or click on advertisements while browsing the Internet to earn a passive income. Using the Legend Browser when browsing the Internet an annual average of 10 hours per week makes you an active limited partner to maintain eligibility for benefits.

Becoming an active partner is easy!

1. [Download the Legend Browser](#) application on a phone/tablet and/or extension on your Chrome or Firefox browser.
2. **Log in with your Partner Identification Number (PIN)** provided by the Limited Partnership
3. **Use the Legend Browser** to explore the Internet, rate the websites you visit, and take advantage of the advertisements offered to earn passive income.

By joining the AC&A Limited Partnership and becoming an active partner, individuals are eligible to receive established Voluntary Insurance Benefits with National "A" Rated insurance carriers, in which you and your family may participate. If a partner should later choose he no longer wishes to participate in the Limited Partnership income earning opportunities, he may choose to keep his coverage with any of the portable benefits offered. See the LP Benefit Guide for notations of portable products.

SelectMed Medical Options.....Pg 3

- 1** Daily Care Plans..... Pg 4
Hospitalization Buy-Up..... Pg 5
• Available with SelectMed Pro/Max plans
Bronze and Silver Plans..... Pg 6

2 Additional Health Options.....Pg 9

- Dental..... Pg 10
Vision..... Pg 11

Individual Benefits Available

Individual Benefit Options..... Pg 12

- 3** Term Life.....Pg 13
Accident.....Pg 15
TrioMED.....Pg 18

Urgent Care

1

America's Consumers & Affiliates

SelectMed

Medical Options

SelectMed

| | SelectMed Base | SelectMed Pro | SelectMed Max |
|--|---|--|--|
| Evidence of insurability | Guaranteed Acceptance | Guaranteed Acceptance | Guaranteed Acceptance |
| PPO Network | First Health® | | |
| Deductible | In-Network Provider (No Out of Network Coverage) | In-Network Provider (No Out of Network Coverage) | In-Network Provider (No Out of Network Coverage) |
| Individual | n/a | n/a | \$2,000 |
| Family | n/a | n/a | \$4,000 |
| Out-of-Pocket Maximum | In-Network Provider (No Out of Network Coverage) | In-Network Provider (No Out of Network Coverage) | In-Network Provider (No Out of Network Coverage) |
| Individual | n/a | \$9,100 | \$9,100 |
| Family | n/a | \$18,200 | \$18,200 |
| SelectMed Medical Services | In-Network Provider (No Out of Network Coverage) | In-Network Provider (No Out of Network Coverage) | In-Network Provider (No Out of Network Coverage) |
| MedCall Now | Included (No Copay) | Included (No Copay) | Included (No Copay) |
| Personal Assistance Counseling | Not Covered | Confidential counseling assistance to help balance the demands of work, family, and daily life. \$0 up to 6 visits per unique issue per year via telephone, video, or chat | |
| Preventative & Wellness* (Non-Hospital Based) | 100% Covered in Network-No copay and No deductibles. | | |
| Primary Care Visit to Treat Injury or Illness (Non-Hospital Based) | Not Covered | \$25.00 Copay Max 5 Visits Per Calendar Year; Combined 5 Visit Limit Per Year | \$25.00 Copay per visit |
| Specialist Visit (Non-Hospital Based) | | | \$50.00 Copay per visit |
| Outpatient Diagnostic Test (X-Ray, Blood Work) (Non-Hospital Based) | | | \$50.00 Copay per test |
| Urgent Care | | | \$50.00 Copay per visit |
| Outpatient CT/MRI /Pet Scans | | 50% Coinsurance per test; After Deductible. ² | |
| Outpatient Services: Mental Health, Behavioral Health or Substance Abuse Services | | Not Covered | \$50.00 Copay per visit (Partial Hospitalization is not covered; Considered a Specialist Visit) |
| Rehabilitation Services & Habilitation Services (Physical, Speech, and Occupational) | | Not Covered | \$50 copay/visit: (Physical, Speech, and Occupational; Limited to 20 visits per plan year. Pre-certification is required after 6 visits) |
| PHARMACY BENEFITS - Included in SelectMed | | | |
| Preventive Prescriptions | No Copay for ACA Compliant covered prescription drugs | | |
| Non-Preventive Prescriptions | Not Covered | 20% Coinsurance - Generic Only 12 Prescriptions Maximum 30 day supply Maximum | \$20 Copay - Generic only 30 day supply Maximum |
| PHARMACY BENEFITS - Provided by DataRX² | | | |
| Prescription Benefit | Not Covered | Not Covered | Copay: \$10 Formulary Generic; \$50 Formulary Brand Mail Copay: \$30 Formulary Generic; \$150 Formulary Brand Annual Max: \$750 Per Person; \$1500 Per Family ¹ |
| Monthly Rates | | | |
| Individual | \$84.78 | \$131.17 | \$207.25 |
| Individual + Spouse | \$139.69 | \$199.53 | \$346.11 |
| Individual + Child | \$130.12 | \$192.43 | \$354.87 |
| Family | \$184.03 | \$254.71 | \$516.17 |

Not available in Alaska, Hawaii, Massachusetts, and New Hampshire.

Insurance coverage is provided through Providence Insurance Company, LLC.

1. Prescription Benefit is a subcontracted plan managed by your enrollment agency and is not part of the health plan design. The prescription provided by DataRx is not available in NY, SD, and WA. In the states noted, \$20 co-pay generic only, 30 day supply max.

2. Pre-Authorization Required

For additional information, visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/> as benefits are subject to change. Or reference the Summary Plan Document for a list of Wellness & Preventative services offered In-Network.

First Health is a brand name of First Health Group Corp., an indirect, wholly-owned subsidiary of Aetna Inc.

Refer to the schedule of benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits will govern.

Hospitalization Buy-Up for SelectMed Pro and Max Plans



The More You Know

This Plan covers limited inpatient hospital care in accredited hospitals for each enrolled participant. Coverage includes inpatient surgery, but not outpatient or elective surgeries. This Plan does not cover out of network services. This Plan is not subject to the Patient Protection and Affordable Care Act.

Hospitalization Buy-Up to SelectMed Pro/Max Plans

| | |
|---|--|
| Evidence of insurability | Guaranteed Acceptance |
| Annual Plan Year Limit | Choose \$50,000 or \$100,000 Per Participant |
| Participant Coinsurance | 0% |
| TPA | HMA, LLC |
| PPO Network | First Health Network |
| Network Coverage | In-Network Only |
| Plan Provisions | Participating Providers (No Out-of-Network Providers) |
| Inpatient Hospital Benefits including MHSA (Mental Health and Substance Abuse) | \$5,000 Deductible, then 0% Coinsurance |
| Limitations & Exclusions | Outpatient or elective surgery not covered. Pre-existing conditions within past twelve months excluded. |

Monthly Rates

| | Primary | Primary + Spouse | Primary + Child(ren) | Family |
|-----------------------|----------------|-------------------------|-----------------------------|---------------|
| \$50,000 Plan | | | | |
| Ages 18-34 | \$87.00 | \$131.00 | \$135.00 | \$195.00 |
| Ages 35 - 64 | \$117.00 | \$193.00 | \$189.00 | \$279.00 |
| \$100,000 Plan | | | | |
| Ages 18-34 | \$122.95 | \$217.08 | \$199.97 | \$294.10 |
| Ages 35 - 64 | \$151.18 | \$276.78 | \$253.95 | \$379.54 |

The Hospitalization buy-up plan is available for purchase with SelectMed Pro or SelectMed Max.

SelectMed Metallic Plan Options

| SelectMed Metallic Plan Options | SelectMed Bronze | SelectMed Silver |
|---|--|--|
| Evidence of insurability | Guaranteed Acceptance | Guaranteed Acceptance |
| PPO Network | PHCS Practitioner and Ancillary (No Out of Network Coverage) | |
| Deductible | In Network Participating Providers | In Network Participating Providers |
| Individual | \$0 | \$0 |
| Family | \$0 | \$0 |
| Out-of-Pocket Maximum | In Network Participating Providers | In Network Participating Providers |
| Individual | \$9,100 | \$5,000 |
| Family | \$18,200 | \$10,000 |
| Medical Services | | |
| PREVENTIVE & WELLNESS SERVICES | In Network Participating Providers (No Out of Network Coverage) | In Network Participating Providers (No Out of Network Coverage) |
| Non-Hospital Based Only | \$0 Copay (Plan pays 100% of covered preventive and wellness services) | |
| PHYSICIAN SERVICES | In Network Participating Providers (No Out of Network Coverage) | In Network Participating Providers (No Out of Network Coverage) |
| Primary Care Office Visit (Non-Hospital Based) | \$25 Copay (Limited to 8 visits per calendar year) | \$15 Copay (Limited to 10 visits per calendar year) |
| Specialist Office Visit (Non-Hospital Based) | \$50 Copay (Limited to 8 visits per calendar year) | \$25 Copay (Limited to 10 visits per calendar year) |
| Other Physician Services performed in the Office ^{1,2} | Not Covered | \$50 Copay per service billed (Limited to Primary Care/Specialist visits per plan year) |
| Urgent Care | \$50 Copay (Limited to 2 visits per calendar year) | \$35 Copay (Limited to 3 visits per calendar year) |
| Telemedicine Services | \$0 Copay | \$0 Copay |
| Personal Assistance Counseling | Confidential counseling assistance to help balance the demands of work, family, and daily life. \$0 copay up to 6 visits per unique issue per year via telephone, video, or chat | |
| DIAGNOSTIC SERVICES | In Network Participating Providers (No Out of Network Coverage) | In Network Participating Providers (No Out of Network Coverage) |
| Laboratory Services (Non-Hospital Based) | \$50 Copay (Combined limit of 3 visits per calendar year with Radiology) | |
| Radiology (Non-Hospital Based) | \$50 Copay (Combined limit of 3 visits per calendar year with Laboratory Services) | |
| CT/MRI/MRA/PET Scan ¹ (Non-Hospital Based) | \$350 Copay (Subject to RBP) (Limited to 1 per calendar year.) | \$350 Copay (Subject to RBP) (Limited to 2 per calendar year.) |
| HOSPITAL/FACILITY SERVICES (Copay + Balance Subject to Referenced Based Pricing) | | |
| Inpatient Hospitalization ¹ | \$350 Copay per admission (Limited to 5 days per calendar year) | \$350 Copay per admission (Limited to 7 days per calendar year) |
| Inpatient Visits - Physician | Copay Included in Inpatient Hospitalization (Limited to visits up to 5 days per calendar year) | Copay Included in Inpatient Hospitalization (Limited to visits up to 7 days per calendar year) |
| Laboratory/Radiology/Imaging | Copay included in Inpatient or Emergency Room Services. (Limited to 5 days inpatient and 1 visit outpatient and emergency room per calendar year) | Copay included in Inpatient or Emergency Room Services. (Limited to 7 days inpatient and 1 visit outpatient and emergency room per calendar year) |
| Inpatient Surgery ¹ | Copay Included in Inpatient Hospitalization (Second surgical opinion may be required; Limited to 2 surgeries per calendar year) | Copay Included in Inpatient Hospitalization (Second surgical opinion may be required; Limited to 3 surgeries per calendar year) |
| Outpatient Hospital or Free Standing Facility Services and Surgery ¹ | \$350 Copay (Limited to 1 visit per calendar year) | \$350 Copay (Limited to 2 visit per calendar year) |
| Anesthesia | Copay Included in Inpatient Hospitalization or Outpatient Hospital or Free Standing Facility Services and Surgery (Limited to 2 inpatient and 1 outpatient anesthetic procedures per calendar year) | Copay Included in Inpatient Hospitalization or Outpatient Hospital or Free Standing Facility Services and Surgery (Limited to 3 inpatient and 2 outpatient anesthetic procedures per calendar year) |
| Emergency Room Services | \$350 Copay (Limited to 1 visit per calendar year) | |

SelectMed Metallic Plan Options

| | | SelectMed Bronze | SelectMed Silver |
|--|-------------|--|---|
| PREGNANCY BENEFITS | | | |
| Professional Services | | Not Covered - 100% paid by Member | \$350 Copay |
| Childbirth/Delivery (Considered Inpatient Hospital Stay) | | Not Covered - 100% paid by Member | \$350 Copay per admission (Subject to RBP) |
| OTHER SERVICES | | | |
| Allergy Services (Included in Primary Care Office Visit or Specialist Office Visit limits. The copay applies to the administration of the allergy service and is separate from the copay for the office visit) | | \$25 Copay | |
| Home Health Care | | \$25 Copay (Limited to 10 visits per calendar year) | \$25 Copay (Limited to 15 visits per calendar year) |
| Treatment for Chemical Abuse & Dependency ¹ | In-Patient | \$250 Copay per day (Subject to RBP) (Limited to 5 days per calendar year) | \$250 Copay per day (Subject to RBP) (Limited to 7 days per calendar year) |
| | Out-Patient | \$25 Copay per day (Limited to 5 days per calendar year) | \$25 Copay per day (Limited to 7 days per calendar year) |
| Rehabilitation/Habilitation Services | | Not Covered - 100% paid by Member | |
| Emergency Medical Transportation | | \$250 Copay (Subject to RBP) (By land only; Limited to 1 transport per calendar year) | |
| PHARMACY BENEFITS - Included in SelectMed | | Participating Pharmacies | |
| Preventive Prescriptions - (Subject to Formulary) | | Generic - \$0 Copay (Limited to Preventive Generic) | |
| Non-Preventive Prescriptions - (Subject to Formulary) | | Not Covered | |
| PHARMACY BENEFITS - Provided by DataRX³ | | Participating Pharmacies | |
| Prescription Benefit | | Copay: \$10 Formulary Generic; \$50 Formulary Brand Mail Copay: \$30 Formulary Generic; \$150 Formulary Brand Annual Max: \$750 Per Person; \$1500 Per Family ³ | |
| Monthly Rates | | SelectMed Bronze | SelectMed Silver |
| Individual | | \$487.89 | \$589.48 |
| Individual + Spouse | | \$853.26 | \$1,016.37 |
| Individual + Child | | \$880.90 | \$1,047.49 |
| Family | | \$1,308.36 | \$1,588.64 |

Not available in Alaska, Hawaii, Massachusetts, and New Hampshire.

Reinsurance coverage is provided through Providence Insurance Company II

1. If prior authorization is not obtained for services requiring a prior authorization, the benefits payable by the Plan for such services will be reduced to 50% of the allowed charges after the copay.
2. Prior authorization is required for any service or procedure over \$1,000.
3. Prescription Benefit is a subcontracted plan managed by your enrollment agency and is not part of the health plan design. The prescription provided by DataRx is not available in NY, SD, and WA.

If ER and/or Ambulance Services are covered and provided by an Out of Network provider, the service will be subject to the deductible and Out of Pocket Maximum.

For additional information, Limitations and Exclusions; please refer to the Summary Plan Document and Schedule of Benefits. If this document differs from either, the Summary Plan Document and Summary of Benefits Coverage will govern.

To find a provider through the PHCS Practitioner and Ancillary: <https://www.multiplan.com/webcenter/portal/ProviderSearch>

SelectMed Metallic Plan Options

Preventive Health Services: Limitations, Intervals, and Requirements¹

The following table represents the preventive services currently covered under the SelectMed Bronze and SelectMed Silver™ Plans as well as the permitted interval and any requirements of such preventive services.

Benefits are automatically subject to 29 CFR § 2590.715 -2713(a). Amendments to this section through legislative act or regulation are automatically incorporated into this document by reference. Preventive Services covered in this section are explained in more detail through the following official resources:

- Medical services with a rating of "A" or "B" from the current recommendations of the United States Preventive Services Task Force. See <https://www.uspreventiveservicestaskforce.org>
- Preventive care and screenings for infants, children, and adolescents provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. Guidelines can be found in <https://www.hrsa.gov>
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only. See <https://www.cdc.gov/vaccines/acip>

Preventative and Wellness Services - Covered Benefits

Adults

- Adult Annual Standard Physical
- Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling
- Aspirin: Preventive Medication
- Blood pressure screening
- Breastfeeding interventions
- Chlamydia screening
- Colorectal Cancer Screening
- Dental cavities prevention: infants and children up to age 5 years
- Depression Screening
- Diabetes Screening
- Fall Prevention: Older Adults
- Healthy Diet and Physical Activity Counseling to Prevent Cardiovascular Disease
- Hemoglobinopathies screening
- Hepatitis B screening
- Hepatitis C virus (HCV) infection screening: born between 1945 and 1965.
- High Blood Pressure Screening
- HIV Preexposure Prophylaxis for the Prevention of HIV Infection
- HIV Screening
- Hypothyroidism screening
- Lung Cancer Screening
- Obesity screening and Counseling
- Sexually Transmitted Infections Counseling
- Skin Cancer Behavioral Counseling
- Statin Preventive Medication
- Tobacco Use Counseling and Interventions
- Syphilis Screening

Men

- Abdominal aortic aneurysm screening

Women

- Aspirin: Preventive Medication
- BRCA risk assessment and genetic counseling/testing
- Breast Cancer Preventive Medications
- Breast Cancer Screening
- Cervical Cancer Screening: with Cytology (Pap Smear) Lung cancer screening
- Chlamydia Screening
- Contraceptive Methods and Counseling
- Folic Acid Supplementation
- Gonorrhea Screening
- Intimate Partner Violence Screening
- Osteoporosis Screening
- Well-Woman Visits

Pregnant Women

- Bacteriuria Screening
- Breastfeeding Support, Supplies and Counseling
- Depression Screening
- Gestational Diabetes Mellitus Screening
- Hepatitis B Screening
- HIV Screening
- Preeclampsia Screening
- Rh Incompatibility Screening: First Pregnancy Visit
- RH Incompatibility Screening: 24–28 Weeks' Gestation
- Syphilis Screening
- Tobacco Use Counseling and Interventions

Newborns

- Gonorrhea Prophylactic Medication
- Hemoglobinopathies Screening
- Hypothyroidism Screening
- Phenylketonuria Screening

Infants

- Dental Caries Prevention: Infants and Children Up to Age 5

Children

- Dental Caries Prevention: Infants and Children Up to Age 5
- Obesity screening and Counseling
- Skin Cancer Behavioral Counseling
- Tobacco Use Counseling and Interventions
- Vision Screening: Age 3 to 5
- Well-Child Visits

Adolescents

- Depression Screening
- Hepatitis B Screening
- HIV Screening
- Obesity screening and Counseling
- Sexually Transmitted Infections Counseling
- Skin Cancer Behavioral Counseling
- Tobacco Use Counseling and Interventions

Multiple Populations

- Tuberculosis Screening: all populations at risk
- Skin Cancer Behavioral Counseling: young adults, adolescents, children, and parents of young children

*See Schedule of Benefits for Limitations, Intervals and Requirements.

Vaccines

IMMUNIZATIONS - recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for routine use in children, adolescents, or adults*

Adults 19 Years or Older

- IIV
- RIV
- LAIV
- Tdap
- MMR
- YAP
- RZV
- ZVL
- HPV - Female
- HPV - Male
- PCV13
- BRSV29

Children From 7 Through 18 Years Old

- Flu
- Tdap
- HPV
- MenACWY
- MenACWY

Birth Through 6 Years Old

- HepB
- DTaP
- Hib
- PCV13
- IPV
- Flu
- MMR
- VAR
- HepA
- RV

¹ *None of the Preventive Health Services are covered if they are provided at a hospital.

*Immunization illustrations listed herein are based upon CDC recommendations contained in the following schedules: (i) Recommended Child and Adolescent Immunization Schedule (available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>), and (ii) Recommended Adult Immunization Schedule (available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>). Additional immunization scenarios not included in the aforementioned illustrations (such as catch-up immunization recommendations, immunization recommendations for certain high-risk groups, and immunization recommendations subject to individual clinical decision-making) may also be covered under this Plan pursuant to CDC recommendation. Information concerning these additional covered immunization scenarios (including vaccine type, age requirements, and frequency) is available online under the CDC schedule links listed above. Paper copies of these CDC schedules can also be obtained free of charge by written request to the Plan Administrator.

This plan is ACA Compliant. For additional information, visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/> as benefits are subject to change. Or reference the Summary Plan Document for a list of Wellness & Preventative services offered In-Network.



2

America's Consumers & Affiliates

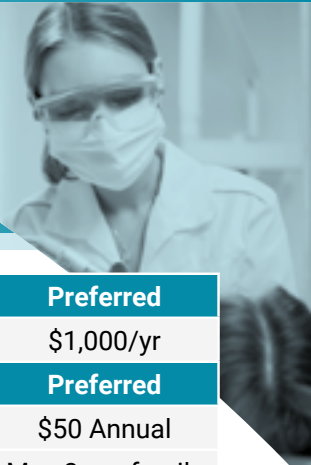
Additional Options

Dental & Vision



∴ T O Z ∴ 3
∴ L P E D ∴ 4
∴ P E C F D ∴ 5
∴ E D F C Z P ∴ 6

Dental Insurance



| Plan Maxes | | Basic | Preferred |
|-----------------------------|---|-------------------------------------|-------------------------------------|
| Annual Maximum | | \$500/yr | \$1,000/yr |
| Plan Deductible | | Basic | Preferred |
| Deductible | | \$50 Annual | \$50 Annual |
| Deductible Limit | | Max 3 per family | Max 3 per family |
| Services* | Plan Coverage | Basic | Preferred |
| Preventive Services | <ul style="list-style-type: none"> Cleanings Exams Oral Cancer Screening (age 40+) Radiographs - Bitewings Radiographs - FMX Fluoride (under age 16) Sealants (under age 16) Space Maintainers (under age 16) | Plan Pays 100% Deductible Waived | Plan Pays 100% Deductible Waived |
| Basic Services | <ul style="list-style-type: none"> Emergency Pain Restorations (Amalgams & Anterior Resin) Restorations (Posterior Resin) Crown Repairs Bridge Repairs Denture Repairs | Plan Pays 80% | Plan Pays 80% |
| Major Services ¹ | <ul style="list-style-type: none"> Simple Extractions Surgical Extractions Oral Surgery Endodontics Periodontal Maintenance Non-Surgical Periodontics Surgical Periodontics Inlays Onlays Crowns Bridges Dentures Implants Anesthesia | Plan Pays 0% | Plan Pays 50% |



| Plan Tier | Primary | Primary + Spouse | Primary + Child(ren) | Family |
|-----------|------------|------------------|----------------------|------------|
| Basic | \$19.67/mo | \$35.34/mo | \$43.31/mo | \$63.33/mo |
| Preferred | \$27.98/mo | \$51.94/mo | \$54.52/mo | \$83.40/mo |

1. 12 month waiting period on Major services

Underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. | DENTPROP20

The information on this sheet is a brief summary of your dental plan and the services it covers. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions, or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact BrightBenefits.

Eligible partners must be working a minimum of 20 hours per week to qualify for insurance. Rates include insurance premiums and administrative fees for continuation, enrollment and marketing.

This coverage is available when you join the Limited Partnership. Partners must be active to maintain eligibility.

DENTPROP20

Vision Insurance

| Benefit | Description | Copay | Frequency |
|--|---|-----------------------------|-----------------|
| Eye Exam | Focuses on your eyes, vision and wellness | \$10 | Every 12 months |
| Frame | Pay no more than \$25 for Exclusive Collection frames at participating locations or \$130 frame allowance at network locations or \$180 frame allowance at Visionworks ¹ Plus 20% off any amount over your allowance ² | Included | Every 24 months |
| Lenses and enhancements ³ | Clear plastic single -vision, bifocal, trifocal or lenticular lenses Polycarbonate Lenses for dependent children Tinting of Plastic Lenses Scratch-Resistant Coating | \$25 | Every 12 months |
| Lens upgrades ³ | Polycarbonate lenses for adults | \$30 | Every 12 months |
| | High-Index Lenses 1.67 | \$55 | |
| | High-Index Lenses 1.74 | \$120 | |
| | Polarized Lenses | \$75 | |
| | Progressive Lenses (Standard / Premium / Ultra / Ultimate) | \$50 / \$90 / \$140 / \$175 | |
| | Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate) | \$35 / \$48 / \$60 / \$85 | |
| | Ultraviolet Coating | \$12 | |
| | Plastic Photochromic Lenses (Transitions® Signature™) | \$65 | |
| | Premium Scratch -Resistant Coating | \$30 | |
| | Scratch-Protection Plan (Single -Vision / Multifocal) | \$20 / \$40 | |
| Digital Single Vision Lenses | \$30 | | |
| Trivex Lenses | \$50 | | |
| Blue Light Filtering | \$15 | | |
| Prescription contacts ⁴ (instead of glasses) | 15% off fitting, evaluation and follow-up \$130 allowance for contacts Plus 15% off any amount over your allowance ² | | Every 12 months |

Extra member savings (not insured benefits)

- 15% off standard laser vision correction or 5% off promotional prices at LasikPlus® locations nationwide.
- No more than \$39 on routine retinal imaging as an enhancement to an eye exam .
- 30% off additional pairs of eye glasses.²
- Free 1-yr. breakage warranty on your glasses - limitations apply.

Out-of-network coverage

| | | | |
|----------------|-------------------------------------|-----------------------------|--------------------------------------|
| Exam.....\$40 | Single vision lenses.....\$40 | Trifocal lenses.....\$80 | Elective contacts.....\$105 |
| Frame.....\$50 | Bifocal/Progressive lenses.....\$60 | Lenticular lenses.....\$100 | Visually required contacts.....\$225 |



| Vision Rates | | | |
|--------------|------------------|----------------------|------------|
| Primary | Primary + Spouse | Primary + Child(ren) | Family |
| \$10.22/mo | \$16.76/mo | \$18.42/mo | \$25.22/mo |

1. Excludes Maui Jim® eyewear.

2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers.

3. Spectacle lens options may not be available at all locations.

4. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail. Products may vary by state.

Underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life.

Eligible partners must be working a minimum of 20 hours per week to qualify for insurance. Rates include insurance premiums and administrative fees for continuation, enrollment and marketing.

This coverage is available when you join the Limited Partnership. Partners must be active to maintain eligibility.

NVIGRP-DV 2019| BVPROP20



3

Individual Benefits Available

Additional Options

Term Life, Accident, & TrioMED

Term Life Insurance

SIMPLIFIED ISSUE UP TO 100,000!



What Is It?

Life insurance helps provide immediate and future financial security for your family following your death. Term life insurance gives you coverage for a specified period of time, or “term” such as 10 years.

| Policy Highlights | Benefits |
|--------------------------|---|
| Benefit Highlights | <ul style="list-style-type: none"> • Cover everyday expenses after loss of income. • Help pay off mortgage or college tuition. • Provide financial peace of mind during the child raising years. Choose coverage based on your needs and budget: ✓\$20,000 ✓\$25,000 ✓\$30,000 ✓\$50,000 ✓\$75,000 ✓\$100,000 |
| Eligibility Age | 18 through 64 |
| Evidence of Insurability | Complete a health history questionnaire, with no medical exam required.* <ul style="list-style-type: none"> • Simplified issue up to \$100,000 • Spouse simplified issue up to \$100,000 must be equal to Primary benefit selected. |
| Benefits | Lump-sum cash benefit. The money is paid to your beneficiary and can be used as they wish. |
| Limitations | <ul style="list-style-type: none"> • Rates are guaranteed for 5 years. • Policy auto renews through age 85. (Unless death or expiration on the policy benefit schedule is met.) • Primary and Spouse coverage only. (No dependent coverage or child only policies.) |

Sample Premiums: Non-Tobacco

| Age | Amount You Will Pay | | Amount Of Death Benefit |
|--------|---------------------|---------|-------------------------|
| | Female | Male | |
| Age 25 | \$17.92 | \$21.63 | \$50,000 |
| Age 30 | \$17.92 | \$21.63 | \$50,000 |
| Age 35 | \$19.63 | \$21.67 | \$50,000 |
| Age 40 | \$22.38 | \$25.54 | \$50,000 |
| Age 45 | \$26.92 | \$32.00 | \$50,000 |
| Age 50 | \$32.92 | \$41.79 | \$50,000 |



MONTHLY

*Product is medically underwritten.

This is an individual policy and available to individuals outside of the America's Consumers & Affiliates Limited Partnership.

For use in every state EXCEPT: AK, CO, CT, HI, NY, and VT

NATGEN Term Life 11/21 - STND

Term Life Insurance Limitations and Exclusions

We will not pay benefits for loss caused by any of the following:

- As a result of war or an act of war while the Covered Person is serving in any civilian non-combatant unit serving with the U. S. military, provided such death occurs while serving in such units or within six months after termination of service in such units, whichever is earlier.
- As a result of the special hazards incident to service in any civilian non-combatant unit serving with the U. S. military, if the cause of death occurs while the Covered Person is serving in such units and is outside the home area, provided such death occurs outside the home area or within six months after the Covered Person's return to the home area while serving in such units or within six months after the termination of service in such units, whichever is earlier.
- As a result of war or an act of war, within two years from the Effective Date of coverage, while the Covered Person is not serving in the U. S. military, if the cause of death occurs while the Covered Person is outside the home area, provided such death occurs outside the home area or within six months after the Covered Person's return to the home area.
- As a result of air travel, in any sort of vehicle, except as a fare-paying passenger traveling on a regularly scheduled flight by an airline, the death benefit will be limited to the amount of premium paid for the Covered Person and no accidental death benefit will be payable.
- Suicide within the first two years of a Covered Person's Effective Date under this Policy or the date of reinstatement with respect to a Covered Person.

For the purposes of this section, "home area" means the 50 states of the United States and its territories, the District of Columbia and Canada. "War" includes, but is not limited to, declared war, and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization. "Act of war" means any act peculiar to military, naval or air operations in time of war.

In the event of death by any of these excluded acts,

benefits will be limited to the premium paid for coverage on the Covered Person.

Term Life coverage is renewable to the earlier of the death of the Policyholder, or the first renewal after your 85th birthday, provided there is compliance with plan provisions, including dependent eligibility requirements. The policy includes an initial five year rate guarantee and National General Accident & Health has the right to change premium rates upon providing appropriate notice.

For use in every state EXCEPT: CO, CT, NY, and VT

Products or services offered under the Term Life program are not insurance and are subject to change. For more information, please contact the company at www.natgenhealth.com or via telephone at 888-781-0585.

Depending on your state, TrioMed Accident Medical Expense, Critical Illness coverage and AD&D coverage are underwritten by National Health Insurance Company, Integon Indemnity Corporation, or Integon National Insurance Company .

Accident

Accident: Cover what matters most

Plan for the unexpected

An accidental injury catches you off guard. An injury leads to worry, uncertainty, inconvenience, and expenses you hadn't planned for.

Accident Fixed-Benefit coverage pays cash right to you, helping you catch up financially from days off work and pay expenses other plans don't, like auto and medical deductibles. You get a set cash benefit for each covered injury or service – multiple benefits that really add up.

Accident Fixed-Benefit pays:

- Immediately – there's no waiting period
- Over and above benefits you receive from any other plan
- No matter what doctor or hospital you choose
- With no overall annual or lifetime limits, no matter how many accidents you have

Covered Treatment & Services

Benefit Amount

| | |
|--|--|
| Hospital Room and Board | \$750 per day, subject to a 30-day maximum |
| Inpatient Hospital Services | \$750 per day, subject to a 15-day maximum |
| Ancillary Hospital Charges ¹ | \$150 per treatment or services up to five treatments or services |
| Outpatient Surgical Expenses | \$250 per visit, subject to a five visit maximum |
| Physician | \$50 per visit, procedure, or consultation, subject to eight visits ¹ , procedures or consultations |
| Medical Equipment Rental, Services and Supplies, Artificial Instruments, and Rehabilitative Braces and Application | \$100 |
| Dental ¹ | \$200 |
| Eyeglasses, Contact Lenses, and Hearing Aids | \$50 |
| Rehabilitation ¹ | \$150 |
| Maximum Benefit Amount | \$15,000 per covered accident |

Covered Treatment & Services

Benefit Amount

Injury - must occur within 30 days of the covered accident

| | |
|------------|-------|
| Concussion | \$100 |
|------------|-------|

Dislocation²:

| | |
|--|-------|
| Hip, Knee, Wrist, Elbow, Ankle, Shoulder Blade, Collarbone, or Jaw | \$500 |
|--|-------|

Fractures²:

| | |
|---|---------|
| Hip, Neck, Skull (<i>excluding nose, lower jaw, and teeth</i>) | \$2,500 |
| Pelvis (<i>excluding coccyx and sacrum</i>) | \$1,500 |
| Thigh, Lower Leg, Upper Arm, Forearm, Shoulder Blade | \$1,500 |
| Elbow, Heel, Lower Jaw, Collar Bone, Wrist, Kneecap, Hand, and Foot (<i>excludes fingers, thumb, toes, heel, and ankle</i>) | \$1,000 |
| Vertebrae – each Vertebral Arch (<i>excluding coccyx</i>) | \$1,500 |
| Sternum – breastbone | \$1,500 |
| Cheekbone | \$300 |
| Coccyx | \$300 |
| Ribs – each | \$500 |

Ambulance³:

| | |
|-------------------------------|---|
| Ground | \$200 per trip per Covered Accident <i>Subject to a two-trip maximum</i> |
| Air | \$3,000 per trip per Covered Accident <i>Subject to a one-trip maximum</i> |
| Maximum Benefit Amount | \$10,000 per covered accident |

Accident

| Covered Treatment & Services | Benefit Amount |
|---|-------------------------------------|
| Emergency Room Benefit Amount | \$250 per day, per Covered Accident |
| Maximum Benefit Amount | 1 day |
| Covered Treatment & Services | Benefit Amount |
| Accidental Death and Dismemberment Benefit | Percent of \$50,000 Benefit amount |
| Loss of both hands, both feet, or entire sight in both eyes | 100% |
| One hand and/or one foot | 50% |
| One hand or one foot and entire sight in one eye | 50% |
| Entire sight in one eye | 25% |
| Speech or hearing in both ears | 50% |
| Hearing in one ear | 25% |



Call for a personalized quote!



1. Benefit amounts vary in NJ and TN. Please refer to state specific Schedule of Benefits for exact amounts.

2. Fracture and dislocation benefits vary for NH. Please refer to state specific Schedule of Benefits for exact amounts.

3. In CT, the Ambulance benefit will be paid based on the CT Department of Health's determined rate.

This is an individual policy and available to individuals outside of the America's Consumers & Affiliates Limited Partnership.

For use in the following states: AK, AL, AR, AZ, CA, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WI, WV, and WY

*In FL, GA, ID, MA, OH, and VA, this plan is available only through a membership with the LIFE Association, a non-profit, members-only organization that provides you with additional health programs to help you save, plus lifestyle-related perks and discounts on everyday services.

*Rates may vary by state.

Accident Limitations and Exclusions

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- Intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
- Committing or attempting to commit a felony or civil insurrection or while involved in an illegal occupation;
- Acts of war, whether declared or not;
- Traveling by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline, unless specifically provided in this Certificate;
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the loss occurs;
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Physician;
- While a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is to the extent it extends beyond 31 days;
- While flying in an ultra-light plane, hang gliding, parachuting or bungee jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere;
- Injuries sustained where a Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- Competing in motor sports races or competitions;
- Testing cars or trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Participating in a rodeo; or
- Illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except bacterial infection due to an accidental cut or wound, botulism or ptomaine poisoning.
- With respect to any period of time a Covered Person is traveling on an air conveyance, this coverage applies only with respect to Covered Injuries sustained by the person:
 - while riding as a Passenger in or on (including getting in or out of, or on or off of):
 - any scheduled commercial airline;
 - any military air transport aircraft;
- For the Accident Medical Benefit only, the Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:
- Treatment by persons employed or retained by the Policyholder, or by any Immediate Family Member or member of the Covered Person's household;
- Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, Pathological Fractures, congenital weakness, detached retina unless caused by a Covered Injury or Mental Disorder or psychological or psychiatric care/counseling or treatment (except as provided in the Policy), whether or not caused by a Covered Accident;
- Pregnancy, childbirth, miscarriage, abortion or any complication of childbirth, miscarriage or abortion unless due to a Covered Injury;
- Mental and Nervous Disorder (except as provided in the Policy);
- Charges for injuries caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets or highways;
- Participation in or practice for intercollegiate sports, semi-professional sports or professional sports (unless specifically covered under the Policy);
- Charges for which the Covered Person would not be responsible for in the absence of the Policy, except for Medicaid;
- Conditions that are not caused by a Covered Accident;

- Any elective treatment, surgery, health treatment or examination, (including any service, treatment or supplies);
- Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.);
- Cosmetic, plastic or restorative surgery except needed as a result of the Covered Injury;
- Any treatment, service or supply not specifically covered by the Policy;
- Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental or guest meals;
- Routine physical examinations and related medical services, elective treatment or surgery or investigative treatments of procedures;
- Charges for rest cures or custodial care;
- Treatment in any Veteran's Administration, Federal or state facility, unless there is a legal obligation to pay;
- Services or treatment provided by an infirmary operated by the Policyholder.

In addition to the General Exclusions stated in the Policy, We will not cover charges under this benefit for a hernia, however caused.

This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the health benefit plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions. Benefits vary by state.

Coverage is renewable to age 70; provided there is compliance with plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or National General's business operations in the state; and/or the insured has not moved to a state where this plan is not offered. National General has the right to change premium rates upon providing appropriate notice.

SUPPLEMENTAL COVERAGE PLANS PROVIDE LIMITED BENEFITS AND DO NOT SATISFY THE GOVERNMENT'S REQUIREMENTS FOR MINIMUM ESSENTIAL COVERAGE.

National General Holdings Corp. (NGHC), headquartered in New York City, is a specialty personal lines insurance holding company. National General traces its roots to 1939, has a financial strength rating of A- (excellent) from A.M. Best, and provides personal and commercial automobile, homeowners, umbrella, recreational vehicle, motorcycle, lender-placed, supplemental health and other niche insurance products. National General Accident & Health, a division of NGHC, is focused on providing supplemental and short-term coverage options to individuals, associations and groups. Products are underwritten by National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These three companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. National Health Insurance Company, Integon National Insurance Company and Integon Indemnity Corporation have been rated as A- (Excellent) by A.M. Best. Each underwriting company is financially responsible for its respective products.

GUARANTEED ACCEPTANCE UP TO \$10,000!

TrioMED: Cover what matters most

Get three types of coverage.

TrioMED provides benefits that help cover out-of-pocket costs associated with the things in life you can't plan for, like accidents, critical-illness diagnoses, and accidental death and dismemberments. It helps you get well without worrying about medical bills piling up.

- Get coverage for accident-related health care costs and other expenses with Accident Medical Expense.
- Receive lump-sum, cash benefits to help you pay for treatment after a first, covered critical-illness diagnosis.
- Stay prepared with accidental death and dismemberment benefits.

Choose one of five available benefit levels:

Guaranteed Issue

- \$2,500
- \$5,000
- \$10,000

Simplified Issue*

- \$15,000
- \$30,000

*Simplified issue benefit levels require a health questionnaire and are medically underwritten.

Accident Medical Expense

Accident Medical Expense gives you the coverage you need to help pay the high out-of-pocket costs following an accident. Accident Medical Expense (AME) has a \$250 deductible. Following a covered accidental injury, this plan will help you cover accident-related medical costs and other expenses up to the benefit amount you choose.

- Use the cash benefits any way you choose.
- No limit on the number of covered accidents.
- Pays covered expenses up to the selected benefit amount regardless of other coverage.

How does Accident Medical Expense work? Let's do some math.

Mark was painting the living room when he fell off the ladder and broke his hand.¹ He has a primary medical plan with a \$3,000 deductible and TrioMED with a \$5,000 benefit level.

| | |
|------------------------------------|----------------------|
| MEDICAL COST TO REPAIR BROKEN HAND | \$4,500 ² |
|------------------------------------|----------------------|

| | |
|---|---------|
| ACCIDENT MEDICAL EXPENSE BENEFIT <i>Medical costs less the \$250 deductible.</i> | \$4,250 |
|---|---------|

| | |
|-------------------------|---------|
| PRIMARY PLAN DEDUCTIBLE | \$3,000 |
|-------------------------|---------|

| | |
|--------------------------|----------------|
| REMAINING BENEFIT | \$1,250 |
|--------------------------|----------------|

1. Not an actual case. Presented for illustration only. Cost of services will vary.
2. How Much Does a Broken Hand Cost? - CostHelper.com (n.d.). Retrieved November 15, 2019, from <https://health.costhelper.com/broken-hand.html>.

After he pays his primary plan deductible, Mark has \$1,250 left to cover other medical or household expenses.

Critical Illness Coverage

In the event of the first diagnosis of a critical illness, TrioMED will provide a lump-sum, cash benefit to help you pay your out-of-pocket expenses up to the benefit level you choose. If your medical bill is less than your chosen benefit level, you can use the leftover funds in any way you like. This plan pays benefits for the first diagnosis of covered illnesses in three categories.¹ It pays one cash benefit per category, with three lump-sum payments available.

- Pays lump-sum benefit upon the first diagnosis of a covered critical illness.
- No deductible to satisfy.
- No network restrictions.
- Amount payable of primary maximum benefit is 50% for a spouse and 25% for a child.

Covered Events

| CATEGORY ONE | Percentage of Benefit Level | CATEGORY THREE | Percentage of Benefit Level |
|--|-----------------------------|--|-----------------------------|
| Heart attack ² | 100% | End stage renal failure | 100% |
| Stroke | 100% | Major organ transplant (excluding those covered in Category One) | 100% |
| Major organ transplant (heart or combination transplant including heart) | 100% | Advanced Alzheimer's Disease | 100% |
| Coronary bypass surgery | 25% | Coma | 100% |
| Heart valve replacement or repair surgery | 25% | Motor Neuron Disease / ALS | 100% |
| CATEGORY TWO | Percentage of Benefit Level | | |
| Invasive cancer after 90 days ³ | 25% | Paralysis | 100% |
| Cancer in Situ after 90 days ⁴ | 25% | Severe burns | 100% |

1. An insured person will only be allowed one payout per category.

2. Non-ST elevation myocardial infarctions (NSTEMI) are not covered.

3. If any of the insureds are diagnosed with invasive cancer within the first 90 days of the policy effective date, the benefit amount is reduced to 10% of the maximum allowed benefit.

4. If any of the insureds are diagnosed with cancer in situ within the first 90 days of the policy effective date, the benefit amount is reduced to 10% of the maximum allowed benefit.

The maximum allowed benefit amount reduces by 50% at age 65.

Accidental Death and Dismemberment

No one wants to think about the worst actually happening. But if it does, you want to make sure that you and the ones you love have the financial coverage needed to pay medical expenses. In the unfortunate event that an insured person suffers a dismembered limb or passes away due to a covered accident, TrioMED will pay the elected benefit amount based on the schedule of benefits.¹

- Provides a benefit payout (percentage of the face amount) in the event of Accidental Dismemberment²
- Provides a benefit payout for a death resulting directly from a covered accidental injury
- Lump-sum benefit not restricted to medical expenses – use it for a wide variety of out-of-pocket costs

¹ The benefit payout for a death resulting directly from a covered accidental injury, independent of any other causes, is subject to the schedule of benefits (100% benefit to the insured; 100% benefit to a covered spouse; 50% benefit to any covered children) and the death must occur within 30 days of the covered accident. The claim must be submitted within 180 days of the covered accident. The benefit amount is paid to the listed beneficiary.

² The benefit amount for covered injuries will be a percentage (ranging from 25%-100%), depending on the specific injury.

A LIFE Association Membership

Save on your health, wellness and more!

LIFE Association is a not-for-profit, members-only association that not only provides you with access to this insurance, but also with lifestyle-related benefits and discounts on everyday services and needs. This includes things such as travel, entertainment, financial services, home protection, and more.

- WORK/LIFE BALANCE
- WELLNESS
- HEALTHCARE
- FINANCIAL SECURITY
- COMMUNITY OUTREACH

Learn more at: <https://www.lifeassociation.org/>

| | |
|------------------------|---|
| Telemed for LIFE | Telemedicine is a modern, easy-to-use solution for non-emergency illnesses like colds, the flu, rashes, and more. Doctors are available 24 hours a day, 365 days a year. |
| Personal Concierge | Get 24/7 live access to professional personal assistants who are ready to help you with anything, anytime, anywhere regarding Travel, Entertainment, City Guide, and more. |
| Direct Labs | Get direct access to major clinical labs across the USA for important blood tests – at a special group rate price. |
| Public WiFi Protection | Keep your usernames, passwords, and other private information secure when using public WiFi by encrypting your signal. Protect what you do online with bank-level security, so you can share, shop, and bank with confidence. |
| Wellness | Get access to the lowest rates at over 11,000 high quality fitness facilities and take the first step towards a healthier lifestyle. |
| Lifeline Screening | Go beyond a regular checkup with accurate, non-invasive, preventative health screenings. |

¹ Standard-issue plans require a health questionnaire

LIFE Association memberships are made available through AHCP, LIFE's exclusive Program Manager. For questions call 877-228-8773.

ASK YOUR AGENT FOR A LIFE MEMBERSHIP BOOK FOR DETAILS. LIFE Association Membership benefits may vary by state. Lifestyle and wellness benefits and discounts are not insurance. Your agent and National General Accident & Health may receive financial compensation in connection with membership fees.



| Sample MONTHLY Premiums Rates | | | | Simplified Issue* Benefit Levels (Non-Tobacco) | | |
|-------------------------------|---------|---------|----------|--|----------|----------|
| Sample Ages 18-64 | \$2,500 | \$5,000 | \$10,000 | Sample Ages 30-39 | \$15,000 | \$30,000 |
| Primary Only | \$41.16 | \$47.45 | \$57.69 | Primary Only | \$47.56 | \$57.46 |
| Primary + Spouse | \$52.62 | \$63.54 | \$80.75 | Primary + Spouse | \$61.99 | \$76.69 |
| Primary + Child(ren) | \$51.06 | \$60.41 | \$74.50 | Primary + Child(ren) | \$59.57 | \$70.05 |
| Primary + Family | \$62.53 | \$76.51 | \$97.55 | Primary + Family | \$73.99 | \$89.27 |

This is an individual policy and available to individuals outside of the America's Consumers & Affiliates Limited Partnership.

For use in the following states: AL, AR, AZ, CA, DC, FL, GA, ID, IL, IN, KY, LA, MA, MI, MS, NC, ND, NE, NM, NV, OH, OK, PA, RI, SC, TN, TX, VA, WV, WY

*Rates may vary by state.

TrioMED Limitations and Exclusions

ACCIDENT MEDICAL EXPENSE

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
- Committing or attempting to commit a felony or civil insurrection or while involved in an illegal occupation;
- Acts of war, whether declared or not;
- Traveling by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline, unless specifically provided in the Certificate;
- Injuries covered by Worker's Compensation, Employer Liability Law, or Occupational Disease Act or Law;
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the loss occurs;
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Physician;
- While a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is to the extent it extends beyond 31 days;
- While flying in an ultra-light plane, hang gliding, parachuting or bungee jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere;
- While driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATVs);
- Injuries sustained where a Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- Competing in motor sports races or competitions;
- Testing cars or trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Participating in a rodeo; or
- Illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except bacterial infection due to an accidental cut or wound, botulism or ptomaine poisoning.
- With respect to any period of time a Covered Person is traveling on an air conveyance, this coverage applies only with respect to Covered Injuries sustained by the person:
 - While riding as a Passenger in or on (including getting in or out of, or on or off of);
 - Any scheduled commercial airline;
 - Any military air transport aircraft

For the Accident Medical Benefit only, the Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
- Committing or attempting to commit a felony or civil insurrection or while involved in an illegal occupation;
- Acts of war, whether declared or not;
- Treatment by persons employed or retained by the Policyholder, or by any Immediate Family Member or member of the Covered Person's household;
- Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, Pathological Fractures, congenital weakness, detached retina unless caused by a Covered Injury or Mental Disorder or psychological or psychiatric care/counseling or treatment (except as provided in the Policy), whether or not caused by a Covered Accident;
- Pregnancy, childbirth, miscarriage, abortion or any complication of childbirth, miscarriage or abortion unless due to a Covered Injury;
- Mental and Nervous Disorder (except as provided in the Policy);
- Charges incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy);
- Charges for injuries caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets or highways;
- Participation in or practice for intercollegiate sports, semiprofessional sports or professional sports (unless specifically covered under the Policy);
- Charges for which the Covered Person would not be responsible for in the absence of the Policy, except for Medicaid;
- Conditions that are not caused by a Covered Accident;
- Any elective treatment, surgery, health treatment or examination, (including any service, treatment or supplies);
- Charges payable by any automobile insurance Policy without regard to fault (This exclusion does not apply in any state where prohibited);
- Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.);
- Blood, blood plasma or blood storage except charges by a Hospital for processing or administration of blood;
- Cosmetic, plastic or restorative surgery except needed as a result of the Covered Injury;
- Any treatment, service or supply not specifically covered by the Policy;
- Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental or guest meals;
- Routine physical examinations and related medical services, elective treatment or surgery or investigative treatments of procedures;
- A Medical Repatriation;
- Charges for rest cures or custodial care;
- Treatment in any Veteran's Administration, Federal or state facility, unless there is a legal obligation to pay; or
- Services or treatment provided by an infirmary operated by the Policyholder

The percentage of the face benefit amount paid for the accidental death and dismemberment

benefit varies between 25% to 100% depending on the covered condition. Covered conditions paid at 100% include the loss of:

- Both hands
- Entire sight in both eyes
- Speech and hearing in both ears

Covered conditions paid at 50% include the loss of:

- One hand and one foot
- One hand or one foot and entire sight of one eye
- One hand or one foot
- Speech or hearing in both ears

Covered conditions paid at 25% include the loss of:

- Hearing in one ear
- Thumb and index finger of same hand
- All the toes from the same foot

CRITICAL ILLNESS

We will not pay the Benefit Amount for a Covered Condition if such Covered Condition is caused by, occurs during or results from:

- Intentional and self-inflicted injuries;
- Suicide or any attempt at suicide, while sane or insane;
- Participation in the commission or attempted commission of a felony;
- Participation in a riot or insurrection;
- Alcoholism or drug addiction, or;
- Being intoxicated or under the influence of alcohol, drugs, or any narcotic (including overdose) unless administered on the advice of a Physician and taken according to the Physician's instructions. The term "intoxicated" refers to that condition as defined by law and decisions of the jurisdiction in which the accident, cause of loss or loss has occurred.

We will not pay the Benefit Amount for a Covered Condition if:

- Such Covered Condition is not covered under the Policy;
- Such Covered Condition first occurred while the Policy was not in force;
- Such Covered Condition was diagnosed by a person who is not a Physician;
- Such Covered Condition was diagnosed outside the United States, unless the Diagnosis is confirmed in the United States;
- Such Covered Condition or surgical procedure was performed outside the United States, unless on a United States military base or facility, or within another U.S. military or government building or facility; or
- The Covered Person's date of birth, age or sex was misstated on the Application and at the correct date of birth, age or sex, the Certificate or coverage under the Policy would not have become effective or would have terminated.

This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the health benefit plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions. Benefits vary by state.

Coverage is renewable to age 65 (for Accident Medical Expense) or age 70 (for Critical Illness coverage) provided there is compliance with plan provisions, including dependent eligibility requirements.

We have the right to change premium rates upon providing appropriate notice.

Accident Medical Expense plans are designed to provide extra benefits in the event of an accident and do not provide comprehensive health (major medical) insurance or satisfy the government's requirements for minimum essential coverage.

Insurance benefit payments are subject to definitions, limitations, exclusions and other provisions within the Certificate(s). May not be available in all states. Based on the state of issue, the policy will be underwritten by National Health Insurance Company, Integon National Insurance Company or Integon Indemnity Corporation. For full details, limitations, exclusions, age limits, state availability, and definitions please refer to your benefit policy package or contact your Insurance Agent.

SUPPLEMENTAL COVERAGE PLANS PROVIDE LIMITED BENEFITS AND DO NOT SATISFY THE GOVERNMENT'S REQUIREMENTS FOR MINIMUM ESSENTIAL COVERAGE.

Depending on your state, TrioMed Accident Medical Expense, Critical Illness coverage and AD&D coverage are underwritten by National Health Insurance Company, Integon Indemnity Corporation, or Integon National Insurance Company.

