



Enrollment Information

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Introduction

The Houston Professional Musicians' Association is pleased to offer access to discounted rates on health care, consumer and business services. Resources like patient advocacy, telemedicine, health care discounts on dental, vision as well as consumer discounts for emergency travel assistance, financial coaching and more are carefully reviewed and selected to supplement health insurance benefits and provide maximum value.

| Programs with Insurance Benefits | |
|----------------------------------|--|
| HD ClearPoint | Includes Fixed Indemnity Insurance |
| ThriveHealth STM | Includes Short Term Medical Insurance |
| HD BasicProtect | Includes Term Life Insurance |
| HD SecureShield | Includes Supplemental Accident Insurance |
| HD Ideal Dental | Includes Dental Insurance |
| PinPaws Pet Care | Includes Pet Insurance |

| Programs with Discount Benefits | |
|---------------------------------|--|
| SimpleScripts Rx | Includes Prescription Discounts |
| Renew Dental Vision | Includes Dental, Vision & Prescription Discounts |
| Financial, Legal & ID Theft | Includes Discounts on These Resources |
| Telemed & Patient Advocacy | Includes Discounts on These Resources |
| Travel Assistance | Includes Discounts on This Resource |

| Personal Insurance Offerings | |
|---------------------------------|---|
| Permanent Life Insurance | Whole Life, Universal Life, Equity Indexed |
| Individual Disability Insurance | Specifically designed to your needs |
| Long-Term Care Insurance | Traditional and Hybrid options |
| Personal Risk Offerings | Property, Valuable Articles, Automobile, Excess Liability, Farm & Ranch |

Additional Discounts & Resources Included

| | HD ClearPoint | HD BasicProtect | HD SecureShield | ThriveHealth STM | HD Ideal Dental | Renew Dental Vision | SimpleScripts Rx | Financial/Legal/ ID Theft | Telemedicine & Patient Advocacy | Travel Assistance |
|--|---------------|-----------------|-----------------|------------------|-----------------|---------------------|------------------|---------------------------|---------------------------------|-------------------|
| Health Care Programs and Resources | | | | | | | | | | |
| MDLive Telemedicine | ✓ | ✓ | | | | | | | ✓ | |
| Karis360 Patient Advocacy | | | | | | | | | ✓ | |
| SimpleScripts Rx | | | | | | | ✓ | | | |
| ScriptSave Prescription Savings Card | ✓ | | | | | ✓ | | | | |
| IDLife Nutritional Products | ✓ | | ✓ | | | | | | | |
| MyMedLab Laboratory Testing | ✓ | | | | | | | | | |
| MDSave Imaging and Radiology | ✓ | | | | | | | | | |
| Belton Hearing Products & Screenings | ✓ | | | | | | | | | |
| Cigna Discount Dental Network | | | | | | ✓ | | | | |
| EyeMed Vision Network Savings | | | | | | ✓ | | | | |
| Diabetic & Home Medical Supplies | | ✓ | | | | | | | | |
| AirMed Medical Air Transport | | | ✓ | | | | | | | |
| Colgate Resource Center | | | | | ✓ | | | | | |
| Business Solutions | | | | | | | | | | |
| NAC Web Services | ✓ | | | | | | | | | |
| Penny Wise Office Supplies | ✓ | | | | | | | | | |
| ADP Payroll and HR Services, HP Computer and Tech Products, Sprint Wireless Services, Office Depot, Merchology, UPS Shipping | ✓ | | | | | | | | | |
| Consumer Discounts | | | | | | | | | | |
| Financial, Legal, ID Theft | ✓ | | ✓ | | | ✓ | | ✓ | | |
| GlobalFit Gym Network | ✓ | | | | | | | | | |
| GymAmerica | ✓ | | | | | | | | | |
| Massage Envy | ✓ | | | | | | | | | |
| TrueCar – Auto Buying Service | ✓ | | | | | | | | | |
| Car Rental Discounts | ✓ | | | | | | | | | |
| Cord Moving and Storage | ✓ | | | | | | | | | |
| My Association Savings | ✓ | | | | | | | | | |
| Emergency Roadside Assistance | | | | | | ✓ | | | | |
| Emergency Travel Assistance | | ✓ | | | | | | | | ✓ |
| TruPoint Tax Service | | ✓ | ✓ | | | | | | | |
| Companion Assist, Family Source, GotZoom Student Loan Relief | | ✓ | | | | | | | | |
| FreeWill Estate Planning, TravNow Travel Savings, Prioritize Wellness | | | ✓ | | | | | | | |
| NCE Association Benefits | | | | | | | | | | |
| Health Care Programs, Services and Discounts (Page 30 for details) | | | | ✓ | | | | | | |

Frequently Asked Questions

Q. How do I pay for my enrollment selections?

A. You will be prompted to enter your credit card details upon checkout. You will be billed for those selections beginning 10/1/21 on a monthly basis.

Q. Are my benefits available nationwide?

A. Yes, you are not limited to your local providers. You may utilize any of the network providers nationwide.

Q. How do I access my membership information online?

A. Your enrollment includes access to our secure online Member Portal. On the portal, you will be able to view, download and print your Member Materials, including ID cards. You will also find phone numbers, web links and information describing how to use the insurance plan(s) and Association benefits. Log in to the portal at: **myhealthmembers.com**.

Q. I want to change to another membership level and have more coverage. How can I do that?

A. If you want to increase your membership level, you can do that before your membership's effective date or on the annual anniversary date of your membership.

Q. Can I make changes to my enrollment?

A. You may make changes to your membership if you experience an event listed below:

- Change in legal marital status – marriage, divorce, annulment, death of a spouse or legal separation
- Change in dependent children – birth, adoption, legal guardianship or death of a child
- Dependent children "age out" – child's age exceeds the age limitations of the insurance

To make changes to your membership, please call Customer Service at **(214) 436-8869**.

Q. What happens if I move?

A. You will need to log into the Member Portal and change your address, or you can call Customer Service at **(214) 436-8869**. It is crucial that your address is correct in our system, because an incorrect address could delay your claims.



HD ClearPoint

Group Fixed Indemnity Limited Benefit Medical Insurance Benefits

| Benefit Description | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | Level 6 |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| Hospital Confinement Benefit † | | | | | | |
| Benefits are payable as shown for each day that an Insured Person is Confined to a Hospital due to an Injury or Sickness. The benefit is payable from the first day of Confinement. | | | | | | |
| † Maximum Number of Days per Period of Confinement in Pennsylvania is 31 days. | | | | | | |
| Benefit Amount per Day | \$150 | \$250 | \$350 | \$500 | \$750 | \$1,000 |
| Maximum Number of Days per Period of Confinement | 30 | 30 | 30 | 30 | 30 | 30 |
| Maximum Number of Confinements per Calendar Year | unlimited | unlimited | unlimited | unlimited | unlimited | unlimited |
| Intensive Care Unit Confinement Benefit | | | | | | |
| Benefits are payable as shown for each day that an Insured Person is Confined in an Intensive Care Unit due to an Injury or Sickness. The benefit is payable from the first day of Confinement. This benefit is in addition to any other Confinement benefit under the Policy. | | | | | | |
| Benefit Amount per Day | \$150 | \$250 | \$350 | \$500 | \$750 | \$1,000 |
| Maximum Number of Days per Calendar Year | 5 | 5 | 5 | 5 | 5 | 5 |
| In-Hospital Surgical Benefit | | | | | | |
| Benefits are payable as shown for each day an Insured Person has a surgery due to an Injury or Sickness. Inpatient surgical operations must be performed while the Insured Person is Hospital Confined. Benefits are not payable for surgical operations performed in a Physician's office. | | | | | | |
| Benefit Amount per Day | N/A | \$500 | \$500 | \$700 | \$700 | \$1,000 |
| Maximum Number of Days per Calendar Year | N/A | 1 | 1 | 1 | 1 | 1 |
| Outpatient Surgical Benefit | | | | | | |
| Benefits are payable as shown for each day an Insured Person has a surgery due to an Injury or Sickness. Outpatient surgical operations must be performed in a Hospital outpatient surgery facility or a free-standing Outpatient surgery center. If an Insured Person is subsequently Hospital Confined, the surgery will be considered an Inpatient surgical operation. Benefits are not payable for surgical operations performed in a Physician's office. | | | | | | |
| Benefit Amount per Day | N/A | \$500 | \$500 | \$700 | \$700 | \$1,000 |
| Maximum Number of Days per Calendar Year | N/A | 1 | 1 | 1 | 1 | 1 |
| Anesthesia Benefit | | | | | | |
| Benefits are payable as shown for each day the Surgery benefit is paid and anesthesia is administered to an Insured Person. | | | | | | |
| Benefit Amount per Day (Percentage of surgical benefit amount) | N/A | 25% | 25% | 25% | 25% | 25% |
| Outpatient Physician Office Visit Benefit | | | | | | |
| Benefits are payable as shown for each day an Insured Person receives treatment for Injury or Sickness in a Physician's office or Urgent Care Facility. | | | | | | |
| Benefit Amount per Day | \$60 | \$60 | \$60 | \$70 | \$70 | \$80 |
| Maximum Number of Days per Calendar Year | 6 | 6 | 8 | 8 | 8 | 10 |

Group Fixed Indemnity Limited Benefit Medical Insurance Benefits

| Benefit Description | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | Level 6 |
|---|---------|---------|---------|---------|---------|---------|
| Outpatient Diagnostic Laboratory Tests Benefit* | | | | | | |
| Benefits are payable as shown for each day an Insured Person undergoes an Outpatient diagnostic laboratory test for processing in a laboratory for diagnosis of an Injury or Sickness for which symptoms have been presented. The tests must be ordered by the Insured Person's attending Physician. The Outpatient diagnostic laboratory test must be submitted to an Outpatient facility or, if submitted to a Hospital, submitted while the Insured Person is an Outpatient. Only one benefit is payable per day, no matter how many Outpatient diagnostic laboratory tests an Insured Person undergoes in a single day. | | | | | | |
| *Routine or wellness lab screens and tests are not covered. | | | | | | |
| Benefit Amount per Day | \$30 | \$40 | \$50 | \$50 | \$60 | \$70 |
| Maximum Number of Days per Calendar Year | 3 | 3 | 3 | 3 | 3 | 3 |
| Outpatient Diagnostic Tests Benefit** | | | | | | |
| Benefits are payable as shown for each day an Insured Person has one or more x-rays, radiological tests and/or other non-laboratory medical tests performed for diagnosis of an Injury or Sickness for which symptoms have been presented. The tests must be ordered by the Insured Person's attending Physician. The test must be performed in an Outpatient facility or, if performed in a Hospital, performed while the Insured Person is an Outpatient. Only one benefit is payable per day, no matter how many diagnostic tests are performed in a single day. | | | | | | |
| **Laboratory tests and routine wellness screens and tests are not covered. | | | | | | |
| Benefit Amount per Day | \$50 | \$50 | \$60 | \$50 | \$60 | \$70 |
| Maximum Number of Days per Calendar Year | 3 | 3 | 3 | 3 | 3 | 3 |
| Outpatient Advanced Diagnostic Tests Benefit | | | | | | |
| Benefits are payable as shown for each day an Insured Person has an Advanced Diagnostic Test performed for diagnosis of an Injury or Sickness for which symptoms have been presented. The tests must be ordered by the Insured Person's attending Physician. The tests must be performed in an Outpatient facility or, if performed in a Hospital, performed while the Insured Person is an Outpatient. Only one benefit is payable per day, no matter how many Advanced Diagnostic Tests are performed in a single day. This benefit is in addition to the Outpatient Diagnostic Tests benefit. | | | | | | |
| Level One Benefit Amount per Day (Ultrasound, Mammogram, Stress Test, Echocardiogram, EEG, or EKG) | N/A | \$50 | \$100 | \$100 | \$100 | \$150 |
| Level Two Benefit Amount per Day (CT or CAT, MRI, MRA or PET) | N/A | \$150 | \$300 | \$300 | \$300 | \$450 |
| Maximum Number of Days per Calendar Year (Level One and Two Combined) | N/A | 3 | 3 | 3 | 3 | 3 |
| Ambulance Transportation Benefit | | | | | | |
| Benefits are payable as shown for each day an Insured Person is transported by a duly licensed ambulance service to the nearest facility equipped to treat an Insured Person's Injury or Sickness. The transportation must occur within 72 hours of the Accident or onset of the Sickness. This does not include transportation solely to the Insured Person's personal Physician or to secure treatment from a Physician or a facility of greater renown. Only one benefit is payable per day, no matter how the transportation is provided or how many transportations are provided in a single day. If more than one type of transportation is provided (air, ground or water) in the same day, the higher benefit will be paid. | | | | | | |
| Benefit for Ground/Water Ambulance per Day | \$100 | \$150 | \$200 | \$250 | \$300 | \$300 |
| Benefit for Air Ambulance per Day | \$300 | \$450 | \$600 | \$750 | \$900 | \$900 |
| Maximum number of Days per Calendar Year | 1 | 1 | 1 | 1 | 1 | 1 |

Group Fixed Indemnity Limited Benefit Medical Insurance Benefits

| Benefit Description | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | Level 6 |
|--|---------|---------|---------|---------|---------|---------|
| Emergency Room for Injuries Benefit | | | | | | |
| Benefits are payable as shown for each day an Insured Person receives treatment in a Hospital emergency room due to an Injury. The treatment must begin within 72 hours of the Accident. | | | | | | |
| Benefit Amount per Day | \$300 | \$300 | \$300 | \$500 | \$500 | \$500 |
| Maximum Number of Days per Calendar Year | 2 | 2 | 2 | 2 | 2 | 2 |
| Emergency Room for Sickness Benefit | | | | | | |
| Benefits are payable as shown for each day an Insured Person receives treatment in a Hospital emergency room due to a Sickness. | | | | | | |
| Benefit Amount per Day | \$50 | \$50 | \$75 | \$75 | \$100 | \$100 |
| Maximum Number of Days per Calendar Year | 2 | 2 | 2 | 2 | 2 | 2 |
| Outpatient Accident Benefit | | | | | | |
| Benefits are payable as shown for each day an Insured Person receives treatment for an Injury. Treatment must be provided by a Physician in the Physician's office, clinic, Urgent Care Facility or Hospital emergency room. The first treatment must be received within 72 hours of the Accident. | | | | | | |
| Benefit Amount per Day | N/A | N/A | N/A | \$100 | \$100 | \$100 |
| Maximum Number of Days per Accident | N/A | N/A | N/A | 1 | 1 | 1 |
| Maximum Number of Accidents per Calendar Year | N/A | N/A | N/A | 2 | 3 | 3 |
| Wellness Benefit | | | | | | |
| Benefits are payable as shown for each day an Insured Person has any of the following health screenings, examinations or tests performed by or under the supervision of or recommendation of a Physician for the purpose of looking for disease before symptoms occur: Blood test for triglycerides, Bone marrow testing, Breast ultrasound, Cancer Antigen 125 blood test, Cancer Antigen 15-3 blood test, Carcinoembryonic antigen (CEA) blood test, Chest X-ray, Colonoscopy, Fasting blood glucose test, Flexible sigmoidoscopy, Hemocult stool analysis, Immunizations, Mammography, Pap test, Physical examinations, Prostate Specific Antigen (PSA) blood test, Serum cholesterol test to determine HDL/LDL level, Serum Protein Electrophoresis (SPEP) blood test, Stress test on a bicycle or treadmill, Thermography. Health screenings, examinations or tests intended to diagnosis, treat or monitor a Sickness or Injury after symptoms occur are not covered under this benefit. Only one benefit is payable per day, no matter how many health screenings, examinations or tests are performed in a single day. | | | | | | |
| Benefit Amount per Day | \$100 | \$100 | \$100 | \$150 | \$150 | \$150 |
| Maximum Number of Days per Calendar Year | | | | | | |
| Insured Persons age 1 + | 1 | 1 | 1 | 1 | 1 | 1 |
| Insured Persons under age 1 | 4 | 4 | 4 | 4 | 4 | 4 |

Group Fixed Indemnity Limited Benefit Medical Insurance Benefits

Limitations

Recurrent Confinements. If the Company pays benefits for a period of Confinement, and the Insured Person is readmitted within 30 days of that Confinement for the same condition, the later Confinement will be treated as a continuation of the prior Confinement. If more than 30 days have passed between periods of Confinement for the same condition or the successive Confinement is for an unrelated cause, the Company will treat the later Confinement as a new Confinement. Some limitations may vary by state.

Pre-Existing Condition. Benefits are not payable for a Pre-Existing Condition until the expiration of 12 consecutive months, beginning with the Insured Person's Effective Date.

"Pre-Existing Condition" means any Injury, Sickness, Pregnancy, Mental or Nervous Disorder or Substance Abuse for which medical treatment or advice was rendered or recommended by a Physician within 12 months prior to the Insured Person's Effective Date. May vary by state.

Exclusions

The Policy does not provide any benefits for the following:

1. suicide or any attempt of suicide, while sane or insane;
2. any intentionally self-inflicted Injury or Sickness or any attempt thereof;
3. rest care or rehabilitative care and treatment;
4. Dependent child Pregnancy, except Complications of Pregnancy;
5. routine newborn care, except as specifically provided for in the Wellness benefit;
6. voluntary abortion, except where necessary to save the Insured Person's life;
7. Participation in a Riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly. For purposes of this exclusion, "Participation" means to take an active part in common with others; "Riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority;
8. committing, attempting to commit or taking part in a felony, battery, assault or engaging in an illegal occupation;
9. any Injury occurring while the Insured Person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Injury took place);
10. treatment for the voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a Physician and taken according to the prescribed dosage;
11. dental care or treatment, except:
 - a. care or treatment due to an Injury to sound, natural teeth treated within 12 months of the Accident;
 - b. treatment necessary due to congenital defects or birth abnormalities;
 - c. excision of impacted third molars, or
 - d. closed or open reduction of fractures or dislocation of the jaw;
12. sex changes;
13. the reversal of tubal ligation or the reversal of vasectomies;
14. flying or descending from any aircraft or air conveyance, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route;
15. accidental bodily Injury occurring while serving on full-time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by the Company pro rata for any period of active duty);
16. declared or undeclared war or acts thereof;
17. Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit or benefits that the Insured Person is entitled to under any Occupational Disease Law or similar law, whether or not application for such benefits have been made;
18. medical care, services or supplies provided outside of the United States of America or its territories;
19. treatment of obesity, weight reduction or dietetic control; except morbid obesity or disease etiology;
20. Confinement, care or services incurred prior to the Insured Person's Effective Date or that begin after termination of coverage;
21. Confinement, care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law; or
22. any Confinement or treatment not specifically covered in the Schedule of Benefits.

Group Fixed Indemnity Limited Benefit Medical Insurance Benefits

Disclaimers

The Group Fixed Indemnity Limited Benefit Medical Insurance is underwritten by Fidelity Security Life Insurance Company® (“FSL”), Kansas City, MO 64111 on Policy No. LM-163 Policy Form No. M-6013 and issued to Health Depot Association as the group master policyholder. **This insurance is not basic insurance or major medical coverage; it is not designed as a substitute for basic health insurance or major medical coverage.** The Group Fixed Indemnity Limited Benefit Medical Insurance is subject to provisions, benefits, exclusions or limitations of the group policy which may vary by state. This brochure contains only a brief description of coverage and is not a contract. For complete details of coverage, please refer to the certificate. FSL does not provide nor is affiliated with the discount programs provided as a part of membership in The Health Depot Association. Coverage becomes effective on the date provided in the membership material. The insurer has the right to increase premium rates and has the option to cancel coverage. The HD ClearPoint Membership is marketed and administered by Premier Health Solutions, LLC. Premier Health Solutions, LLC is the primary administrator of all Health Depot Association membership plans and insurance products. Premier Health Solutions, LLC operates as a Third-Party Administrator in the state of California under the name PHSI Administrators, LLC and does business under the name PremierHS, LLC in Kentucky, Ohio, Pennsylvania, South Carolina and Utah.

Dependent Child(ren) are covered from birth to 26 years old unless otherwise mandated by state.

Spouse includes Domestic Partner.

Your coverage will continue as long as the group policy remains in force, the premiums are paid and you remain a member of the Association. Any dependents covered under the policy will remain covered as long as they remain eligible, the Member’s coverage remains in force, and the required premium is paid. All coverage will end on the date any insured person submits a fraudulent claim.

Some provisions, benefits, exclusions or limitations listed herein may vary by state. Not available in all states.

CLAIMS ASSISTANCE

Premier Access, Inc.
Attn: Claims Department
P.O. Box 1468
Arlington, TX 76004

| ClearPoint Monthly Membership Rates | | | | | | |
|-------------------------------------|---------|---------|---------|---------|---------|---------|
| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | Level 6 |
| Member | \$169 | \$225 | \$265 | \$299 | \$328 | \$382 |
| Member + Spouse | \$228 | \$304 | \$358 | \$410 | \$456 | \$546 |
| Member + Child(ren) | \$208 | \$272 | \$318 | \$364 | \$399 | \$476 |
| Member + Family | \$258 | \$355 | \$408 | \$485 | \$557 | \$649 |



ThriveHealth STM

Short Term Medical Benefits

| | | Lite | Traditional |
|--|--|--|--|
| PPO Network | PHCS Practitioner & Ancillary Network | | |
| | | | |
| Deductible Options | \$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000 | | |
| Coinsurance | 80/20 | | |
| Coinsurance Limit | \$2,000 | | |
| Coverage Period Maximum Benefit Options | \$250,000, \$500,000, \$1,000,000 | | |
| Doctor Office Visits* | | | |
| Copay - Primary Care Physician or Urgent Care Facility Visit | Option 1 | \$25 per Visit, 2 Visits per Covered Person per Coverage Period | \$15 per Visit, Unlimited Visits per Covered Person per Coverage Period |
| | Option 2 | \$25 per Visit, Unlimited Visits per Covered Person per Coverage Period | |
| Copay - Specialist Physician Visit | Option 1 | \$40 per Visit, 2 Visits per Covered Person per Coverage Period | \$25 per Visit, Unlimited Visits per Covered Person per Coverage Period |
| | Option 2 | \$40 per Visit, Unlimited Visits per Covered Person per Coverage Period | |
| Urgent Care Facility Additional Deductible | | None | \$100 |
| Copay - Wellness Visit | | \$50 per Visit, Maximum 1 Visit per Covered Person per Coverage Period. Not subject to Deductible and Coinsurance. | |

*Physician Office Visits and Urgent Care Facility visits in excess of the number of Visits covered by the Copayments are subject to Deductible and Coinsurance. Urgent Care Facility Visits are also subject to the Urgent Care Facility Additional Deductible shown above. Additional services performed during a Physician Office Visit or an Urgent Care Facility Visit will be subject to Deductible and Coinsurance.

Disclaimer: Unless specified otherwise, the benefits listed above are subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen for the Insured and each Covered Dependent. All benefits are limited to Usual, Reasonable and Customary Amounts. Usual, Reasonable and Customary Amounts. Definition may vary by state. Coverage is not limited to the benefits listed; any eligible expenses are subject to plan limitations. Please check the product certificate or master policy for complete details.

Short Term Medical Benefits (Continued)

| | Lite | Traditional |
|---|--|---------------------------------------|
| Inpatient Hospital Covered Expenses | | |
| In Hospital Regular Care | Subject to Deductible and Coinsurance. The Average Semi-Private Room Rate up to \$1,500 per day including all Inpatient miscellaneous medical expenses except for professional fees. | Subject to Deductible and Coinsurance |
| In Hospital Intensive or Critical Care | Subject to Deductible and Coinsurance, up to \$2,000 per day including all Inpatient miscellaneous medical expenses except for professional fees. | Subject to Deductible and Coinsurance |
| In Hospital Physician Visits | Subject to Deductible and Coinsurance, up to \$50 per day up to a maximum \$500 per Coverage Period. | Subject to Deductible and Coinsurance |
| Surgical Covered Expenses | | |
| Outpatient Hospital Surgery or Ambulatory Surgical Center | Subject to Deductible and Coinsurance, up to \$1,500 per day including all miscellaneous medical expenses except for professional fees. | Subject to Deductible and Coinsurance |
| Surgical Services | Subject to Deductible and Coinsurance, up to \$5,000 per Surgery for all surgical services combined, and up to \$10,000 per Coverage Period. | Subject to Deductible and Coinsurance |
| Assistant Surgeon | Subject to Deductible and Coinsurance, up to \$1,000 per Surgery for all Assistant Surgeon services combined, and up to \$2,000 per Coverage Period. | Subject to Deductible and Coinsurance |
| Anesthesia | Subject to Deductible and Coinsurance, up to \$1,000 per Surgery for all anesthesia services combined, and up to \$2,000 per Coverage Period. | Subject to Deductible and Coinsurance |

Disclaimer: Unless specified otherwise, the benefits listed above are subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen for the Insured and each Covered Dependent . All benefits are limited to Usual, Reasonable and Customary Amounts. Usual, Reasonable and Customary Amounts. Definition may vary by state. Coverage is not limited to the benefits listed; any eligible expenses are subject to plan limitations. Please check the product certificate or master policy for complete details.

Short Term Medical Benefits (Continued)

| | Lite | Traditional |
|--|--|--|
| Miscellaneous Medical Covered Expenses | | |
| Emergency Room Treatment | Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment. Up to \$250 per visit including the Emergency Room Physician charge, observation and all miscellaneous medical expenses received during the ER visit. | Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment. |
| Emergency Room Additional Deductible | None | \$250 |
| Ambulance, Ground or Air | Subject to Deductible and Coinsurance, up to \$500 per trip for Ground Ambulance, up to \$1,000 per trip for Air Ambulance. | |
| Outpatient Miscellaneous Hospital Expenses | Subject to Deductible and Coinsurance, up to \$1,500 excluding Outpatient surgery per Coverage Period. | Subject to Deductible and Coinsurance |
| Other Outpatient Miscellaneous Medical Services | Subject to Deductible and Coinsurance | |
| Therapy Services - Physical Therapist, Speech Therapist and Occupational Therapist | Subject to Deductible and Coinsurance, up to \$30 per day and a maximum of 15 days per Coverage Period. | |
| Durable Medical Equipment and Medical Supplies | Subject to Deductible and Coinsurance | |
| Bone Density Testing | Subject to Deductible and Coinsurance, up to \$150 per Coverage Period | |
| Home Health Care | Subject to Deductible and Coinsurance, up to \$30 per day and a maximum of 30 days per Coverage Period. | |

Disclaimer: Unless specified otherwise, the benefits listed above are subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen for the Insured and each Covered Dependent. All benefits are limited to Usual, Reasonable and Customary Amounts. Usual, Reasonable and Customary Amounts. Definition may vary by state. Coverage is not limited to the benefits listed; any eligible expenses are subject to plan limitations. Please check the product certificate or master policy for complete details.

Short Term Medical Benefits (Continued)

| | Lite | Traditional |
|---|--|---|
| Other Covered Expenses | | |
| Organ, Tissue, Bone Marrow Transplants | Subject to Deductible and Coinsurance, up to \$50,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses. | Subject to Deductible and Coinsurance, up to \$100,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses. |
| Skilled Nursing Facility | Subject to Deductible and Coinsurance, up to \$100 per day and 30 days per Coverage Period. | |
| Hospice Care | Subject to Deductible and Coinsurance, up to \$5,000 per Coverage Period. | |
| Acquired Immune Deficiency Syndrome (AIDS) | Subject to Deductible and Coinsurance, up to \$10,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses. | |
| Joint/Tendon Surgery | Subject to Deductible and Coinsurance, up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses. | |
| Knee Injury or Disorder for both left and right knees | | |
| Gallbladder Surgery | | |
| Appendectomy | | |
| Kidney Stones | | |
| Temporomandibular Joint Disorder (TMJ) | | |

Disclaimer: Unless specified otherwise, the benefits listed above are subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen for the Insured and each Covered Dependent. All benefits are limited to Usual, Reasonable and Customary Amounts. Usual, Reasonable and Customary Amounts. Definition may vary by state. Coverage is not limited to the benefits listed; any eligible expenses are subject to plan limitations. Please check the product certificate or master policy for complete details.

Exclusions & Limitations

We will not provide a Benefit for any of the items listed in this section regardless of Medical Necessity or recommendation of a health care provider.

- (1) Treatment, services and supplies which are not related to a specific diagnosis, acute symptoms or course of treatment; medical care or surgery which is not Medically Necessary; and any maintenance type therapy not reasonably expected to improve a Covered Person's condition.
- (2) Pre-employment or pre-marital examinations; or routine physical examinations.
- (3) Treatment, services and supplies for Experimental or Investigational procedures, including Experimental or Investigational organ transplant procedures, drugs or treatment methods.
- (4) Treatment, services and supplies for which the Covered Person is not legally required to pay.
- (5) Telephone consultations, failure to keep scheduled appointments, completion of claim forms, or providing medical information necessary to determine coverage.
- (6) Treatment, services and supplies provided by a Close Relative.
- (7) Treatment, services and supplies provided outside the scope of the license for the institution or practitioner rendering services.
- (8) Education, training, or bed and board while confined to an institution which is primarily a school or other institution for training, a place of rest or a place for the aged, or a personal residence.
- (9) Treatment, services or supplies received prior to the Covered Person's Effective Date, or after the end of the Coverage Period.
- (10) Inpatient Hospital admission occurring on a Friday or Saturday in conjunction with a surgical procedure scheduled to be performed during the following week. A Sunday admission will be eligible only for the procedure scheduled to be performed early Monday morning. (This limitation will not apply to necessary medical admissions requiring immediate attention or to Emergency surgical admissions).
- (11) Amounts in excess of the Usual, Reasonable and Customary charges made for Covered Expenses.
- (12) Surgery for a Covered Person for a total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma (subject to all other coverage provisions, including but not limited to the Pre-Existing Condition exclusion); tonsillectomy, adenoidectomy, repair of deviated nasal septum or any type of surgery involving the sinus, myringotomy, tympanotomy, or herniorrhaphy.
- (13) Outpatient Prescription Drugs, contraceptive drugs and devices, non-prescription drugs, vitamins, minerals and nutritional supplements.
- (14) Cosmetic Surgery.
- (15) Infertility and impregnation procedures, such as but not limited to, artificial insemination, in-vitro fertilization, embryo and fetal implantation and G.I.F.T. (gamete intrafallopian transfer).
- (16) Pregnancy and related services; except for Complications of Pregnancy.
- (17) Voluntary termination of pregnancy.
- (18) Voluntary sterilization or reversal thereof.
- (19) Custodial Care.
- (20) Dental services.
- (21) Routine foot care.
- (22) Speech Therapy.
- (23) Mental or Nervous Disorders.
- (24) Substance Use Disorders.
- (25) Treatment, services, or supplies for obesity, extreme obesity, morbid obesity or weight reduction, including, but not limited to, wiring of the teeth and all forms of surgery including, but not limited to, bariatric surgery, intestinal bypass surgery and complications resulting from any such surgery.
- (26) Programs, treatment or procedures for tobacco use cessation.
- (27) Treatment of acne or varicose veins.
- (28) Diagnosis or treatment of a sleeping disorder.
- (29) Allergy testing and allergy injections.
- (30) Diabetic Equipment, Supplies and Self-Management training.
- (31) Autism Spectrum Disorder.
- (32) Therapy or treatment for learning disorders or disabilities or developmental delays.
- (33) Participation in Clinical Trials.
- (34) Prosthetic and Orthotic Devices; except as specifically covered in Section 4 - Benefits.
- (35) Homeopathy.
- (36) Orthopedic Manipulation.
- (37) Private duty nursing services.
- (38) Acupuncture and Acupressure.
- (39) Genetic testing or counseling including, but not limited to, amniocentesis and chorionic villi testing.
- (40) Sex transformation; treatment of sexual function, dysfunction or inadequacy; or treatment to enhance sexual performance or desire.
- (41) Treatment to stimulate growth and growth hormones for any purpose.
- (42) Eye examinations, eyeglasses, or contact lenses to correct refractive errors and related services including surgery performed to eliminate the need for eyeglasses, for refractive errors such as radial keratotomy or keratoplasty.
- (43) Hearing exams, hearing aids, or the fitting of hearing aids.
- (44) Treatment for cataracts.
- (45) Orthoptics and visual eye training.
- (46) Treatment, services and supplies for a Covered Dependent who is a newborn child not yet discharged from the Hospital. This does not apply to charges that are Medically Necessary to treat premature birth, congenital Injury or Illness, or Illness or Injury sustained during or after birth.
- (47) Personal comfort or convenience items, including homemaker services or supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel, including but not limited to bathing, dressing, feeding, routine skin care, bladder care and administration of oral medications or eye drops.

Exclusions & Limitations (Continued)

- (48) The purchase of a noninvasive osteogenesis stimulator (bone stimulator).
- (49) Services or supplies of a common household use, such as exercise cycles, air or water purifiers, air conditioners, allergenic mattresses, and blood pressure kits.
- (50) Enrollment in health, athletic or similar clubs.
- (51) Weight loss, non-smoking, exercise or similar programs.
- (52) Recreational or educational therapy, or non-medical self-care or self-help training, nutritional counseling, marriage, family or goal-oriented counseling.
- (53) Travel or transportation rendered by any person or entity other than professional ground or Air Ambulance.
- (54) Care in government institutions unless a Covered Person is obligated to pay for such care.
- (55) Treatment, services and supplies rendered to a Covered Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to You on a pro rata basis.
- (56) Treatment, services and supplies received outside of the United States or its possessions.
- (57) Treatment, services and supplies for an Injury caused by an accident that arises out of or in the course of employment or for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Occupational Disease Law or similar legislation.
- (58) Illness or Injury that results from war or an act of war, (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military.
- (59) Illness or Injury that results from participation in a riot or insurrection.
- (60) Illness or Injury that results from commission or attempted commission of a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation.
- (61) Complications resulting from treatment of conditions which are not covered under the Policy.
- (62) Suicide or attempted suicide or intentionally self-inflicted Injury, whether while sane or insane.
- (63) Injuries from participating in organized competitive sports.
- (64) Treatment, services and supplies resulting from participation in skydiving, scuba diving, hand or ultra-light gliding, ballooning, bungee jumping, parakiting, riding an all-terrain vehicle such as a dirt bike, snowmobile or go-cart, racing with a motorcycle, motor vehicle, boat or any form of aircraft, any participation in sports for pay or profit, or participation in rodeo contests.
- (65) Treatment or services required due to Accidental Injury sustained while operating a motor vehicle where the Covered Person's blood alcohol level, as defined by law, exceeds that level permitted by law or otherwise violates legal standards for a person operating a motor vehicle in the state where the Injury occurred.

Disclaimer: This is a brief description of the ThriveHealth Short Term Medical plan. Limitations, exclusions, terms and conditions may be different where required by state law. Please check the product certificate or master policy for complete details on benefits, limitations, and exclusions.

Exclusions for Pre-existing Conditions

Benefits are not payable for Pre-Existing Conditions. A Pre-Existing Condition means a condition:

- 1. for which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, Consultations, diagnostic tests or prescription medicines) was recommended or received from a Physician within the 36 months immediately preceding the Covered Person's Effective Date; or
- 2. that had manifested itself in such a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, Consultations, diagnostic tests or prescription medicines) within the 36 months immediately preceding such person's Effective Date.

This provision does not apply to a newborn or newly adopted child or child placed for adoption under the age of 18 if such child is enrolled for coverage within 31 days from the date of birth or the date of adoption or placement for adoption.

Waiting Period for Illness

Covered Persons will only receive Benefits for Illnesses that begin, by occurrence of symptoms and/or receipt of treatment, more than 5 days following the Covered Person's Coverage Effective Date.

Covered Persons will only receive Benefits for cancer that begins, by occurrence of symptoms and/or receipt of treatment, more than 30 days following the Covered Person's Coverage Effective Date.

There is no waiting period for Injuries.

Pre-Authorization

- (1) All Inpatient Hospitalizations and procedures done at an Outpatient Surgical Facility must be pre-authorized.
- (2) To comply with the pre-authorization requirements, the Covered Person must:
 - a) Contact the professional review organization at the following telephone number (866) 790-4177 as soon as possible before the expense is to be incurred; and
 - b) Comply with the instructions of the professional review organization and submit any information or documents they require; and
 - c) Notify all providers that this coverage contains pre-authorization requirements and ask them to fully cooperate with the professional review organization.
- (3) If the Covered Person complies with the pre-authorization requirements, and the expenses are pre-authorized, the Company will pay Covered Expenses subject to all terms, conditions, provisions, limitations and exclusions described herein.
- (4) If the Covered Person does not comply with the pre-authorization requirements, or if the expenses are not pre-authorized, Eligible Expenses will be reduced by 50%.
- (5) Emergency pre-authorization: In the event of an Emergency Medical Condition, pre-authorization must be made when the patient is Stabilized.
- (6) Pre-authorization does not guarantee benefits – The fact that expenses are pre-authorized does not guarantee payment of benefits. Benefits are subject to all the terms, conditions, provisions and exclusions herein.

NCE GapAfford Plus Discount Benefit Program

The NCE Association membership is included with your ThriveHealth STM plan

| | |
|--|--|
| Dental Discount | The Dentachoice program offers members access to the Aetna Dental Access® Network, one of the largest dental discount networks in America, with over 263,000 available dental practice locations. Members can save 15-50% per visit on dental services when they utilize a participating provider. |
| Vision Discount | The Outlook Vision Network is a national network of over 12,000 independent and chain vision optical centers. Members receive discounts on most prescription eyeglasses, frames and lenses, contact lenses (excluding disposables), medical eye exams and surgical procedures at participating retail locations. |
| Discount Rx-Retail | Members can save an average of 55% on generic drugs and 15% on brand-name drugs at participating pharmacies nationwide. All FDA approved drugs are discounted with the card and there is no limit on the number of prescriptions filled. |
| Discount Rx-Mail-Order | Members can save up to 80% on brand-name and generic medications, including insulin, through our international mail order program. Ordering discount medications is convenient, easy, and secure. |
| CBD Products | Members have access to a natural and effective alternative towards health and healing with high-quality, broad spectrum CBD products. Numerous studies indicate that CBD may support homeostasis, or balance in the body's natural rhythms. |
| Diabetic Supplies | Total Diabetes Supply offers discount diabetes supplies at 20-85% off retail prices and members of the NCE Diabetic Supplies program receive an additional 10% off by accessing this program (note: "Weekly Specials" are excluded because they're usually marked down 15-25% the normal price). Members also receive free shipping on orders of \$99 or more and orders typically ship within 24 hours. |
| Physical Therapy & Rehabilitation | Members save an average of 20% at over 1,200 offices with 4,000 rehabilitation and physical therapy providers in 23 states. |
| Hearing Savings Program | American Hearing Benefits offers members free hearing consultations and exclusive discounts on the latest hearing aid technology, including Bluetooth® setting, rechargeable hearing aids and sophisticated tinnitus products. |
| Billing Advocacy | When members have a medical bill in excess of \$5,000, they can call our patient advocate team for assistance. Our negotiation team is experienced in reducing charges from hospitals and medical providers. Note: There is a 15% of savings fee to access this service. |
| Medical Supplies & Equipment | Members can save from 20% to 50% off their medical supply needs. Items include a broad selection of ambulatory aids and bathroom safety items such as wheelchairs, scooters, hospital beds, and much more. |
| Laboratory Savings Program | With DirectLabs®, members can save up to 80% on blood tests at major clinical labs across the USA*. All tests are through the same CLIA-certified accredited labs used by your physician. (*NA in MD, NJ, NY or RI.) |
| Nutrition and Weight Loss | SDO Nutrition helps members achieve personal health goals, maintain a healthy lifestyle, and manage chronic health conditions through food and diet education. |
| Speech Therapy | Great Speech utilizes online video conferencing technology to provide live, one-on-one, highly individualized and interactive speech therapy services worldwide. Their innovative telepractice model of therapy provides an exciting alternative to the traditional service model. Members receive a 10% discount on services. |
| 24/7 Nurse Help Line | Members have 24/7 access to a registered nurse (RN) to answer questions on family health issues. Services in over 100 languages are included with medical information assistance. |
| Chiropractic Savings Program | This program offers members a free initial consultation, up to 50% savings on diagnostic services and x-rays (if necessary), and unlimited treatments at up to 30% savings from a national network of over 12,000 chiropractors. |
| Vitamins & Supplements | Swanson offers members up to 75% off retail pricing on a huge selection of natural products including vitamins, supplements, and more. |

Disclaimer: NCE Association benefits are not affiliated with American Financial Security Life Insurance Company or Standard Life And Casualty Insurance Company. The benefits listed are not insurance and do not provide coverage, they only provide discounts and services. Benefit discounts and services vary by state. Please refer to the NCE GapAfford Plus Member Guide for complete details.



HD BasicProtect

Term Life Insurance Benefits

| GROUP TERM LIFE INSURANCE | | | | |
|---|-----------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| Underwritten by Guarantee Trust Life Insurance Company Policy Form Series GLMP-3002 issued to Health Depot Association | | | | |
| | Level 1 | Level 2 | Level 3 | Level 4 |
| Waiting Period | 6 months | 6 months | 6 months | 12 months |
| Benefit During Waiting Period | | | | |
| Accident Only | \$5,000 | \$10,000 | \$15,000 | \$20,000 |
| Benefit After Waiting Period | | | | |
| Age 18-64 | \$5,000 | \$10,000 | \$15,000 | \$20,000 |
| Age 65-69 | \$2,500+ \$2,500 Accident Only | \$5,000 + \$5,000 Accident Only | \$7,500 + \$7,500 Accident Only | \$10,000 + \$10,000 Accident Only |
| Age 70+ | \$5,000 Accident Only | \$10,000 Accident Only | \$15,000 Accident Only | \$20,000 Accident Only |

Accidental Death Benefit is provided during Waiting Period and at age 65 and above as follows:

Waiting Period = 100% Accident Only Benefit.

At ages 65-69, = 50% Death Benefit + 50% Accident Only Benefit.

At age 70+, = 100% Accident Only Benefit.

Spouse benefit = 50% of member benefit.

Child benefit = 25% of member benefit.

HD BasicProtect Monthly Membership Rates

| Monthly Membership Rates | | | | |
|--------------------------|--------------------|---------------------|---------------------|---------------------|
| | Level 1 \$5,000 | Level 2 \$10,000 | Level 3 \$15,000 | Level 4 \$20,000 |
| Member | \$38 | \$50 | \$59 | \$67 |
| Member + Spouse | \$44 | \$60 | \$73 | \$85 |
| Member + Child(ren) | \$41 | \$55 | \$65 | \$75 |
| Member + Family | \$48 | \$65 | \$79 | \$92 |

Disclaimers

The Term Life Insurance policy is underwritten by Guarantee Trust Life Insurance Company (GTL), Glenview, IL on Form Series MP-1400 (or MP-1300) and issued to The Health Depot Association as the group master policyholder. All members of The Health Depot Association are eligible to receive these benefits. This insurance is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage. The Group Term Life Insurance is subject to terms, definitions, condition, exclusions, and limitations of the group policy. Benefits may vary as required by state law and benefits may not be available in all states. This brochure contains only a brief description of coverage and is not a contract. For complete details of coverage, please refer to the certificate. GTL does not provide nor is affiliated with the discount programs provided as a part of membership in The Health Depot Association. Coverage becomes effective on the date provided in the membership material. The insurer has the right to increase premium rates and has the option to cancel coverage.

Dependent Child(ren) are covered from birth to 26 years old.

Spouse includes Common Law Marriage Partner, Domestic Partner or Civil Union Partner if legally recognized in the governing jurisdiction.

Exclusions & Limitations

TERM LIFE

Suicide Exclusion - If a Covered Person dies as the result of suicide or any attempt at suicide, while sane or insane within two years of his/her Effective Date of coverage, We will be liable only for an amount equal to the Premium paid.

With respect to an increase in the amount of insurance, We will consider the two year period to begin as of the effective date of such increase.

Our return of such Premium will be in lieu of all other benefits under this Certificate which may have been payable for that Covered Person.

ACCIDENTAL DEATH BENEFIT

If, within 90 days from the date of an Accident which occurs while coverage is in force, Injury from such Accident results in a loss covered by this benefit, We will pay the benefit in the amount set opposite such loss, as shown on the Schedule of Benefits. If more than one such loss is sustained as the result of one Accident, We will pay only one amount, the largest to which the Covered Person is entitled.

This benefit is subject to all the terms, conditions and exclusions of the Certificate.

No benefits are payable for any loss caused by:

- Suicide or intentionally self-inflicted Injury while sane or insane.
- War or any act of war, declared or undeclared.
- Travel, or flight in or descent from any kind of aircraft unless as a fare paying passenger on a regularly scheduled flight.
- As a passenger on an official flight of the Military Airlift Command of the United States or similar air transport services of other countries.
- Infections, except infections which occur simultaneously with or through a cut or wound sustained as the direct result of an Injury, independent of any other cause; and
- The non-accidental ingestion of a contaminated substance.
- Being under the influence of alcohol or any drug unless administered and taken as prescribed by a Doctor.
- Participation in an attempt to commit an assault or felony, or participation in a riot.
- Voluntary gas inhalation or poison voluntarily taken, administered or inhaled.
- Riding or driving as a professional in any kind of race for prize money or profit.



HD SecureShield

Group Accident Only Insurance Benefits

| GROUP ACCIDENT ONLY INSURANCE PLANS | | | | |
|---|--|--|--|--|
| Underwritten by Guarantee Trust Life Insurance Company | | | | |
| Policy Form MP-1400 (or MP-1300) issued to Health Depot Association | | | | |
| Benefit Description | Level 1 | Level 2 | Level 3 | Level 4 |
| Accident Medical Expense Benefit (AME) ¹ | | | | |
| Maximum Amount per Covered Accident | \$2,500 | \$5,000 | \$7,500 | \$10,000 |
| Deductible per Covered Accident | \$250 | \$250 | \$250 | \$250 |
| Initial Treatment Period | 60 Days | 60 Days | 60 Days | 60 Days |
| Benefit Period | 12 Months | 12 Months | 12 Months | 12 Months |
| Covered Charges | | | | |
| Hospital room and board, and general nursing care, up to the semi-private room rate. | up to \$2,500 | up to \$5,000 | up to \$7,500 | up to \$10,000 |
| Hospital miscellaneous expense during Hospital Confinement or for outpatient surgery under general anesthetic, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies. | up to \$2,500 | up to \$5,000 | up to \$7,500 | up to \$10,000 |
| Doctor's fees for surgery | up to \$2,500 | up to \$5,000 | up to \$7,500 | up to \$10,000 |
| Anesthesia services | up to \$2,500 | up to \$5,000 | up to \$7,500 | up to \$10,000 |
| Doctors' visits, inpatient and outpatient, each visit | \$75 | \$75 | \$75 | \$75 |
| Hospital Emergency care | \$500 | \$500 | \$500 | \$500 |
| X-ray and other diagnostic tests | \$250 | \$250 | \$250 | \$250 |
| Ambulance expense | \$250 | \$250 | \$250 | \$250 |
| Durable Medical Equipment | \$100 | \$100 | \$100 | \$100 |
| Prescription Drugs | \$500 | \$500 | \$500 | \$500 |
| Dental treatment for Injury to Sound Natural Teeth | \$250 per tooth up to a maximum of \$500 | \$250 per tooth up to a maximum of \$500 | \$250 per tooth up to a maximum of \$500 | \$250 per tooth up to a maximum of \$500 |
| Physical Therapy | \$60 for first visit; \$30 for each visit thereafter | \$60 for first visit; \$30 for each visit thereafter | \$60 for first visit; \$30 for each visit thereafter | \$60 for first visit; \$30 for each visit thereafter |
| Registered Nurse expense | up to \$2,500 | up to \$5,000 | up to \$7,500 | up to \$10,000 |

¹ Accident Medical Expense Benefit does not pay for reinjury or complications of an injury caused or contributed to by a condition that existed before the Accident.

This benefit pays in excess of any other insurance coverage you may have for the expenses you are charged by a hospital, doctor, or certain other charges, up to a maximum of the amount listed if you are injured in a Covered Accident. GTL will pay based on the Reasonable and Customary charges for Medically Necessary treatment of a Covered Injury incurred by the Covered Person resulting from a Covered Accident, after the \$250.00 Deductible is satisfied. The first treatment or service must occur within 60 days of the Covered Accident and all subsequent treatments must be incurred within 12 Months of the Covered Accident. Benefits will be paid up to the amount stated in the Schedule of Benefits.

Group Accident Only Insurance Benefits

| GROUP ACCIDENT ONLY INSURANCE PLANS Underwritten by Guarantee Trust Life Insurance Company Policy Form MP-1400 (or MP-1300) issued to Health Depot Association | | | | |
|--|----------------|----------------|----------------|-----------------|
| Benefit Description | Level 1 | Level 2 | Level 3 | Level 4 |
| Accidental Death & Dismemberment Benefit (AD&D)² | | | | |
| Principal Sum - Member, Spouse, Child(ren) | \$2,500 | \$5,000 | \$7,500 | \$10,000 |
| Schedule of Benefits | | | | |
| Loss of Life | 100% | 100% | 100% | 100% |
| Loss of Both Hands | | | | |
| Loss of Both Feet | | | | |
| Loss of the Entire Sight of Both Eyes | | | | |
| Loss of One Hand and One Foot | | | | |
| Loss of Speech and Hearing | | | | |
| Loss of One Hand or One Foot and Entire Sight of One Eye | 50% | 50% | 50% | 50% |
| Loss of One Hand or One Foot | | | | |
| Loss of Entire Sight of One Eye | | | | |
| Loss of Speech or Hearing | 25% | 25% | 25% | 25% |
| Loss of Hearing in One Ear | | | | |

² Accidental Death and Dismemberment Benefits are provided as shown in the Schedule of Benefits and pays the member or beneficiary up to the benefit amount listed for the member's death or dismemberment due to a Covered Accident.

The Accidental Death & Dismemberment benefit pays the amount shown if you suffer a Covered Loss resulting from a Covered Accident. If you sustain more than one Covered Loss as a result of the same Covered Accident, only the largest available benefit will be paid. If the loss results in death, benefits will only be paid under the Loss of Life benefit provision.

Percentages relate to the Principal Sum benefit as shown above for the Primary, Spouse and Child(ren). Principal Sum will be reduced by 50% for Injury which occurs on or after a Covered Person's 70th birthday.

Group Accident Only Insurance Benefits

| GROUP ACCIDENT ONLY INSURANCE PLANS Underwritten by Guarantee Trust Life Insurance Company Policy Form Series MP-1400 and Rider Form Series GRG15CR and GRG15HAS issued to Health Depot Association | | | | |
|---|--------------------------------|----------------|----------------|-----------------|
| Benefit Description | Level 1 | Level 2 | Level 3 | Level 4 |
| Critical Illness Benefit (CI)* | | | | |
| Benefit Eligibility | | | | |
| Waiting Period | 60 Days | 60 Days | 60 Days | 60 Days |
| Pre-Existing Conditions Period | 12 Months | 12 Months | 12 Months | 12 Months |
| Benefit Eligibility for Pre-existing Conditions | 12 Months After Effective Date | | | |
| Limited Specified Disease Benefit Rider | \$2,500 | \$5,000 | \$7,500 | \$10,000 |
| Heart Attack | 100% | 100% | 100% | 100% |
| Stroke | | | | |
| Cancer Lump Sum Benefit Rider | \$2,500 | \$5,000 | \$7,500 | \$10,000 |
| Cancer Lump Sum Benefit | 100% | 100% | 100% | 100% |

* Pays a Lump Sum Benefit Amount as shown in the Schedule upon the first diagnosis of a Covered Condition.

1. Heart Attack means a myocardial infarction (irreversible injury and death of a portion of the heart muscle as a result of obstruction of one or more of the coronary arteries.) Diagnosis of a Heart Attack must be supported by three (3) or more of the following:

- (a) Typical clinical symptoms, such as central chest pain;
- (b) Diagnostic increase of specific cardiac markers;
- (c) New electrocardiographic (EKG) changes indicative of infarction;
- (d) Confirmatory imaging studies; or
- (e) In the event of death, an autopsy confirmation or a death certificate that indicates Myocardial Infarction as the primary cause of death will be accepted as evidence of a Heart Attack.

Heart Attack does not mean cardiac arrest, sudden cardiac arrest, coronary artery disease, congestive heart failure, atherosclerotic heart disease, angina, or any other dysfunction of the cardiovascular system. Heart Attack also does not mean a silent/old Heart Attack, which is a prior incidence of heart attack which has few, if any, symptoms and is generally discovered at a later date through imaging tests, such as electrocardiogram (EKG) or echocardiogram (ECG).

2. Stroke means an acute cerebrovascular accident or incident, embolism, thrombosis or hemorrhage which results in paralysis or other measurable objective neurological deficit lasting more than 24 hours. A cerebrovascular accident is a sudden, unexpected interference in brain function caused by insufficient blood flow to part of the brain. Diagnosis must include imaging documentation of new brain tissue infarction in association with acute onset of symptoms consistent with central nervous system neurological damage.

For the purposes of this Rider, Stroke does not include:

- (a) Chronic cerebrovascular insufficiency;
- (b) Transient Ischemic Attacks (TIAs);
- (c) Transient Global Amnesia (TGA);
- (d) External trauma causing Accidental Injury to the brain;
- (e) Brain damage due to infection, vasculitis, encephalopathy and inflammatory disease; or
- (f) Ischemic disorders of the vestibular system.

3. Cancer means a disease manifested by the presence of a malignancy characterized by the uncontrolled growth and abnormal spread of malignant cells and the invasion of body tissue by such malignant cells. Cancer includes Hodgkin's disease and leukemia. This definition excludes such cancers as:

- (a) Pre-malignant tumors or polyps;
- (b) Skin Cancer, except malignant melanoma; and
- (c) Cancer In Situ.

Cancer will not be a covered condition when advice or treatment is received within the Waiting Period, if any, or prior to the Effective Date, and such advice or treatment leads to the Diagnosis of Cancer. If tissue is extracted during the Waiting Period, if any, or prior to the Effective Date, and results in a Diagnosis of Cancer, this will not be a covered condition. If Cancer is Diagnosed and/or treated within the Waiting Period, or if medical advice is given within the Waiting Period which leads to the subsequent Diagnosis of Cancer after the Waiting Period, the Covered Person has the option to cancel the Rider and receive a refund of all premiums paid on this Rider. For the purposes of this Rider, the date of Diagnosis will be considered to be the earlier of the date of clinical Diagnosis or the date the specimen used to diagnose Cancer is taken.

Benefits under these riders terminate on the earliest date that the member turns age 65 or the date we have paid all benefits.

Group Accident Only Insurance Benefits

| GROUP ACCIDENT ONLY INSURANCE PLANS Underwritten by Guarantee Trust Life Insurance Company Policy Form MP-1400 issued to Health Depot Association | | | | |
|---|-----------------|------------------|------------------|------------------|
| Benefit Description | Level 1 | Level 2 | Level 3 | Level 4 |
| Accidental Death & Dismemberment Benefit (AD&D)³ | | | | |
| Principal Sum | \$50,000 | \$100,000 | \$200,000 | \$300,000 |
| Primary | 100% | 100% | 100% | 100% |
| Spouse | 50% | 50% | 50% | 50% |
| Child(ren) | 25% | 25% | 25% | 25% |
| Schedule of Benefits | | | | |
| Loss of Life | 100% | 100% | 100% | 100% |
| Loss of Both Hands | | | | |
| Loss of Both Feet | | | | |
| Loss of the Entire Sight of Both Eyes | | | | |
| Loss of One Hand and One Foot | | | | |
| Loss of Speech and Hearing | | | | |
| Loss of One Hand or One Foot and Entire Sight of One Eye | | | | |
| Loss due to Hemiplegia | | | | |
| Loss due to Paraplegia | | | | |
| Loss due to Quadriplegia | 50% | 50% | 50% | 50% |
| Loss of One Hand or One Foot | | | | |
| Loss of Entire Sight of One Eye | | | | |
| Loss of Speech or Hearing | 25% | 25% | 25% | 25% |
| Loss of Hearing in One Ear | | | | |

³ Accidental Death and Dismemberment Benefits are provided as shown in the Schedule of Benefits and pays the member or beneficiary up to the benefit amount listed for the member's death or dismemberment due to a Covered Accident. Principal Sum will be reduced by 50% for Injury which occurs on or after a Covered Person's 70th birthday.

Disclaimers

The Group Accident Only Insurance policy is underwritten by Guarantee Trust Life Insurance Company (GTL), Glenview, IL on Form Series MP-1400 (or MP-1300) and Rider Form Series GRG15CR and GRG15HAS, and issued to The Health Depot Association as the group master policyholder. All members of The Health Depot Association are eligible to receive these benefits. This insurance is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage. The Group Accident Only Insurance is subject to terms, definitions, condition, exclusions, and limitations of the group policy. Benefits may vary as required by state law and benefits may not be available in all states. This brochure contains only a brief description of coverage and is not a contract. For complete details of coverage, please refer to the certificate. GTL does not provide nor is affiliated with the discount programs provided as a part of membership in The Health Depot Association. Coverage becomes effective on the date provided in the membership material. The insurer has the right to increase premium rates and has the option to cancel coverage.

Dependent Child(ren) are covered from birth to 26 years old.

Spouse includes Common Law Marriage Partner, Domestic Partner or Civil Union Partner if legally recognized in the governing jurisdiction.

Exclusions & Limitations

The Policy does not provide benefits for:

- Treatment, services or supplies which:
 - Are not Medically Necessary;
 - Are not prescribed by a Doctor as necessary to treat an Injury;
 - Are determined to be Experimental/Investigational in nature;
 - Are received without charge or legal obligation to pay;
 - Are received from persons employed or retained by any Family Member, unless otherwise specified; or
 - Are not specifically listed as Covered Charges in the Policy.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
- Injury covered by Worker's Compensation, Employer Liability law or Occupational Disease Act or Law.
- Dental treatment, except as specifically stated.
- Injury sustained while committing or attempting to commit a felony.
- Prescription Drugs except as specifically stated.
- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted Injury.
- 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 Injury occurs.
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Doctor.
- Injury sustained while participating in or practicing for any professional, intercollegiate or sports activity, except as specifically provided.
- Injury which occurs while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
- Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's).
- Injury sustained where a Covered Person is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
- Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Covered Charges incurred outside of the United States or its possessions
- Competing in motor sports races or competitions;
- Competing in water sports races or competitions;
- Testing cars/trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Scaling up cliffs or mountain walls;
- Spelunking (exploring caves);
- Handling or working with dangerous animals.
- Injury sustained while water skiing or surfboarding;
- Injury sustained while snow skiing or snowboarding;
- Injury sustained while roller blading or skateboarding;
- Injury sustained while participating in a rodeo.
- Reinjury or complications of an Injury caused or contributed to by a condition that existed before the Accident.
- Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific Injury.

Additional Exclusions & Limitations for Critical Illness

Heart Attack/Stroke

A Pre-Existing Condition is not eligible for benefits unless the Diagnosis occurs after the Waiting Period has expired. We will not pay benefits for a Pre-Existing Condition that is Diagnosed within the Pre-Existing Period stated in the Schedule of Benefits. A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility Period for Pre-Existing Conditions has elapsed, as stated in the Schedule of Benefits.

Pre-Existing Condition: A Pre-Existing Condition is a condition for which: (a) Medical advice or treatment was recommended by, or received from a Doctor, within the Pre-Existing Period shown above; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the Pre-Existing Period before the Effective Date of the Covered Person's coverage. Treatment includes being prescribed or taking prescription drugs or medicines.

The Policy does not provide benefits for claims resulting, whether directly or indirectly, from diseases that are related to, or are resulting from any of the following:

1. Any disease if the Covered Person was previously Diagnosed any time prior to the Rider Effective Date.
2. Any disease first Diagnosed within the Waiting Period, as shown in the Schedule, immediately following the Rider Effective Date.
3. Arrhythmia resulting in a Heart Attack that occurs in association with use of an illegal drug or controlled substance, except when administered in accordance with the advice of the Covered Person's Doctor.
4. Any amount in excess of any Maximum Benefit for Covered Conditions.
5. Diseases or conditions that do not meet the definition of a Covered Condition in this Rider.
6. Suicide or attempted suicide.

Cancer

We will not pay benefits for a Pre-Existing Condition that is Diagnosed within the Pre-Existing Period stated in the Schedule of Benefits. A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility Period for Pre-Existing Conditions has elapsed as stated in the Schedule of Benefits.

Pre-Existing Condition: A Pre-Existing Condition is a condition for which: (a) Medical advice or treatment was recommended by, or received from a Doctor, within the Pre-Existing Period; or (b) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the Pre-Existing Period before the Effective Date of the Covered Person's coverage. Treatment includes being prescribed or taking prescription drugs or medicines.

The Policy does not provide benefits for:

1. A Positive Diagnosis of Cancer before the Effective Date of the Covered Person's coverage under the Policy;
2. Any loss due to injury, disease or incapacity, unless related to or attributable to Cancer as defined;
3. Any Cancer when advice or treatment is received during the Waiting Period or prior to the Effective Date, and such advice or treatment results in a Positive Diagnosis of Cancer. If tissue is extracted during the Waiting Period or prior to the Effective Date, and results in a Positive Diagnosis of Cancer, this will not be a covered condition. For the purposes of this Rider, the date of a Positive Diagnosis of Cancer will be considered to be the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. If a Positive Diagnosis of Cancer is made and/or Cancer is treated within the Waiting Period, OR if medical advice is given within the Waiting Period which leads to the subsequent Positive Diagnosis of Cancer after the Waiting Period, the Insured has the option to cancel the Policy and receive a refund of all premiums paid on this Rider.

Please see certificates for state specific exclusions and limitations.

Guarantee Trust Life Insurance Company

The following rates apply for the coverage underwritten by Guarantee Trust Life Insurance Company as part of your membership in the HD SecureShield membership. The rates by plan are: 2500 AME/2500 AD&D/2500 CI; Member = \$8.02, Member + Spouse = \$16.05, Member + Child(ren) = \$10.40, Family = \$19.72. 5000 AME/5000 AD&D/5000 CI; Member = \$15.02, Member + Spouse = \$30.03, Member + Child(ren) = \$19.26, Family = \$36.35. 7500 AME/7500 AD&D/7500 CI; Member = \$21.98, Member + Spouse = \$43.97, Member + Child(ren) = \$28.08, Family = \$52.91. 10000 AME/10000 AD&D/10000 CI; Member = \$28.49, Member + Spouse = \$56.98, Member + Child(ren) = \$36.21, Family = \$68.07. 2500 AME/2500 AD&D; Member = \$2.59, Member + Spouse = \$5.18, Member + Child(ren) = \$3.88, Family = \$7.76. 5000 AME/5000 AD&D; Member = \$4.15, Member + Spouse = \$8.29, Member + Child(ren) = \$6.22, Family = \$12.44. 7500 AME/7500 AD&D; Member = \$5.68, Member + Spouse = \$11.36, Member + Child(ren) = \$8.52, Family = \$17.04. 10000 AME/10000 AD&D; Member = \$6.75, Member + Spouse = \$13.50, Member + Child(ren) = \$10.12, Family = \$20.24. 2500 CI/2500 AD&D; Member = \$5.52, Member + Spouse = \$11.03, Member + Child(ren) = \$6.64, Family = \$12.20. 5000 CI/5000 AD&D; Member = \$11.03, Member + Spouse = \$22.07, Member + Child(ren) = \$13.29, Family = \$24.40. 7500 CI/7500 AD&D; Member = \$16.55, Member + Spouse = \$33.10, Member + Child(ren) = \$19.93, Family = \$36.60. 10000 CI/10000 AD&D; Member = \$22.07, Member + Spouse = \$44.13, Member + Child(ren) = \$26.58, Family = \$48.80. 50,000 AD&D; Member = \$1.50, Member + Spouse = \$3.00, Member + Child(ren) = \$2.25, Family = \$4.50. 100,000 AD&D; Member = \$3.00,

Member + Spouse = \$6.00, Member + Child(ren) = \$4.50, Family = \$9.00. 200,000 AD&D; Member = \$6.00, Member + Spouse = \$12.00, Member + Child(ren) = \$9.00, Family = \$18.00. 300,000 AD&D; Member = \$9.00, Member + Spouse = \$18.00, Member + Child(ren) = \$13.50, Family = \$27.00.

Coverage is subject to termination in accordance with the Association Group Master Policy provisions. Notice of termination provided to the Association is considered notification to all Association Members and will not be sent to you individually by GTL.

CLAIMS ASSISTANCE

Guarantee Trust Life Insurance Company
P.O. Box 1148
Glenview, IL 60025
Email to: AMEClaims@gtlic.com
(800) 338-7452

HD SecureShield Monthly Membership Rates

| CI-AME-AD&D | | | | |
|---------------------|--------------------|--------------------|--------------------|---------------------|
| | Level 1 \$2,500 | Level 2 \$5,000 | Level 3 \$7,500 | Level 4 \$10,000 |
| Member | \$63 | \$86 | \$109 | \$131 |
| Member + Spouse | \$86 | \$141 | \$194 | \$242 |
| Member + Child(ren) | \$68 | \$101 | \$134 | \$164 |
| Member + Family | \$104 | \$164 | \$227 | \$282 |

| CI-AD&D | | | | |
|---------------------|--------------------|--------------------|--------------------|---------------------|
| | Level 1 \$2,500 | Level 2 \$5,000 | Level 3 \$7,500 | Level 4 \$10,000 |
| Member | \$54 | \$72 | \$92 | \$111 |
| Member + Spouse | \$69 | \$107 | \$150 | \$189 |
| Member + Child(ren) | \$55 | \$76 | \$101 | \$124 |
| Member + Family | \$72 | \$116 | \$161 | \$206 |

| AME-AD&D | | | | |
|---------------------|--------------------|--------------------|--------------------|---------------------|
| | Level 1 \$2,500 | Level 2 \$5,000 | Level 3 \$7,500 | Level 4 \$10,000 |
| Member | \$44 | \$52 | \$60 | \$65 |
| Member + Spouse | \$53 | \$65 | \$79 | \$87 |
| Member + Child(ren) | \$49 | \$59 | \$69 | \$76 |
| Member + Family | \$61 | \$79 | \$98 | \$110 |

| STAND-ALONE AD&D | | | | |
|---------------------|---------------------|----------------------|----------------------|----------------------|
| | Level 1 \$50,000 | Level 2 \$100,000 | Level 3 \$200,000 | Level 4 \$300,000 |
| Member | \$48 | \$57 | \$69 | \$82 |
| Member + Spouse | \$54 | \$68 | \$93 | \$118 |
| Member + Child(ren) | \$51 | \$62 | \$81 | \$100 |
| Member + Family | \$60 | \$80 | \$117 | \$153 |



HD Ideal Dental

| United Concordia Dental Concordia Flex Plan | | |
|--|--|--------------------------|
| Benefit Category ¹ | In-Network ² | Non-Network ² |
| Class I - Diagnostic / Preventive Services | | |
| Exams | 100% | 100% |
| Bitewing X-rays | | |
| All Other X-rays | | |
| Cleanings & Fluoride Treatments | | |
| Sealants | | |
| Palliative Treatment | | |
| Class II - Basic Services | | |
| Basic Restorative (Amalgam Fillings) | 50% | 50% |
| Simple Extractions | | |
| Space Maintainers | | |
| Repairs of Crowns, Inlays, Onlays, Bridges & Dentures | | |
| Endodontics | | |
| Nonsurgical Periodontics | | |
| Surgical Periodontics | | |
| Complex Oral Surgery | | |
| General Anesthesia | | |
| Class III - Major Services | | |
| Inlays, Onlays, Crowns | 50% | 50% |
| Prosthetics (Bridges, Dentures) | | |
| Included Plan Features | | |
| Preventive Incentive® | Class I services do not count toward your annual program maximum | |
| Smile for Health®--Wellness <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i> | • Covers 1 additional periodontal maintenance per year and all are covered at 100% | |
| | • Scaling and root planing are covered at 100% | |
| | • 4 periodontal surgery procedures are covered at 100% | |
| Maximums & Deductibles (applies to the combination of services received from network and non-network dentists) | | |
| Annual Deductible (per person/per family) | \$50/\$150 | |
| | Excludes Class I | |
| Annual Maximum (per person) | \$1,500 | |
| | Excludes Class I | |

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Dependent children covered to age 26.

2. Reimbursement is based on United Concordia's schedule of maximum allowable charges (MACs). Network dentists agree to accept the scheduled allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between the scheduled allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply. Orthodontics are not covered on this plan. Concordia Flex is a passive PPO program that allows members to receive care from any licensed dentist; however, members receive the greatest value and convenience when they receive care from a participating dentist. This means that members who receive care from a participating dentist are responsible only for those deductibles and coinsurance amounts that are part of the program design.

Save More with A Network Dentist

United Concordia's large, nationwide dentist network means you can find affordable, quality care with great service no matter where you live.

Using an Advantage Plus 2.0 Network dentist maximizes your benefits



What is a Network Dentist?

Network dentists agree to accept United Concordia's discounted fees as payment in full for covered services. Non-network dentists can charge you more. This means you will lower your out-of-pocket expense using a network dentist.

You can receive care from any licensed dentist. But your benefits may differ and your out-of-pocket costs could be higher with a non-network dentist.

Save Money & Time

A network dentist saves you the difference between the negotiated fees and the dentist's regular charges. And, you stretch your benefit dollars by getting more services before reaching your annual maximum. Network dentists also file your claims for you, saving you time and the hassle of paperwork.

Savings Example¹

| Member's Annual Dental Care | Example Dentist Charge | Network Dentist Visit – Member Responsibility ² | Non-network Dentist Visit – Member Responsibility | Member Savings for Visiting a Network Dentist |
|-----------------------------|------------------------|--|---|---|
| 2 Cleanings | \$151 | \$0 | \$63 | \$151 |
| 2 Exams | \$85 | \$0 | \$45 | \$85 |
| 1 Set x-rays | \$117 | \$0 | \$59 | \$117 |
| 2 Composite fillings | \$227 | \$22 | \$149 | \$205 |
| 1 Crown | \$931 | \$324 | \$611 | \$607 |
| Total | \$1,511 | \$346 | \$927 | \$1,165 |

1. Savings estimates based on internal data for zip code 17110, as of 6/18; savings will vary by dentist, service and geographic region.

2. All services performed by an Advantage Plus 2.0 network dentist.

Your Dental Plan Includes Preventive Incentive® and Smile for Health-Wellness

Preventive Incentive®

With Preventive Incentive, all charges for covered diagnostic and preventive (Class I) services— such as cleanings, exams, x-rays and more—do not count toward your annual maximum. This promotes good oral health by encouraging you to receive preventive care, and leaves you with more benefit dollars to use for other covered dental procedures. You can use Preventive Incentive as soon as your coverage is in effect, so there is no waiting until the next plan year to benefit from this feature.

Sample Savings with Preventive Incentive*

| Annual Preventive Care | You Pay | United Concordia Dental Pays | Annual Maximum Remaining without Preventive Incentive® | Annual Maximum Remaining with Preventive Incentive® |
|------------------------|---------|------------------------------|--|---|
| 2 Cleanings | \$0 | \$126 | \$1,268 | \$1,500 |
| 2 Exams | \$0 | \$66 | | |
| 1 Set of X-Rays | \$0 | \$40 | | |
| Total | \$0 | \$232 | | |

*For illustrative purposes only. Assumes services provided by United Concordia Dental network dentists; savings will vary by dentist, service and geographic region.

With Preventive Incentive, you have \$232 more to use on other covered dental procedures!

Smile for Health - Wellness

Enhanced benefits for people with certain medical conditions

If you have a chronic illness and periodontitis (gum disease), getting the proper treatment and maintenance for healthy teeth and gums will have a positive effect on your overall health; it also helps you save money on your medical costs. Smile for Health-Wellness gives you additional coverage to take control of gum disease and receive information through outreach.

Smile for Health-Wellness is for people with certain medical conditions such as:

- Cerebrovascular Disease (stroke)
- Diabetes
- Heart Disease
- Lupus
- Oral Cancer
- Organ Transplant
- Rheumatoid Arthritis

Take advantage of enhanced benefits available at 100% coverage as needed to control gum disease and targeted education to help you manage your chronic illness better.

Dental Exclusions & Limitations

THIS PLAN DOES NOT MEET THE MINIMUM ESSENTIAL HEALTH BENEFIT REQUIREMENTS FOR PEDIATRIC ORAL HEALTH AS REQUIRED UNDER THE FEDERAL AFFORDABLE CARE ACT.

Exclusions and Limitations may differ by state as specified below. Only American Dental Association procedure codes are covered.

EXCLUSIONS

The following services, supplies or charges are excluded:

1. Started prior to the Member's Effective Date or after the Termination Date of coverage under the Group Policy (for example but not limited to, multi-visit procedures such as endodontics, crowns, bridges, inlays, onlays, and dentures).

2. For house or hospital calls for dental services and for hospitalization costs (facility-use fees).

3. That are the responsibility of Workers' Compensation or employer's liability insurance, or for treatment of any automobile-related injury in which the Member is entitled to payment under an automobile insurance policy. The Company's benefits would be in excess to the third-party benefits and therefore, the Company would have right of recovery for any benefits paid in excess.

For Group Policies issued and delivered in Georgia, Missouri and Virginia, only services that are the responsibility of Workers' Compensation or employer's liability insurance shall be excluded from this Plan.

For Group Policies issued and delivered in North Carolina, services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act are excluded only to the extent such services or supplies are the liability of the employee according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

For Group Policies issued and delivered in Maryland, this exclusion does not apply.

4. For prescription and non-prescription drugs, vitamins or dietary supplements. For Group Policies issued and delivered in Arizona and New Mexico, this exclusion does not apply.

5. Administration of nitrous oxide and/or IV sedation, unless specifically indicated on the Schedule of Benefits.

For Group Policies issued and delivered in Washington, this exclusion does not apply when required dental services and procedures are performed in a dental office for covered persons under the age of seven (7) or physically or developmentally disabled.

For Group Policies issued and delivered in New York, this exclusion does not apply if dental services are required for sound teeth as a result of accidental injury.

6. Which are Cosmetic in nature as determined by the Company (for example but not limited to, bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures).

For Group Policies issued and delivered in New York, this exclusion does not apply if dental services are required for sound teeth as a result of accidental injury.

For Group Policies issued and delivered in New Jersey, this exclusion does not apply for Cosmetic services for newly born children of Members.

For Group Policies issued and delivered in Washington, this exclusion does not apply in the instance of congenital abnormalities for covered newly born children from the moment of birth.

7. Elective procedures (for example but not limited to, the prophylactic extraction of third molars).

8. For congenital mouth malformations or skeletal imbalances (for example but not limited to, treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment).

For Group Policies issued and delivered in Kentucky, Minnesota and Pennsylvania, this exclusion shall not apply to newly born children of Members including newly adoptive children, regardless of age.

For Group Policies issued and delivered in Colorado, Hawaii, Indiana, Missouri, New Jersey and Virginia, this exclusion shall not apply to newly born children of Members.

For Group Policies issued and delivered in Florida, this exclusion shall not apply for diagnostic or surgical dental (not medical) procedures rendered to a Member of any age.

For Group Policies issued and delivered in Washington, this exclusion shall not apply in the instance of congenital abnormalities for covered newly born children from the moment of birth.

9. For dental implants and any related surgery, placement, restoration, prosthetics (except single implant crowns), maintenance and removal of implants unless specifically covered under the Certificate.

10. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under the Certificate. Examples of these jaw joint problems are temporomandibular joint disorders (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to the joint.

For Group Policies issued and delivered in New York, diagnostic services and treatment of jaw joint problems related to a medical condition are excluded unless specifically covered under the Certificate. These jaw joint problems include but are not limited to such conditions as temporomandibular joint disorder (TMD) and craniomandibular disorders or other conditions of the joint linking the jaw bone and the complex of muscles, nerves and other tissues related to the joint.

For Group Policies issued and delivered in Florida, this exclusion does not apply to diagnostic or surgical dental (not medical) procedures for treatment of temporomandibular joint disorder (TMD) rendered to a Member of any age as a result of congenital or developmental mouth malformation, disease or injury and such procedures are covered under the Certificate or the Schedule of Benefits.

For Group Policies issued and delivered in Minnesota, this exclusion does not apply.

11. For treatment of fractures and dislocations of the jaw.

For Group Policies issued and delivered in New York, this exclusion does not apply if dental services are required for sound teeth as a result of accidental injury.

12. For treatment of malignancies or neoplasms.

13. Services and/or appliances that alter the vertical dimension (for example but not limited to, full-mouth rehabilitation, splinting, fillings) to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.

14. Replacement or repair of lost, stolen or damaged prosthetic or orthodontic appliances.

15. Preventive restorations.

16. Periodontal splinting of teeth by any method.

17. For duplicate dentures, prosthetic devices or any other duplicative device.

18. For which in the absence of insurance the Member would incur no charge.

19. For plaque control programs, tobacco counseling, oral hygiene and dietary instructions.

20. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the Armed Forces of any country or international authority.

For Group Policies issued and delivered in Oklahoma, this exclusion does not apply.

21. For treatment and appliances for bruxism (night grinding of teeth).

Dental Exclusions & Limitations

22. For any claims submitted to the Company by the Member or on behalf of the Member in excess of twelve (12) months after the date of service.

For Group Policies issued and delivered in Maryland, failure to furnish the claim within the time required does not invalidate or reduce a claim if it was not reasonably possible to submit the claim within the required time, if the claim is furnished as soon as reasonably possible, and, except in the absence of legal capacity of the Member, not later than one (1) year from the time the claim is otherwise required.

23. Incomplete treatment (for example but not limited to, patient does not return to complete treatment) and temporary services (for example but not limited to, temporary restorations).

24. Procedures that are:

- Part of a service but are reported as separate services
- or reported in a treatment sequence that is not appropriate;
- or misreported or that represent a procedure other than the one reported.

25. Specialized procedures and techniques (for example but not limited to, precision attachments, copings and intentional root canal treatment).

26. Fees for broken appointments.

27. Those not Dentally Necessary or not deemed to be generally accepted standards of dental treatment. If no clear or generally accepted standards exist, or there are varying positions within the professional community, the opinion of the Company will apply.

LIMITATIONS

Covered services are limited as detailed below. Services are covered until 12:01 a.m. of the birthday when the patient reaches any stated age:

1. Full mouth x-rays – one (1) every 5 year(s).

2. Bitewing x-rays – one (1) set(s) per 12 months under age nineteen (19) and one (1) set(s) per 18 months age nineteen (19) and older.

3. Oral Evaluations:

- Comprehensive and periodic – two (2) of these services per 12 months. Once paid, comprehensive evaluations are not eligible to the same office unless there is a significant change in health condition or the patient is absent from the office for three (3) or more year(s).
- Limited problem focused and consultations – one (1) of these services per dentist per patient per 12 months.
- Detailed problem focused – one (1) per dentist per patient per 12 months per eligible diagnosis.

4. Prophylaxis – two (2) per 12 months. One (1) additional for Members under the care of a medical professional during pregnancy.

5. Fluoride treatment – one (1) per 12 months under age fourteen.

6. Space maintainers – one (1) per five (5) year period for Members under age fourteen (14) when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not, develop.

7. Sealants – one (1) per tooth per 3 year(s) under age sixteen (16) on permanent first and second molars.

8. Prefabricated stainless steel crowns – one (1) per tooth per lifetime for Members under age fifteen (15).

9. Periodontal Services:

- Full mouth debridement – one (1) per lifetime.
- Periodontal maintenance following active periodontal therapy – two (2) per 12 months in addition to routine prophylaxis.
- Periodontal scaling and root planing – one (1) per 24 months per area of the mouth.
- Surgical periodontal procedures – one (1) per 36 months per area of the mouth.
- Guided tissue regeneration – one (1) per tooth per lifetime.

10. Replacement of restorative services only when they are not, and cannot be made, serviceable:

- Basic restorations – not within 24 months of previous placement of any basic restoration.
- Single crowns, inlays, onlays – not within 5 year(s) of previous placement of any of the procedures in this category.
- Buildups and post and cores – not within 5 year(s) of previous placement of any of the procedures in this category.
- Replacement of natural tooth/teeth in an arch – not within 5 year(s) of a fixed partial denture, full denture or partial removable denture.

11. Denture relining, rebasing or adjustments are considered part of the denture charges if provided within 6 months of insertion by the same dentist. Subsequent denture relining or rebasing limited to one (1) every 3 year(s) thereafter.

12. Pulpal therapy – one (1) per primary tooth per lifetime only when there is no permanent tooth to replace it. Eligible teeth limited to primary anterior teeth.

13. Root canal retreatment – one (1) per tooth per lifetime.

14. Recementation – one (1) per 3 year(s). Recementation during the first 3 year(s) following insertion of any preventive, restorative or prosthodontics service by the same dentist is included in the preventive, restorative or prosthodontics service benefit.

15. An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those allowed under this ABP. For example: The policy provides an allowance for an amalgam restoration on a posterior tooth. If the member chooses a composite filling, then the member will owe the difference between the allowance for the amalgam filling and the provider's charge. The provider can bill their full charge on an alternate benefit procedure.

16. Payment for orthodontic services, if covered, shall cease at the end of the month after termination by the Company. This limitation does not apply to Group Policies issued and delivered in Maryland.

17. Intraoral Films:

- Periapical – four (4) per 12 months per dentist if not performed in conjunction with definitive procedure(s).
- Occlusal – two (2) per 12 months under age eight (8).

18. General anesthesia and IV sedation: a total of sixty (60) minutes per session.

United Concordia Companies, Inc.

Group Number: 907996000
Dental Claims
P.O. Box 69421
Harrisburg, PA 17106-9421
(800) 332-0366
www.ucci.com

| Ideal Dental Monthly Membership Rates | |
|---------------------------------------|-------|
| Member | \$97 |
| Member + 1 (Spouse or Child) | \$156 |
| Member + Children | \$232 |
| Member + Family | \$232 |





Renew Dental Vision

Dental and Vision Discounts Disclosure

The following disclosure is required to ensure members are aware that the Cigna Discount Dental Network and the EyeMed Vision Network are discount services and not insured benefits. While these programs offer valuable discounts and savings over the normal cost to members, they are still required to pay for these services (less discounts) at the time they are purchased.

Not available in AK, CA, MT, ND, OK, RI, SD, TN, UT, VT, WA. If you move to one of those states, your discount medical benefits will terminate.

Disclosures: The discount dental and vision benefits (The Plan) are **NOT insurance, a health insurance policy, a Medicare Prescription Drug Plan or a qualified health plan under the Affordable Care Act.** The Plan provides discounts for certain medical services, or products offered by providers who have agreed to participate in The Plan. The range of discounts offered under The Plan will vary depending on the type of provider and products or services received. The Plan does not make and is prohibited from making members' payments to providers for products or services received under The Plan. The Plan member is required and obligated to pay for the entire discounted rate for the medical services or products but will receive a discount from those health care providers who have contracted with the discount medical plan organization. The Discount Medical Plan/Discount Plan Organization is Alliance HealthCard of Florida, Inc., 5005 Lyndon B Johnson Freeway, Suite 1500, Dallas, Texas 75244. Members may call (214) 436-8882 for more information or visit myhealthmembers.com for a list of providers. The Plan will make available before purchase and upon request, a list of program providers and the providers' city, state and specialty, located in the member's service area. Any complaints should be directed to Alliance HealthCard of Florida, Inc. at the address above, or by phone at (800) 565-3827. Upon receipt of the complaint, member will receive confirmation of receipt within 5 business days. After investigation of the complaint, Alliance HealthCard of Florida, Inc. will provide member with the results and a proposed resolution no later than 30 days after receipt of the complaint.

Note to DE, IL, LA, NE, NH, OH, RI, TX, and WV consumers: If member remains dissatisfied after completing the complaint system, they may contact their state department of insurance.

Note to MA consumers: The plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.

If you want to view a copy of the Alliance HealthCard of Florida, Inc. privacy policy you may find it at <https://www.aonbenefitsolutions.com/Privacy-Statement>, or if you are unable to access this website, you may request a printed copy, which will be provided at no charge, by calling (800) 565-3827 or emailing to: info-abs@member-questions.com.

Dental and Vision Discounts



Save 15%-50%* on dental care through the Cigna Discount Dental Network. The discount is good at more than 80,000 dentists and specialists around the country.

The discount card allows members to pay discounted rates for their dental work. Members just show the card to their dental care provider and pay the discounted rate for the services they receive. There is no limit to the number of times members can use their Cigna Discount Dental plan.

* This is not Insurance. Actual costs and savings vary by geographical location.



Save on eye examinations, eye glasses, contact lenses, lens options and accessories, LASIK and PRK laser vision procedures and frames from leading frame manufacturers.

Members have access to a national network of over 65,000 vision providers in 26,000 locations, including LensCrafters, Pearle Vision, Sears Optical, Target Optical, and JCPenney Optical, along with their choice of participating independent optometrists, ophthalmologists and opticians located throughout the country.

Members can use this service as many times as they would like; there is no annual limit.

This is not Insurance.



The Prescription Savings Card provides members with access to discounted prescription drug prices at over 62,000 Participating Pharmacies, Including Walgreens, CVS, RiteAid, Walmart, Target, Kmart, and Kroger, plus thousands of additional chains and independent pharmacies nationwide.

All household members can use the same card – including pets, if the pet medication is a common drug that is also used by people. There are no limits on how many times members and their family can use the card. Locate participating pharmacies and look up drug pricing at www.phsrxc.com.

Consumer Discounts



This program provides members access to a complimentary legal consultation and discounted legal assistance from attorneys in their area when needs arise, through CLC Incorporated. Members also gain access to one of the world's largest online legal and financial resources, containing forms and information they may need.

Members are entitled to one (1) initial 60-minute office or telephone consultation per separate legal matter at no cost. Each 60-minute session may be used to obtain an assessment of their legal matter, receive advice, guidance and to gain an understanding of the options that may be available under the applicable laws. There are no limits to the number of legal matters members can receive consultations for.

In the event that members wish to retain a participating attorney after the initial consultation, they will be provided with a preferred rate reduction of 25% from the attorney's normal hourly rate. Virtually all types of legal matters are eligible for these services.



Emergency roadside assistance is just a phone call away!

Members have 24/7 access to emergency roadside assistance anywhere in the United States and Canada in the event they need help. The following services are covered through this program: towing, jump start, flat tire assistance, lock-out assistance, fuel/fluid delivery, and any auto malfunction.

Members are covered up to a maximum of \$100 per incident and a maximum of three (3) incidents per year. They will be given an estimate of the total cost when they call and the member is responsible for paying any costs that exceed \$100 at the time of service.

Qualified service assistance will be immediately dispatched to the member (the normal waiting period is one hour in most cases; however, delays may occur depending on weather conditions or the member's location). Only one service call for the same problem will be covered per 72 hours.

| Monthly Membership Rate |
|-------------------------|
| \$29.95 |



SimpleScripts Rx

Prescription Program

SimpleScripts Rx

SimpleScripts Rx is a MEC (Minimal Essential Coverage) Medication Program that includes 95 ACA (Affordable Care Act) drugs at no-cost, plus great discounts on all other medications. Their Customer Care team operates as a pharmacy savings advocate, helping members find the lowest price on medications available.



| Rx Program Covers: | | Drugs such as: | |
|----------------------------|-----------------------|-------------------|------------------|
| ▪ Aspirin | ▪ Folic Acid | ▪ Atorvastatin | ▪ Nonoxynol |
| ▪ Bowel Preparation | ▪ Statins | ▪ Bupropion | ▪ Tamoxifen |
| ▪ Breast Cancer Prevention | ▪ Tobacco Cessation | ▪ Cholecalciferol | ▪ Viorele |
| ▪ Contraceptives | ▪ Vitamin Supplements | ▪ Junel | ▪ and Much More! |
| ▪ Fluoride Supplements | ▪ and More! | ▪ Lovastatin | |

How the Program Works:

1. Members can search for medications by entering the drug name in the search bar. If a medication is not on the No-cost Medication Program, a price will be displayed.
2. Members need to present their ID Card to the pharmacy of their choice. There are over 67,000 retail pharmacies in the network.
3. If members need other medications, they can easily search www.simplescriptsrx.com for deeply discounted prices.

Home Delivery

In addition to retail pharmacies, SimpleScripts Rx offers members a Home Delivery Option, with free standard shipping and affordable express delivery. Members have access to discounts up to 80% and savings on all orders of quality and certified pharmaceutical brands. Orders are placed through a registered and licensed pharmacy using a secured payment encryption method. With a fast and responsive customer support team, members can get assistance quickly if needed.

Diabetic Supply Program

SimpleScripts Rx also offers a way to save on Diabetic Supplies. Members can choose from quarterly testing programs or purchase supplies as needed. All of the products are shipped to their home. No prescription is needed for OTC testing supplies.

Members Receive:

- Free talking blood glucose meter with first order
- 100% satisfaction guaranteed or their money back
- Tracking info on all orders via email and/or text
- Quarterly auto-shipping programs with option to choose how many times a day they test
- Programs start as little as \$24.99 per quarter (\$8.33 per month)

| Monthly Membership Rate | |
|--------------------------------|-------|
| Member | \$55 |
| Member + One (Spouse or Child) | \$79 |
| Member + Children | \$108 |
| Member + Family | \$108 |



Financial, Legal & ID Theft

My Secure Advantage



Through My Secure Advantage (MSA), you and your eligible family members have all the resources you need to feel confident about your financial goals in any stage of life – be it growing a family, buying a house, caring for aging parents, or planning retirement.

Money Coaching

- Finally, a mentor for your money
- Professional, unbiased, confidential
- Trustworthy support and accountability
- No sales environment – focus is on helping you
- Address life events, goals and challenges
- Two FREE telephonic consultations per topic
- Team approach with access to topic specialists

Assessment & Action Plan

- Get a financial check-up to see where you stand
- Receive a personalized action plan based on your results
- Action plan provides relevant resources and next steps for ongoing success
- Track your financial well-being score over time to see your progress

Website

- Private and personalized
- Available year-round
- Schedule appointments
- Upload and share documents
- Watch video courses
- Access forms, calculators and coach notes

Education

- Attend monthly webinars and quarterly live forums
- Topics covering virtually all areas of finance and related life events
- Presented by money coaches who specialize in subject matter
- Webinar recordings and handouts accessible via the website

Optional Services

Tax Prep: MSA provides access to significant discounts on self-help, online tax preparation software, or tax specialists who can prepare your tax return at a significantly discounted rate.

Ongoing Money Coaching: In the event you wish to retain your coach for additional services, you may elect to continue working with your coach through MSA at a rate of \$39.95 per month. This service provides you with unlimited access to your Money Coach, and you may continue on a month-to-month basis.

CLC Legal Access Program



CLC, Inc. provides you and your family members with high-quality legal services at a fraction of the cost of traditional legal services. Through the program, you will also have access to online legal resources that provides legal forms and information. The CLC legal experts are there to help you every step of the way.

Free Legal Consultation

You are entitled to one initial 60-minute office or telephone consultation per legal matter at no cost with a network attorney. In the event you wish to retain a participating attorney after the initial consultation, you will be provided with a preferred rate reduction of 25% from the attorney's normal hourly rate. Typical legal matters may include divorce, child custody, contractual and consumer disputes, real estate and landlord/tenant, car accidents and insurance disputes.

Will Preparation

At no cost, you will receive a free simple will or update of existing simple will. You will also have access to an interactive online will program that provides you with a resource to create your own will privately online. Just follow the prompts for the will format selected, build your will, which you can then download and print, with complete instructions on proper signing and witnesses, so the will is valid. The program is guaranteed valid in all states except Louisiana.

Online Resources

You have free access to more than 1,000 legal topics and more than 2,000 legal forms. Items included are legal encyclopedias, self-help material, financial tools, government forms and attorney articles.

Additional Services through participating network attorneys at the corresponding reduced fee

- | | |
|--|--|
| • Defense of moving traffic violations – \$249 | • Assistance with a residential real estate closing (review and consultation of title and lending documents)– \$299 |
| • The filing of an uncontested divorce – \$499 | • Preparation of will with simple minor's trust – \$199 |
| • The filing of an uncontested adoption (resident state only) – \$499 | • The development and assistance with funding a revocable living trust – \$549 |

Examples of the types of matters for which you may use this program include:

- Civil and Consumer matters including landlord/tenant, collection issues, bankruptcy, consumer transactions, warranties, civil rights, contractual disputes, budgeting, credit issues and other related services.
- Family Law and Domestic matters, including contested or uncontested divorce, spousal support, child support, child custody, adoption and other related services.
- Real Estate services including assistance in the acquisition or sale of real property, lease and rental agreements, property boundary disputes and other matters surrounding your personal real property.
- Motor Vehicle matters, including traffic violations, driver's license reinstatement, cancellation, suspension, collection of personal injury and property damage up to \$3,000 and other related matters.
- Business Legal Services including advice, consultation and representation for contracts, incorporation, partnerships and other commercial activities.
- Elder Law and Estate Planning matters including preparation of last will and testament with durable power of attorney, review or preparation of wills, trusts, estate planning documents, Social Security, Medicaid, probate and other related matters.
- Tax and IRS matters including collection issues, examination and audit of personal income tax return, representation before the IRS and other related matters.
- Criminal Defense including drunken driving or hit-and-run charges, investigation of allegations, development of a defense strategy and other related matters.

CLC Identity Theft and Fraud Resolution



You and your eligible family members can receive identity theft and fraud resolution services through CLC, Inc. The CLC identity theft resolution program was developed to help guide victims of identity theft and other related fraudulent crimes through the complex process of restoring their personal identity, credit rating, financial security, and legal integrity.

ID Monitoring

- Continuous 24/7 "Identity Monitoring", with fraud alerts for suspicious activity in national databases.
- A monthly "risk score" available via online member dashboard.
- Checks 24/7 potential fraudulent use of your Social Security number, and alerts you of activity involving your SSN.
- Includes raw data in databases from all 3 credit bureaus.
- 24/7 access to securing copies of credit reports.

\$25,000 Identity Theft Reimbursement Coverage*

Up to \$25,000 in identity theft insurance with a zero deductible for expense reimbursement coverage, certain fraud-related expenses, such as lost wages as a result of time off work, reasonable attorney's fees (appointed by the insurance company) for defense costs for specific civil suits, notary and certified mailing costs for completing fraud affidavits, long distance phone charges associated with re-establishing your identity, along with many other out-of-pocket expenses that are related to the recovery of your identity.

Restoration

- Full Fraud Resolution Specialist™ advocacy under Limited Power of Attorney.
- Advocate works on case against creditors and collectors until you are cleared or legal referral is made.
- Case can be reopened if necessary for subsequent fraud from same event.
- Fully managed and tracked fraud resolution service leading to restoring victim to pre-theft status.

Document Preparation

- Full state specific document preparation for agencies and governmental bodies under the Limited Power of Attorney.
- Full letter creation to specific creditors, collection companies and law firms.
- Implementation of time lines for response as required by law and follow up with agencies and third party claimants.

Lost/Stolen Purse or Wallet

- Multi-party calls to cancel and reissue credit cards (during standard business hours).
- You are entitled to have your online credit report pulled, by providing the necessary information to the Fraud Resolution Specialist™.
- With you on the phone, each affected creditor and/or bank will be called to cancel existing credit/bank accounts and to have new cards issued.
- A "fraud alert" with the Credit Reporting Agencies may also be established at that time as directed by you.

Financial Coaching

- Free telephone consultation - up to 60 minutes consultation with a Certified Credit Counselor/Financial Coach.
- Assistance with credit counseling and credit restoration strategies.
- Credit report analysis and tax planning – all of which may have been seriously impacted by ID theft and fraud.

Legal Consultation

- Free initial consultation - up to 60 minutes with an attorney on each new issue involving ID theft.
- After the initial consultation for any matter concerning theft of your identity, the participating attorney may be retained at a preferred rate reduction of 25% off of the attorney's standard hourly or fixed fee rates.

Monthly Membership Rate

\$8

* Identity Theft Insurance underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. (AIG). The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.



Telemedicine & Patient Advocacy

Patient Advocacy Services



Karis360's team of Advisors offers personalized, caring, expert service helping members navigate the complex and expensive healthcare maze. With services from Healthcare Navigator to Bill Negotiator to Surgery Saver to Chaplaincy, Karis360 will sort through your healthcare paperwork saving you time and money.

Healthcare Navigator

Karis360 members never face the healthcare world alone. Each member has access to an expert Advisor to help address healthcare needs and concerns.



Appointment Scheduling

Advisors are happy to schedule primary care and specialist visits, labs, imaging, flu shots and more.

Looking for a Physician or Hospital?

Karis360 Advisors will find quality physicians, specialists and surgeons in the member's area who focus on the member's unique healthcare needs.

Need Alternative Treatments?

Advisors help find alternative care in areas like Chiropractic, Acupuncture, Homeopathic and Naturopathic.

Health Cost Estimates

Cost estimates for various outpatient procedures are provided so members know what to expect.

Medical Records Transfer

Karis360 Advisors organize the seamless transfer of member medical records between providers.

Shared Services Assistance

Advisors can help clarify shared services as well as help resolve issues and expedite solutions.

Elder Care Solutions

Members get help finding assisted living facilities, coordinating home health, Medicare questions, VA benefits, supplemental insurance and more.

Bill Negotiator

With two-thirds of all bankruptcies in America including a medical bill debt component, the Bill Negotiator becomes important as we assist members in avoiding financial hardship and possible bankruptcy.

Medical Bill Negotiation Karis360 Advisors will assign a dedicated Patient Advocate to work directly with a member's healthcare provider (doctor's offices, hospitals, etc.) to help reduce their medical bills. If a member has bills totaling over \$2,000 from a single-related medical incident during membership, Advisors will negotiate the medical bills.

Pre-Negotiation Advisors can negotiate potential medical costs before a procedure. When members provide a written estimate showing that billing will likely total over \$2,000, their Advisors will pre-negotiate the potential medical bills, easing stress and saving them money.

Results Karis360 has unparalleled results negotiating discounts. Members can see an average of 40-70% savings after shared services has been applied.

Surgery Saver

Each Karis360 member has access to an experienced Advisor who researches up to five surgical facilities for non-emergency procedures in the member's area with information regarding cost, quality, availability and physician privileges.

Results With Surgery Saver, members see an average savings of \$13,000. Advisors have found a 66% difference between the highest and lowest quoted surgery costs between facilities.

Chaplaincy

On-staff Chaplains are available to spend time with members on the phone, listening and providing support. Sustaining, guiding and healing, Chaplains help members find answers and direction.

Note: Karis360 is not insurance and does not provide funds to pay for bills. This is a best-efforts service. Despite Karis360's diligent efforts on member's behalf, some providers refuse to make accommodations to help resolve outstanding medical bills.

Telemedicine Program



Healthcare should be simple, fast and uncomplicated. MDLIVE makes it easy to visit a doctor in minutes through their mobile app, online and by phone. Members have 24/7 access to quality healthcare without ever leaving their home, job or wherever they are. MDLIVE provides members with this optional healthcare solution for those times when it may not be convenient or even possible to schedule an appointment with their doctor's office.

Quality healthcare starts with quality doctors. MDLIVE's friendly, board-certified doctors are revolutionizing remote access to quality healthcare. They are professionally trained to use virtual technology to treat many non-emergency conditions. Their doctors are board-certified and have an average of 15 years of experience.

What you get with MDLIVE



Visit a doctor, counselor, psychiatrist or dermatologist by mobile app, video or phone.



Visits are convenient, private and secure. Protection of your personal information is our priority.



Avoid the inconvenience and high costs of going to the emergency room or urgent care center.



Prescriptions can be sent directly to your local pharmacy if medically necessary.

Call MDLIVE:

- When your physician is not available
- For non-emergent medical care
- After normal hours of operation
- When on vacation or a business trip
- For second opinions

MDLIVE treats over 50 non-emergency conditions such as:

- Common Cold
- Allergies
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever Flu
- Headache
- Insect Bites
- Nausea
- Vomiting
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throat
- UTI (Adult Females, 18+)
- and more...

With unlimited consultations, members can be on their way to feeling better fast with MDLIVE.

PLEASE NOTE: Once MDLIVE is notified of a member's enrollment, it takes a full business day for their account to become active.

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VERY IMPORTANT: IN LIFE THREATENING EMERGENCIES, CALL 911 or go directly to the nearest hospital emergency room for treatment. If 911 is not available in your area, call the local police/fire department or go directly to the nearest hospital or emergency room.

Monthly Membership Rate

\$14



Travel Assistance

Travel Assistance Benefits



As a member, you receive the following benefits through the Travel Assistance Program when traveling more than one hundred (100) miles from your permanent place of Residence, and the trip duration is ninety (90) consecutive days or less if an accidental injury or sickness commences during the course of the covered trip. The following is a summary description only of the program's services.

Emergency Evacuation

If a Participant incurs an accidental injury or sickness and adequate medical facilities are not available locally, the assistance company will assist, if needed, in arranging an emergency medical evacuation (under medical supervision if necessary) by whatever means necessary to the nearest facility capable of providing adequate care. Covered expenses include transportation and related medical services (including cost of medical escort) and medical supplies necessarily incurred in connection with the emergency evacuation. All transportation arrangements made for the emergency evacuation must be made by the most direct and economical route possible. Terms and Conditions Apply*

Medically Necessary Repatriation

After initial treatment and stabilization for an accidental injury or sickness suffered by the Participant, if the attending physician deems it medically necessary, the assistance company will arrange transport for the Participant back to his or her permanent place of residence for further medical treatment or to recover. Covered expenses include transportation and related medical services (including escort if necessary) and medical supplies necessarily incurred in connection with the repatriation. All transportation cost made for repatriation must be by the most direct and economical route possible. Terms and Conditions Apply*

Emergency Evacuation and Medically Necessary Repatriation Total combined Limit Up to USD \$100,000. Terms and Conditions Apply*

Transportation of Mortal Remains

In the event of the death of a Participant, the assistance company will assist in making arrangements providing for the return of mortal remains. Covered expenses are the following: locating a sending funeral home; transportation of the body from the site of death to the sending funeral home; preparation of the remains for either burial or cremation; transportation of the remains from the funeral home to the airport; providing the minimum necessary casket or air tray for transport; consular services (in case of death overseas); procuring death certificate; transport of the remains from the airport to the receiving funeral home. Once the Participant's body has been delivered to the receiving funeral home, this coverage ends. Up to USD \$20,000. Terms and Conditions Apply*

Transportation of Traveling Companion

In the event a Participant requires emergency medical evacuation by air ambulance or repatriation by commercial airlines, Air transport of the Participant's spouse or other family member or traveling companion will be provided so that person may accompany the insured in flight, subject to space availability, giving priority to medical equipment and medical personnel aboard and for the welfare and safety of the Participant receiving services. All services in connection with transportation of traveling companion must be preapproved and arranged by the assistance company. Up to USD \$5,000. Terms and Conditions Apply*

Family Visitation

When a member is traveling alone and is hospitalized for more than seven (7) consecutive days, the Assistance company will arrange transportation to the place of hospitalization for a chosen person by the insured, provided repatriation is not imminent. Covered expenses include the cost of the most direct economy round trip common carrier ticket to the place of hospitalization. Up to USD \$5,000. Terms and Conditions Apply*

Transportation of Dependent Children

When dependent children, traveling on a covered trip with the Participant, are left unattended as the result of a Participant's injury or sickness, the assistance company will arrange to transport such minors to the domicile of a person nominated by the Participant or next of kin. Covered expenses include a one way common carrier economy ticket by the most direct route. Attendants will be provided if necessary. Up to USD \$5,000. Terms and Conditions Apply*

Language Assistance

Should the Participant need help communicating in a foreign country, the Assistance Provider will provide telephone interpretation. Terms and Conditions Apply*

ALL BENEFITS AND SERVICES MUST BE PREARRANGED BY CALLING THE ASSISTANCE PROVIDER COMPANY 24 HOURS A DAY. THE ASSISTANCE PROVIDER COMPANY WILL ARRANGE SERVICES ON THE PARTICIPANT'S BEHALF. PAYMENT FOR SERVICE IS THE RESPONSIBILITY OF THE PARTICIPANT. ALL PAYMENTS MADE FOR COVERED/QUALIFIED EVENT/EXPENSE CAN BE SUBMITTED BY THE PARTICIPANT FOR REIMBURSEMENT AND SUBJECT TO CLAIMS APPROVAL.

Travel Assistance Benefits

Vehicle Return

In the event a Participant should suffer from a certified illness, injury or death which requires emergency medical evacuation/ medical necessary repatriation or transportation of mortal remains and the Participant is thereby unable to drive his/her vehicle, this assistance will provide vehicle return service for ground vehicles such as cars, trucks, vans, travel trailers or motor homes, operated by the Participant, to the Participant's permanent residence. This benefit will pay the cost, up to USD 1,000 for fuel, oil, driver and tolls to affect such return. The insured will bear the cost of any repair due to mechanical breakdown, en route, as well as cost for food and accommodations. The vehicle must be in condition capable of being safely operated on the highway. All services in connection with vehicle return must be preapproved and arranged by the assistance company. All coverage's apply only when the Participant is traveling more than 100 miles from the Participant's permanent place of residence and the trip is 90 consecutive days or less. Covered expenses are reasonable and customary expenses for necessary transportation, related medical services and medical supplies incurred in connection with the coverage's listed above. All transportation arrangements. Terms and Conditions Apply*

24-hour Information Service

Should the Participant need information before and/or during travel he/she may call the Assistance Provider 24 hours a day to obtain help. The multilingual staff is prepared to assist and coordinate the management of a wide variety of travel related situations. Services include but are not limited to information on required documents, immunization requirements, State Department Travel Advisory warnings on travel to certain locations, weather and hazard information about foreign locations, suggested medical exams or treatment before departure and medical care en route. Terms and Conditions Apply*

Medical Monitoring

Should the participant need to be medically monitored, the Assistance Provider will monitor the case, while liaising with the participant, the local attending physician, the family physician and the medical director of the transportation company. Terms and Conditions Apply*

Medical Referral

Should the Participant need help locating a Physician or Hospital, the Assistance Provider will provide referrals to a local prequalified Physician and/or Hospital. Terms and Conditions Apply*

Guarantee of Medical Expenses

Should the Participant need help for overseas medical payments the Assistance Provider will assist in the arrangement of payment or guarantee of payment to Medical Providers. Subject to the quality of the Participant's confirmed personal credit. Terms and Conditions Apply*

Insurance Coordination

Should the Participant need help for overseas medical claims, the Assistance Provider will assist him/her in coordinating the claims procedure with the Participant's insurance program. Terms and Conditions Apply*

Lost Documentation Service

Should the Participant need help to replace lost or stolen travel documents (i.e., passport, baggage, tickets, credit cards, etc.), the Assistance Provider will advise and assist where possible regarding their replacement. Terms and Conditions Apply*

Legal Assistance

Should the Participant need help arranging local attorneys, embassies and consulates, arranging bail, or coordination of payment for legal services the Assistance Provider will provide referrals and payments, from available resources of the Participant. Terms and Conditions Apply*

Emergency Delivery of Prescription Items

Should the Participant need prescription medication or lenses not available locally, the Assistance Provider will organize the delivery of the prescribed item to the Participant upon written authorization from the prescribing physician when possible and legally permissible. Terms and Conditions Apply*

Emergency Cash Transfer and Advances

Should the Participant need cash as a result of loss or theft, the Assistance Provider will arrange for emergency cash transfers and advances through additional sources, including hotels, banks, Consulates and Western Union, up to a limit of \$500 per transaction. All transactions are subject to any government regulation and to the availability of the Participant's confirmed personal credit. Terms and Conditions Apply*

ALL BENEFITS AND SERVICES MUST BE PREARRANGED BY CALLING THE ASSISTANCE PROVIDER COMPANY 24 HOURS A DAY. THE ASSISTANCE PROVIDER COMPANY WILL ARRANGE SERVICES ON THE PARTICIPANT'S BEHALF. PAYMENT FOR SERVICE IS THE RESPONSIBILITY OF THE PARTICIPANT. ALL PAYMENTS MADE FOR COVERED/QUALIFIED EVENT/EXPENSE CAN BE SUBMITTED BY THE PARTICIPANT FOR REIMBURSEMENT AND SUBJECT TO CLAIMS APPROVAL.

Limitations and Exclusions

The following conditions represent coverage exclusions:

1. Suicide or attempted suicide;
2. Intentionally self-inflicted injuries;
3. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
4. Participation in any military maneuver or training exercise;
5. Mental or emotional disorders, unless hospitalized;
6. Being under the influence of drugs or intoxicants, unless prescribed by a Physician;
7. Commission or the attempt to commit a criminal act;
8. Participation as a professional in athletics;
9. Pregnancy and childbirth (except for complications of pregnancy);
10. Travel undertaken for the specific purpose of securing medical treatment; and
11. Bodily Injury or Sickness which can be treated locally and does not prevent the Insured from continuing his or her journey or from returning home.

YOU MUST CALL THE TRAVEL ASSIST NUMBER TO ASSIST IN THE CLAMS PROCESS AND USE CERTAIN BENEFITS.

THESE ARE REIMBURSEMENT-BASED BENEFITS, MEANING AFTER A COVERED/QUALIFIED EVENT/EXPENSE, ACTION IS REQUIRED ON YOUR PART TO CLAIM REIMBURSEMENT FOR A COVERED/QUALIFIED EVENT/EXPENSE.

YOU BEGIN THE REIMBURSEMENT PROCESS BY CONTACTING THE ASSISTANCE PROVIDER COMPANY. IF YOU WERE A PAID AND ACTIVE TRAVEL ASSISTANCE PROGRAM PARTICIPANT AT THE TIME OF A COVERED/QUALIFIED EVENT/EXPENSE, YOU WILL BE PROVIDED WITH A CLAIM FORM AND CLAIM PROCESS INSTRUCTIONS. YOU HAVE UP TO A MAXIMUM OF NINETY (90) DAYS FROM THE DATE OF THE COVERED/QUALIFIED EVENT/EXPENSE IN WHICH TO SUBMIT YOUR COMPLETED CLAIM FORM AND REQUIRED SUPPORTING DOCUMENTATION.

T.A. Group Acquisition, LLC IS THE ASSISTANCE PROVIDER COMPANY. PROVIDED BY UNDERWRITERS AT LLOYD'S OF LONDON.

*This benefit is subject to the Terms & Conditions of the Travel Assistance program administered by T.A. Group, Acquisition, LLC. The descriptions, caps, limitations, exclusions, and notes contained herein shall constitute the Terms & Conditions." To view the full Terms and Conditions of the program, visit www.travel-assist-terms-and-conditions.com.

This Benefit is NOT Available to residents of Florida, Connecticut or New York.

Monthly Membership Rate

\$9



PinPaws Pet Care

Pin Paws Pet Care Program



This program provides members with accident and illness insurance for their pet(s) as well as access to discounted pet supplies starting at \$24 per month. With flexible, customized plans, Pin Paws Pet Care can help decrease the overall costs of expensive veterinary care. The Policy covers the cost of treating unexpected illness and injury, administered by a licensed vet, emergency clinic or specialist.

This program provides members with accident and illness insurance for their pet(s) as well as access to discounted pet supplies starting at \$24 per month.

With flexible, customized plans, Pin Paws Pet Care can help decrease the overall costs of expensive veterinary care. The Policy covers the cost of treating unexpected illness and injury, administered by a licensed vet, emergency clinic or specialist.

The Program also includes Pin Paws Plus

- **Pin Paws Plus** can be used for ALL pets in the home.
- **PawPINNER** Dynamic Pet Tag – Information Stored in the Cloud and Lost Pet Notification tag to help them be returned should they be lost and found.
- **whiskerDocs** 24/7 Pet Telehealth – Connect in seconds with a team of veterinary experts via phone, email or live chat.
- **Rx Valet for Pets** – Save money on your pet's medications, preventatives and supplies. Orders can be delivered to your home for free or made available for pick up from your local retail pharmacy.
- **Wigglepon** – Online access to exclusive coupon codes and discount links for pet-centric products and services. Categories include pet food, apparel, subscription boxes and much more!

Pin Paws offers two pet health benefits, as well as Pin Paws Plus, for one low monthly price.

Enroll today at <https://pinpaws.com/hpma>

Questions about pet insurance or the enrollment process?

Please call: (844) 746-7297, Ext 2.



Personal Insurance Offerings

Personal Insurance Offerings



Permanent Life Insurance

Life insurance can ensure your family's financial security and peace of mind. If anyone depends on your income, they would most likely struggle if you were to pass away. Money from life insurance can be used to cover daily living expenses, a mortgage or rent payments, outstanding loans, college tuition and other essential expenses. That's why life insurance is so important to have.

- Individually underwritten policies
- Market shopped to find best carrier specific to your situation
- Multiple policy types (Whole life/Universal life/ Equity indexed)
- Designed to last a lifetime
- Accumulate cash value with potential to supplement retirement or other financial goals
- Tax free death benefit
- Can add long term care riders

For more information and enrollment please contact:

Mark Tate | USI - Advanced Planning Consultant | mark.tate@usi.com | 608.490.8358

Individual Disability Insurance

What would happen if suddenly, due to an illness or injury, you were unable to work? The ability to earn a living is far and away most people's largest "asset." Disability Insurance is one way to protect your income if you become unable to work in the event of an injury or illness.

- Multiple carrier options
- Individually written
- Specifically designed to your needs
- Provides income protection in the event of a disability
- Education resources available through Lifehappens.org

For more information and enrollment please contact:

Mark Tate | USI - Advanced Planning Consultant | mark.tate@usi.com | 608.490.8358

Long-Term Care Insurance

Long-term care insurance protects your assets, spares your family from financial and emotional stress, and puts you in control of your health decisions. Long-term care insurance steps in if you develop a health condition that requires you to receive care and supervision. This could mean home health care, nursing home care or personal or adult day care.

- Multiple carrier options
- Traditional Long-Term Care and Hybrid options available
- Covers expenses related to home health care/long term care needs when 2 out of 6 activities of daily living cannot be performed
- Education resources available through Lifehappens.org

For more information and enrollment please contact:

Mark Tate | USI - Advanced Planning Consultant | mark.tate@usi.com | 608.490.8358

Personal Risk Offerings

- Property: Provides protection against most risks to property, such as fire, theft and some weather damage.
- Valuable Articles: Helps protect your most treasured items such as instruments, jewelry, fine art, wine and spirits, and antiques
- Automobile: Protects you against loss arising from destruction of or damage to an insured motor vehicle
- Excess Liability: Provides additional coverage for one of your liability insurance policies, typically general liability insurance. It activates when the underlying policy reaches its limit.
- Farm and Ranch: A hybrid form of coverage meant to protect you both personally and commercially. Like a standard homeowner policy, farm insurance will cover your home, possessions and personal liability. Beyond that, it also includes coverage for your machinery and livestock.

For more information and enrollment please contact:

Andi Vo Tran | USI - Personal Risk Specialist | andi.votran@usi.com | 713.490.4656



How to Enroll

Enrollment Tips for Adding Products

The ClearPoint Limited Medical programs include:

- **ScriptSave Prescription Savings**
 - The ScriptSave Prescription Savings program provides discounts on prescriptions.
 - However, ScriptSave is not as comprehensive as the SimpleScripts Rx program – SimpleScripts Rx includes a broad formulary of \$1 drugs, \$10-\$200 drugs, a mail order option and a Diabetic Supply Program. So, members may want to enroll in the SimpleScripts Rx program in addition to the discount Rx included in ClearPoint.
- **MDLIVE and Karis360**
 - Telemedicine and Patient Advocacy are included in ClearPoint; members should not enroll in the add-on package because they will already have those benefits.
- **Financial, Legal & ID Theft**
 - Financial, Legal & ID Theft are included in ClearPoint; members should not enroll in the add-on package because they will already have those benefits.

The ThriveHealth STM programs include:

- **Discount Dental and Vision**
 - Discount Dental and Vision benefits are included in ThriveHealth STM; members should not enroll in the Renew Dental Vision program because they will already have those benefits.
 - However, members may want to enroll in the Ideal Dental program, because that is an insured dental program and offers more comprehensive coverage for oral care than simple discounts.

The SecureShield Accident programs have 4 levels (2,500 / 5,000 / 7,500 / 10,000) and the association benefits vary by level.

- **Legal & ID Theft is included on Level 3 of all program combinations.**
- **Financial, Legal & ID Theft is included on Level 4 of all program combinations.**
 - Therefore, members who enroll on a Level 3 or 4 of the SecureShield accident program should not enroll in the Financial, Legal & ID Theft program because they will already have those benefits.

The BasicProtect Term Life programs include:

- **Emergency Travel Assistance**
 - The Emergency Travel Assistance program is included in BasicProtect; members should not enroll in the add-on package because they will already have those benefits.

The Ideal Dental program includes dental insurance benefits.

- **If members enroll in that plan, they should not enroll in the Renew Dental Vision program.**

Immediately upon enrollment, you will receive a Welcome Email for each product you selected with details about your membership(s).

For any questions during the Enrollment process, please contact Member Services at **(214) 436-8869**.

How to Enroll

After reviewing this brochure for your coverage options, follow these easy steps to enroll. Please use a computer screen for the best experience.

Coverage Selection

- Visit www.1enrollment.com/HPMA to set up your account.
- Click **Enroll** on your first selection
- Select coverage level on dropdown
- Scroll down to bottom of page for additional selections
- Verify coverage level is correct for each product
- Click **Continue**

The screenshot shows the 'Enrollment' page for 'HD ClearPoint 1'. It displays a cost of '\$169.00 per Month for Member' and a total cost of '\$169.00'. Below this, there is a detailed list of benefits including hospital confinement, ICU confinement, outpatient visits, diagnostic tests, ambulance services, and emergency room services. At the bottom right, it shows 'Product: \$169.00', 'First Month: \$169.00', and 'Recurring Monthly: \$169.00'. Navigation buttons 'Back', 'Cancel', 'Update', and 'Continue' are at the bottom.

Check Out

- Complete required information denoted by red asterisk
- Review effective date(s) for each product
- Fill out and click **Save Dependent** for each dependent
- Completed dependents will show up on the right side of the screen
- Review and Check the Authorization Section

The screenshot shows the 'Dependents' form. It includes fields for Relationship, First Name, Last Name, Address, City, State, Zip Code, Phone Number, Email Address, Social Security #, Gender, and Date of Birth (Month, Day, Year). A 'Save Dependent' button is at the bottom. On the right, there is a 'Change Dependents' button and a list of existing dependents, including 'John Deer (Spouse)' with a red 'X' icon.

Verification

- Click **Send Link** under Signature and fill in Cell Phone or Email
- **Review, Approve and Sign Your Document** message will be sent to your cell phone or email
- Review your enrollment information, check any applicable boxes, sign, type your name and click **Accept**
- Go back to enrollment site and wait until you see **Signature Document Received** in a green box
- Click **Submit** and you will see a Confirmation screen

The screenshot shows the 'Signature' verification form. It includes fields for 'Cell Phone' and 'Email Address', each with a 'Send' button. At the bottom, there are 'Back', 'Cancel', and 'Submit' buttons.

Immediately upon enrollment, you will receive a Welcome Email for each product you selected with details about your membership(s).

For any questions during the Enrollment process, please contact Member Services at **(214) 436-8869**.

Contact Us

For more information, please contact:

customerservice@premierhslc.com

(214) 436-8869

