



AmeriTemp GI
Short Term Medical



Life is Unpredictable...

Health Coverage Doesn't Have to Be.

AmeriTemp GI

Short Term Medical

Guaranteed Issue Short Term Medical

Life changes quickly.

When it does, you may be left uninsured. Defend against the financial burden that can accompany an unexpected injury or illness with Short Term Medical insurance coverage.

Bridge the gaps in coverage during times of transition such as job change, waiting for open enrollment and more.

SHORT TERM MEDICAL PLANS PROVIDE LIMITED BENEFITS

Insurance benefits are subject to the definitions, limitations, exclusions and other provisions provided in the coverage certificate(s). May not be available in all states. Coverage may vary by state. Underwritten by National Health Insurance Company, Integon National Insurance Company, or Integon Indemnity Corporation, depending on the state of issue. **This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore, individuals may be subject to a tax penalty. This is not designed as a substitute for comprehensive major medical coverage.** Individuals should review their certificate of coverage for full benefit descriptions and definitions of coverage. This document is intended to give a brief overview of the product and how it may be used. This in no way serves as a certification of coverage and should be used for educational purposes only. For a copy of the full certificate including all covered benefits, exclusions and limitations, please contact National Health Insurance Company.

About the Insurance Carrier



National General Holdings Corp. (NGHC) is a publicly traded company with approximately \$2.5 billion in annual revenue. The companies held by NGHC provide personal and commercial automobile insurance, recreational vehicle and motorcycle insurance, homeowner and flood insurance, self-funded business products, life, supplemental health insurance products, Short Term Medical, and other niche insurance products.



National General Accident & Health, a part of NGHC, is focused on providing supplemental and short term coverage options to Individuals, Associations and Groups underwritten by National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These three companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia and have all been rated as A- (Excellent) by A.M. Best. Each underwriting company is financially responsible for its respective products.

Marketed By:



Short Term Medical Insured Benefits



This plan is designed to be an uncomplicated, temporary solution for individuals and families facing a period of time without the protection of a major medical plan. With a range of deductibles and coinsurance options offering up to \$100,000 in coverage, see how the flexibility of a Short Term Medical insurance plan can help you safely navigate a time of transition with minimal risk.



Short Term Medical insurance can bridge the gaps in health coverage when:

- You've missed the last open enrollment period
- You're waiting for Medicare eligibility
- You've started a new job and are uninsured due to a probationary period
- You're a student or recent graduate who is no longer eligible to remain on your parent's plan
- You're between jobs
- You require proof of insurance

Because life is unpredictable, it's important to be flexible. With the AmeriTemp Guaranteed Issue Short Term Medical insurance plans, you can select a benefit period as short as 6 months and as long as 11 months. National General offers the guaranteed issue protection you need with two affordable plan options that include the large provider network you're looking for.

Plan Highlights

Network discounts through a large, trusted network

Ability to choose your own provider

2 doctor's office visits per coverage term

Guaranteed Issue, regardless of your medical history

Choice of 6 or 11 month coverage terms

\$50 copay to urgent care with unlimited visits

Guaranteed Issue Plan Options

Deductible*	\$3,500
Coinsurance	80% / 20%
Coinsurance Maximum (in addition to deductible)	\$6,500
Maximum OOP (Deductible + Coinsurance Max)	\$10,000
Coverage Term	6 months or 11 months
Coverage Period Maximum	\$100,000

Deductible*	\$5,000
Coinsurance	90% / 10%
Coinsurance Maximum (in addition to deductible)	\$5,000
Maximum OOP (Deductible + Coinsurance Max)	\$10,000
Coverage Term	6 months or 11 months
Coverage Period Maximum	\$100,000

*Per person deductible is capped at 3x the individual deductible for a family greater than 3. This means that when 3 insured family members satisfy their individual deductibles, the remaining individual deductibles will be deemed as satisfied for the remainder of the coverage term.

Insurance Products Underwritten by National Health Insurance Company in: AL, AZ, AR, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MS, MO, MT, NE, NV, NC, ND, OH, OK, SC, SD, TN, TX, UT, WV, WY; Integon National Insurance Company in: CT; and Integon Indemnity Corporation in FL.

Plan Features



Benefit Details

Hospital Confinement / ICU Confinement	Subject to Deductible and Coinsurance; Not to exceed average semi-private room and board rate.
Inpatient Physician / Surgeon	Subject to Deductible and Coinsurance.
Assistant Surgeon	Subject to Deductible and Coinsurance; up to 20% Surgeon's Benefit.
Emergency Room	Unlimited visits; Additional \$250 deductible per visit, unless admitted to hospital.
Ambulance	Unlimited trips; plan pays a maximum of \$250 per trip.
Doctor's Office Visits	Plan will pay \$50 per visit for the first 2 office visits per coverage term. Any additional office visits are subject to deductible and coinsurance.
Urgent Care	Unlimited visits; \$50 copay per visit, then subject to coinsurance.
Outpatient Anesthesia	Subject to Deductible and Coinsurance; up to 20% Surgeon's Benefit
Diagnostic Tests	Subject to Deductible and Coinsurance. Tests include: MRI; CAT Scan; PET Scan; Colonoscopy; Bone Marrow Test; Stress Test, Laboratory Test, Mammography; EEG; X-Ray; Breast Ultrasound; Sigmoidoscopy.
Physical Therapy	Subject to Deductible and Coinsurance; maximum benefit of \$50 per day.
Skilled Nursing Facility	Subject to Deductible and Coinsurance. Maximum 50 days per coverage term and maximum of \$150 per day.
Mental Health Outpatient	Maximum of 10 visits per coverage term; maximum of \$50 per visit.
Mental Health Inpatient	Maximum 31 Days per coverage term; maximum of \$100 per day.
Home Healthcare	Subject to Deductible and Coinsurance. Maximum of 60 visits per coverage term; a visit is defined as up to 4 consecutive hours of home healthcare services in a 24 hour period. Maximum of 1 visit per day.
Transplant	Subject to Deductible and Coinsurance; \$100,000 benefit per coverage term.

Plan Details

Pre-Existing Condition Limitation	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 within the 12 months immediately preceding the 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 12 months immediately preceding such person's Effective Date.
Free Look Period	A 10-day period to return your certificate for a full refund.*
Length of Coverage	Choice of a 6 month or 11 month coverage term (varies by state, 11 month coverage term not available in all states).
Coverage Rewrite	Certificates are non-renewable. Re-applications are allowed, twice for a 6-month coverage term and once for an 11-month coverage term; not to exceed 24 months of combined coverage unless otherwise restricted by state regulation.

*Certificates returned within the free look period will be terminated back to the effective date and member will forfeit any potential claims in lieu of a full refund including the enrollment fee. After the free look period, cancellations require a minimum 10-day cancellation notice and will not be eligible for refund or any pro-rated fees. We have the right to change the premium we charge. If we plan to make a change, we will send you a notice at least 60 days before we make it. We may change premium rates at any time for reasons which affect the risk assumed, including but not limited to if a change occurs in the plan design, the named insured moves or changes his/her address or a new law or a change in any existing law is enacted which applies to this plan.

Covered Medical Expenses

The following is a list of covered services as a result of a covered injury or sickness. Covered services may be subject to copays, deductibles and coinsurance and must be incurred while the coverage is in force. All benefits are subject to the terms, conditions, limitations, exclusions and maximums stated in the certificate. Covered services may vary by state.

<ul style="list-style-type: none"> Doctor's Office Visits Urgent Care Facility Visits Emergency Room Visits Inpatient Doctor Visits Hospital Covered Expenses Surgeon Anesthesia Outpatient Hospital Surgery Hemodialysis Skilled Nursing Facility Home Healthcare 	<ul style="list-style-type: none"> Dental Care for Injuries Diagnostic Testing Durable Medical Equipment Physical Therapy Ambulance Trips Organ Transplant and Marrow Reconstitution or Support Mammography Mental Illness and Emotional Disorders Oxygen Radiation Therapy and Chemotherapy Miscellaneous Medical Services and Supplies
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Qualifications For Coverage

Between 18 and 64 years of age at the time of enrollment

Legal Spouse, Domestic Partner, or Dependent Children

Child Only Plans - Children between the ages of 2-17; Youngest child is Primary

Legal resident of the United States

Not in full-time service of the Armed Forces

Not pregnant at the time of the application

Not covered under hospital, major medical, group health, or other medical insurance coverage

Not eligible for Medicare

No Covered Person will be eligible for more than one Short Term insurance policy underwritten by NHIC

Monthly rates are based on deductible and coinsurance, as well as the individual's age, gender and zip code. The online rating tool will display the options when you enter the above information.

Effective Date

Choose the start date of your plan. Effective dates are available any day of the month (except for 29th, 30th, 31st), as early as the day following enrollment and up to 30 days following enrollment.

Billing

Your initial payment is due at the time of your application. Recurring payments will be automatically drafted from your bank account or credit card on the same day each month following the initial payment, regardless of your effective date. We offer a 30-day grace period for declined payments.

Reapplication

Short Term Medical plans are issued for a period of time designated in advance. If your insurance needs extend beyond this time frame, you may be eligible for another plan. This will require a new application and will not be considered an extension of your current plan. Any illness or condition that develops while covered by your current plan will be considered a pre-existing condition and will not be covered by subsequent Short Term Medical plans.

Refunds and Cancellation

Cancellations must be received in a written format via email or mail:

There is a 10-day free look period following the coverage start date. Cancellations received within the 10-day free look period will be eligible for a full refund, including the enrollment fee. Following the free look period a 10-day minimum cancellation notice is required. Cancellations will be effective at the end of the paid through date, no sooner than 10 days following the date the cancellation request is received.

Mail:

Premier Health Solutions
6801 Gaylord Parkway, Suite 402
Frisco, Texas 75034
Member Services: (855) 351-7535

Email:

memberservices@premierhslc.com

Pre-Existing Condition Exclusion

Charges resulting directly from a pre-existing condition are excluded from coverage. A pre-existing condition is defined as a condition:

- for which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received within the 12 months immediately preceding the Effective Date; or
- 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 12 months immediately preceding such person's Effective Date.

This exclusion does not apply to a newborn or newly adopted child who is added in accordance with the coverage eligibility and effective date sections within the certificate of coverage.

This exclusion also does not apply to routine follow-up care for breast cancer to determine whether a breast cancer has recurred in a covered person who has been previously diagnosed with breast cancer, unless evidence of breast cancer is found during or as a result of follow-up care.

Short Term Medical is Nonrenewable

This Short Term Medical policy is nonrenewable, and plan termination is not considered a qualifying life event for purposed of enrolling in a major medical plan. Therefore, depending on the length of your coverage term, you may have a gap in insurance coverage until you can begin coverage with a new Short Term Medical or other health plan.

If you choose to purchase a new Short Term Medical plan, you must submit a new application. Any illness or conditions that developed and was covered under your previous plan is considered a pre-existing condition and will not be covered by subsequent Short Tem Medical plans. Reapplication may not be available in all states.

Short Term Medical does not meet Minimum Essential Coverage as mandated by the Affordable Care Act

This Short-Term, limited duration plans are not subject to certain provisions of federal health care reform, including the provisions related to Essential Health Benefits, lifetime limits, preventive care, guaranteed renewability, and pre-existing conditions. The pre-existing condition exclusion for Short Term Medical plans will apply for all insureds, including those under the age of 19. Know your plan. Short Term Medical plans offer affordable medical coverage, but are medically underwritten (so you can be declined) and do not provide Minimum Essential Coverage.

What does this mean for the applicant? They may have to pay a tax penalty, depending on their income level and the cost of plans available. Examples of the claims Short Term Medical plans do not cover are for most preventive care, maternity, mental health and treatment related to medical conditions they had prior to the plans' s effective date. Because these plans are not guaranteed renewable, the applicant may not be eligible for another short-term plan after the plan's termination date; and the pre-existing condition exclusion will apply to any conditions that arose during any prior short-term plans.

Limitations and Exclusions

Limitations and exclusions may vary by state. Please check your policy certificate for a full list of limitations and exclusions.

This plan will not pay benefits for Sickness or Injuries that are caused by or expenses incurred for:

1. Conditions for which claims were submitted under a prior Short Term Medical policy or Policy issued by Us that provided coverage that ended within 90 days before the Effective Date of this Policy.
2. Intentionally self-inflicted Sickness or Injury, whether sane or insane.
3. Sickness or Injury to the extent that benefits are paid by Medicare or any other government law or program, except Medicaid (Medi-Cal in California); or medical coverage under any automobile or no fault insurance.
4. Sickness or Injury eligible for benefits under worker's compensation, employers' liability or similar laws even when You do not file a claim for benefits.
5. Treatment of Sickness or Injury caused by or contributed to by war or any act of war; or participation in the military service of any country. Any premium paid for a time not covered will be returned pro-rata.
6. Dental treatment unless a Hospital stay is required due to Injury from an accidental blow to the mouth causing trauma to sound, natural teeth, the gums or supporting structures of the teeth. A sound, natural tooth has no decay and has never had a filling, root canal therapy or crown. Inpatient Hospital care must be the least expensive setting needed to produce a professionally adequate result and the Hospital charges only are Covered Expense. The treatment must be received while the Policy is in force.
7. Eyeglasses, contact lenses, eye exams, eye refraction or eye surgery for correction of refraction error; vision therapy; or artificial hearing devices.
8. Normal pregnancy or childbirth; routine well baby care including Hospital nursery charges at birth; or abortion, except as provided in the complications arising from pregnancy provision in the Benefits section.
9. Infertility diagnosis and treatment for males and females including, but not limited to, drugs and medications, artificial insemination, in-vitro fertilization and reversal of sterilization.
10. Genetic testing or counseling including, but not limited to, amniocentesis and chorionic villi testing.
11. Sex transformation; treatment of sexual function, dysfunction or inadequacy; or treatment to enhance sexual performance or desire.
12. Treatment and medication to stimulate growth and growth hormones for any purpose.
13. Treatment, services or supplies to address quality of life or lifestyle concerns including, but not limited to: smoking cessation; snoring or sleep disorders; the treatment or prevention of hair loss; change in skin pigmentation; or cognitive enhancement.
14. Sterilization and drugs or devices used directly or indirectly to promote or prevent conception.
15. Weight reduction or weight control programs or treatment; or surgery for weight control, obesity or morbid obesity.
16. All treatments for varicose veins.
17. Therapy or treatment for learning disorders or disabilities or developmental delays.
18. Sales tax or gross receipt tax; provider administrative expenses including, but not limited to, charges for claim filing, contacting utilization review organizations, or case management fees.
19. Cosmetic treatment or reconstructive or plastic surgery that is primarily a cosmetic procedure, including medical or surgical complications arising therefrom, except as provided in the Benefits section.
20. Treatment of Mental Health Conditions or substance abuse.
21. Treatment or services rendered by, or supplies purchased from, a member of Your Immediate Family or an employer.
22. Treatment or services required due to accidental Injury sustained in operating a motor vehicle while 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. This exclusion applies whether or not the Injury occurred in connection with an incident involving the operation of a motor vehicle, and whether or not the Covered Person is charged with any violation in connection with the accident.
23. Treatment or services required due to Injury received while engaging in any hazardous occupation or other activity, including the following: Participating, instructing, demonstrating, guiding or accompanying others in parachute jumping, hang-gliding, bungee jumping, flight in an aircraft other than a regularly scheduled flight by an airline, racing any motorized or non-motorized vehicle, rock or mountain climbing, professional or semi-professional contact sports of any kind. Also excluded are treatment and services required due to Injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity.
24. Treatment or services required due to Injury received while engaging in any hazardous occupation or other activity for which compensation is received, including the following: Participating, instructing, demonstrating, guiding or accompanying others in skiing and horse riding. Also excluded are treatment and services required due to Injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity.

Limitations and Exclusions

25. Treatment or services required due to Injury sustained while participating in any interscholastic or inter-collegiate sport, contest or competition or while practicing, exercising, undergoing conditioning or physical preparation for any such sport, contest or competition.
26. Treatment or services required for Sickness or Injury resulting from being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Sickness or Injury took place)
27. Expense incurred due to Sickness or Injury of which a contributing cause was the Covered Person's voluntary attempt to commit, participation in or commission of a felony, whether or not charged, or as a consequence of the Covered Person's being under the influence of illegal narcotics or non-prescribed controlled substances.
28. Custodial Care; respite care; rest care; or supportive care.
29. Expenses incurred outside of the United States or its possessions or Canada.
30. Expenses incurred for Experimental or Investigational Treatment.
31. Private duty nursing services rendered during Hospital confinement and charges for standby Health Care Practitioners.
32. Dental braces, dental appliances, corrective shoes, repairs to or replacement of prosthetic devices, or orthotics, except as provided in the Benefits section.
33. Reduction mammoplasty; revision of breast surgery for capsular contraction or replacement of prosthesis, except as provided in the Benefits section.
34. Services or supplies for foot care, including care of corns, bunions or calluses, except capsular or bone surgery
35. Treatment, services or supplies rendered or received when coverage under the Policy is not in effect, except as provided under the Extension of Benefits provision.
36. Any amount in excess of the Usual, Reasonable and Customary Amount, as determined by Us under this Policy.
37. Prophylactic treatment or services. Prophylactic means any surgery or other procedure performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
38. Treatment, services or supplies that are not Medically Necessary as determined by Us under this Policy.
39. Treatment, services or supplies that are prescribed, provided or furnished in a manner primarily for the convenience of the Covered Person or Physician.
40. Treatment, services or supplies not described in the Benefits section.
41. Expenses for marital counseling or social counselin
42. Outpatient Prescription Drugs, medications, vitamins, and mineral or food supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor.
43. Treatment, services or supplies provided at no cost to the Covered Person.
44. Telephone consultations or failure to keep a scheduled appointment.
45. Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.
46. Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
47. Treatment for cataracts.
48. Treatment of the temporomandibular joint unless Medically Necessary and caused by a congenital or developmental deformity, Sickness or Injury.
49. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinstherapy.
50. Orthoptics and visual eye training.
51. Hypnotherapy when used to treat conditions that are not recognized as Mental or Nervous Disorders by the American Psychiatric Association, and biofeedback, and nonmedical self-care or self-help programs.
52. Any services or supplies in connection with cigarette smoking cessation.
53. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
54. Treatment for or related to any congenital condition, except as it relates to a newborn or adopted child added as a Covered Person to this Policy.
55. Spinal manipulation or adjustment.
56. Sclerotherapy for veins of the extremities.
57. Chronic fatigue or pain disorders; or immunodeficiency disorders.
58. Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
59. Kidney or end stage renal disease.
60. Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless related to a covered Injury.
61. Expenses or losses related to or in connection with the treatment of Acquired Immunodeficiency Syndrome and its related effects.
62. Hospice care.
63. Costs of services or supplies for personal comfort or convenience, 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, except as specifically covered.
64. Expenses for surgery during the first 6 months after the Effective Date of Coverage for a Covered Person for a total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis or carcinoma (subject to all other coverage provisions, including but not limited to, the Pre-Existing Conditions exclusion); tonsillectomy, adenoidectomy, repair of deviated nasal septum or any type of surgery involving the sinus, myringotomy, tympanotomy, herniorrhaphy, or cholecystectomies.

Pre-Authorization Notice

We review proposed and rendered health services to determine whether the services are or were medically necessary, experimental or investigative. This process is called pre-authorization.

Contact us for pre-authorization of the following services:

Non-Emergency Confinements: Call at least 7 business days prior to an inpatient stay in a hospital. A non-emergency confinement is an inpatient stay for a sickness or injury that is not immediately life-threatening but is medically necessary.

Emergency Confinements: Call within 24 hours (excluding Saturdays, Sundays and legal holidays), or as soon as reasonably possible, after an inpatient admission for emergency treatment.

Organ Transplant or Marrow Reconstitution or Support: Call prior to any transplant evaluation, testing, preparative treatment or donor search.

Skilled Nursing Facility Confinements: Call at least 7 business days prior to your admission.

Inpatient Rehabilitation Programs: Call at least 7 business days prior to your admission.

Outpatient Physical Medicine: Call at least 7 business days prior to receiving any services.

Outpatient or Day Surgery Procedures: Call at least 7 business days prior to a scheduled outpatient procedure. Authorization is not required for: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scan; ultrasound testing; an emergency room visit; or an office visit to a doctor unless surgery is performed.

Home Healthcare: Call at least 7 business days prior to receiving any services.

Durable Medical Equipment: Call at least 7 business days prior to obtaining the equipment if the purchase or rental price per month is more than \$500.

Dental Procedures Performed in a Hospital or Free-Standing Ambulatory Surgical Facility: Call at least 7 business days prior to receiving any services.

Pre-Authorization Notice (Continued)

REDUCTION OF PAYMENT:

These authorization requirements are included to assist a covered person in obtaining the most appropriate medical care. Follow the requirements described above so you can receive the full benefits of coverage under the policy. If you do not obtain authorization for the services listed above or if the course of treatment is not performed in the manner authorized, your benefits will be reduced for otherwise Covered Expenses by the amount shown on the Benefit Schedule. The reduced amount, or any portion thereof, will not be applied to any deductible or out-of-pocket maximum determination.

In addition, NO benefits will be paid for expenses:

1. That are not for medically necessary services; or
2. That are otherwise not considered a covered expense; or
3. For organ transplant or marrow reconstitution or support if the procedure was not authorized prior to the beginning of the transplant evaluation, testing, preparative treatment or donor search.

AN AUTHORIZATION IS NOT THE SAME AS “VERIFICATION OF BENEFITS” AND DOES NOT GUARANTEE THAT BENEFITS WILL BE PAID. AUTHORIZATION ADDRESSES ONLY THE MEDICAL NECESSITY AND APPROPRIATENESS OF THE CARE TO BE RECEIVED, INCLUDING THE TYPE OF TREATMENT AND FACILITY. PAYMENT OF BENEFITS IS SUBJECT TO ALL THE TERMS, LIMITS, AND CONDITIONS IN THE POLICY, CERTIFICATE AND BENEFIT SCHEDULE.

THE REVIEW PROCESS MUST BE REPEATED IF TREATMENT IS RECEIVED MORE THAN 30 DAYS AFTER OUR REVIEW OR IF THE TYPE OF TREATMENT, ADMITTING DOCTOR OR FACILITY DIFFERS FROM WHAT WE AUTHORIZED .

Dependent Definitions

Spouse:

Your lawful spouse, or common law spouse, on the day we issue your certificate.

Dependent Children:

Any natural children, step-children, legally adopted children, children placed into your custody for adoption including children for whom you are a party in a suit in which the adoption of the child is being sought or grandchildren if your grandchildren are dependents of yours for federal income tax purposes at the time of application for coverage of the grandchildren are made; and who are under 26 years of age.

Aetna Open Choice[®] PPO Network



Nationwide Provider

Aetna Open Choice[®] PPO Network is a Preferred Provider Organization (PPO), or network of doctors and healthcare facilities that agree to provide services at a pre-negotiated, reduced rate. Containing more than 850,000 participating physicians and ancillary providers and 6,900 hospitals, Aetna's network provides services with strong, negotiated rates, helping you to save on the cost of healthcare.

Aetna's Added Healthcare Services

Aetna's network provides our members with the benefit of Aetna's specialty programs, including dialysis, lab services and transplant services.

Preferred Providers

With Aetna's comprehensive provider participation, many of your preferred doctors may already be in the Aetna network. To verify whether or not a doctor or healthcare facility participates, visit http://www.aetna.com/dse/search?site_id=mymeritain

Steps to Remember

Members need to show their ID card when they visit a doctor or facility and they should request that a copy is placed in their file. Their ID card identifies Aetna as their PPO network. This can help to ensure they receive all applicable network discounts.

Contact

For any questions regarding the Aetna Open Choice[®] PPO Network, contact Meritain Health customer service at (866) 596-5817.

Value Added Benefits Complement Your STM Plan

Health & Wellness Benefits
Consumer & Lifestyle Benefits
Business Benefits



Value Added Health & Wellness Benefits*



karis 360

Karis360 Patient Advocacy

Karis360's team of Advisors offer personalized, caring, expert service helping members navigate the complex and expensive healthcare maze. With services from Healthcare Navigator to Bill Negotiator to Surgery Saver, 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. Advisors will: find quality physicians, specialists and surgeons in the member's area who focus on the member's unique healthcare needs; provide cost estimates for various outpatient procedures are provided so members know what to expect; help find alternative care in areas like Chiropractic, Acupuncture, Homeopathic and Naturopathic; organize the seamless transfer of member medical records between providers; help clarify health insurance benefits as well as help resolve issues and expedite solutions; help in finding assisted living facilities, coordinating home health, Medicare questions, VA benefits and supplemental insurance and schedule primary care and specialist visits, labs, imaging, flu shots 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.

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. Advisors can also negotiate potential medical costs before a procedure. Members provide a written estimate stating the bill will likely total over \$2,000 and Advisors will pre-negotiate the potential medical bills easing stress and saving money. Karis360 has unparalleled results negotiating discounts. Members can see up to 65% average savings with insurance and 85% average savings without insurance.

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. 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.

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.

*Not insured by NGAH. Provided by Health Depot.

Value Added Health & Wellness Benefits



Value Added Health & Wellness Benefits*



AmeriRX Discount Prescription Card

The AmeriRX Prescription Savings Card provides you access to discounted prescription drug prices. 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.AmeriRXDiscountCard.com.

Features

- Average savings of 44% with a potential of up to 75% (based on 2014 national program savings data)
- Can be used for all prescription drugs, both brand-name drugs and generics
- Members will always receive the lowest price available on your prescription purchase

Honored at Over 62,000 Participating Pharmacies, Including:



Plus Thousands of Additional Chains and Independent Pharmacies Nationwide.

DISCOUNT ONLY - NOT INSURANCE. Discounts are available exclusively through participating pharmacies. The range of the discount will vary depending on the pharmacy or provider chosen and services rendered. The program does not make payments directly to the pharmacies or providers. Members are required to pay for all health care services. You may cancel your registration at any time or file a complaint by contacting Customer Care. This program is administered by Medical Security Card Company, LLC of Tucson, AZ.

*Not insured by NGAH. Provided by Health Depot.

Value Added Health & Wellness Benefits*



Individually Designed Nutrition Program

No matter what your goals are in life, to look and feel better, lose weight, or get in the best shape of your life, IDLife is your systematic approach to achieving the health and wellness you've always wanted.

IDLife products are scientifically formulated to help you by providing therapeutic doses of specific nutrients to:

- Restore nutrients depleted by your Rx program
- Help your body resist Rx side effects
- Improve your overall nutrition status thus optimizing your health

Additionally, they have been pre-screened to avoid drug/nutrient interactions that may be present with your current vitamin program.



<p>ENERGY Drink & Chew</p> <p>Advantra Z gives you a rapid onset of energy. Caffeine gives you sustained energy, increasing focus and metabolism. Theobromine helps with fatigue protection and appetite suppression.</p>	<p>MEAL REPLACEMENT Shake</p> <p>A superior low calorie, high-quality shake loaded with nutrients, with only six nutritional and organic ingredients.</p>	<p>PRE WORKOUT</p> <p>A complex of targeted and branched chain amino acids, vitamins, minerals, enzymes and nutrients to assist in maximizing your physical conditioning and mental focus.</p>	<p>POST WORKOUT</p> <p>A high quality complex of proteins, vital electrolytes and antioxidants that address post workout recovery.</p>
<p>APPETITE CONTROL</p> <p>Advantra Z Citrus Aurantium boosts metabolism, increases lean muscle mass, promotes thermogenesis and suppresses appetite.</p>	<p>SLEEP STRIPS</p> <p>A complex of nutrients including Melatonin, L-Theanine & 5HTP brings your body into balance so you can go to sleep fast and stay asleep.</p>	<p>HYDRATE</p> <p>A formula of vital electrolytes, antioxidants, minerals and vitamins support the cardiovascular, muscular and nervous systems to keep you healthy and hydrated.</p>	<p>LEAN</p> <p>A natural way to boost metabolism, increase thermogenesis, reduce sugar cravings and promote the preservation and development of lean muscle mass.</p>

These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.* IDLife does not represent that its products are certified organic under the United States Department of Agriculture rules and regulations.

*Not insured by NGAH. Provided by Health Depot.

Value Added Health & Wellness Benefits*



ICE Tracer Emergency Medical & Personal Health Record System

ICE Tracer is an Emergency Medical Solution and Personal Health Record (PHR) System that allows members to add, edit and store life saving emergency contacts and medical information for quick access. Reduce confusion, increase response time and minimize risk, all with the help of a single simple tool. When it comes to your health and safety, you deserve the best.



A traumatic event occurs requiring the assistance of Emergency Personnel.

Emergency Personnel are trained to locate important information such as Drivers License and Medical IDs. They find the ICE Tracer card behind the victim's DL.

Emergency Personnel have the victim's name, blood type, emergency contact info and other vital medical information by using the ICE Tracer technology.

In addition to your free monthly membership to ICE Tracer, you may also add and manage family members. Durable, plastic cards are available for purchase within your account at a discounted rate of \$5.00 each.

Don't leave your emergency treatment to chance, sign up for ICE Tracer today!



*Not insured by NGAH. Provided by Health Depot.

Value Added Health & Wellness Benefits*



Not available in AK, FL, OK, UT, VT, WA.

Disclosures for pages 21-24: The discount medical, health, and drug **benefits of this Plan (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, pharmaceutical supplies, prescription drugs or medical equipment and supplies offered by providers who have agreed to participate in The Plan. The range of discounts for medical, pharmacy or ancillary services 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 all discounted prescription drugs, medical and pharmaceutical supplies, services and equipment received under The Plan, but will receive a discount on certain identified medical, pharmaceutical supplies, prescription drugs, medical equipment and supplies from providers in The Plan. You may call (855) 351-7535 for more information or visit www.healthdepotassociation.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. The fees for The Plan are specified in the membership agreement. Note to DE, IL, LA, NE, NH, OH, RI, SD, TX, and WV consumers: If you remain dissatisfied after completing the complaint system, you may contact your state department of insurance. Note to MA consumers: The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.

Value Added Health & Wellness Benefits*



mymedlab

Laboratory Testing

MyMedLab offers an efficient, affordable and confidential solution to medical laboratory testing. You can purchase the same testing ordered by your doctor at a cost 50% to 80% less than in your doctor's office or local hospital lab.

Testing can be purchased 24 hours a day on the MyMedLab website. Tests are listed both individually and in groups called Wellness Profiles based on your age, sex and family history. This basic information is all you need to identify which profile evaluates your risk for common conditions associated with your specific group.

Get Your Test Results Online in 6 Easy Steps!

Order Test Online	Find a Test or Wellness Profile using the Test Links. Your first purchase creates a MyMedLab account and Personal Health Record (PHR).
Our Doctor Approves	The MyMedLab Physician in your states reviews your order and approves it. The approved Digital Lab Order (DLO) is automatically uploaded into your secure Personal Health Record.
Print Lab Order	You receive an email within 2 hours that your order is complete. Using the link in the email, you log in to your Personal Health Record and print your DLO.
Visit Local Lab	Using the Locations tab, you locate a collection site in your area. Take the printed DLO to the collection site, at your convenience, no appointment required. Have your sample collected.
View Results Online	After your test results are reviewed by a MyMedLab Physician, you will receive an email notifying you that your results are ready. Simply log into your secure, online PHR to view your results.
Buy Expert Review	Once results are complete, you can show the results to your doctor, or purchase a result review with a growing list of experts worldwide to: ask questions, identify risk factors and help you plan to move forward with your personal physician.

Value Added Health & Wellness Benefits*



Radiology & Imaging

Radiology tests have become key tools for physicians to help diagnose and monitor disease. Our network providers typically average 20% to 50% less than the usual costs for MRIs, PET and CT scans when these tests are ordered by a doctor. That means reduced out-of-pocket costs and significantly lower claims expenses for participants and covered dependents. Make the most out of your health plan and take advantage of optimal quality, convenience, and savings with just one call.

One Call Care's Specialty Network Solution

As the nation's largest diagnostic imaging network, One Call Care offers PPO access to a specialty panel of over 3,000 high-quality radiology imaging centers nationwide. Each imaging center and radiologist that participates in our network is credentialed to rigorous quality standards. Since 1993, One Call Care has been the preferred solution for ensuring access to high-quality radiology testing at lower cost for participants.

Savings Example*

Scan	Average Charge	Average OCC Cost	Percent Savings	Dollar Savings
MRI	\$1600	\$800	50%	\$800
CT	\$900	\$500	45%	\$400
Other	\$3000	\$1700	45%	\$1300

* Savings may vary based on plan design and geographic location.

Convenient Scheduling Service

- Before you or a covered family member are scheduled for an MRI, CT or PET scan, simply call One Call Care.
- One Call Care coordinators will assist in selecting a network provider conveniently located near your home or work.
- Once a facility is selected, the appointment is scheduled by conducting a unique 'three way' call involving One Call Care, the imaging center and the patient.
- During the same call, you can ask questions regarding your test or for further help in understanding how the medical plan covers the imaging procedure.

One Call Care's Specialty Diagnostic Network broadens your health care choices and saves you money by providing advanced radiology discounts whenever you use One Call Care participating providers.

Value Added Health & Wellness Benefits*



Diabetic Supplies **Diabetic Savings Program**

Through this program, you can get your diabetic testing supplies shipped directly to your door each month at a savings of 40% to 60% less than the retail drug store prices, including glucose meter, ultra-thin lancets, test strips and carrying case! Monthly fees are based on the number of testing times per day and the supplies will meet your monthly need. There are no health restrictions and no limit on the number of times a year you can use this service.

Features

- Easy enrollment with no complicated forms to fill out
- No inconvenient trips to the pharmacy
- Supplies delivered directly to your home with free shipping
- Automated shipments to ensure you never run out of testing supplies
- Nine Years of Experience
- Prescription Services
- Accessible Customer Care
- 100% satisfaction guaranteed

Price Comparison – If you test 3 times per day	
Walmart	\$1,623.16/year
Walgreens	\$1,867.86/year
Walgreens Brand	\$1,801.61/year
Drugstore.com	\$1,693.11/year
DiabeticExpress.com	\$1,576.38/year
Diabetic Savings Program	\$873.00/year

This example is for illustrative purposes only. Individual results may vary.

Value Added Health & Wellness Benefits*



Beltone Hearing

Members and their immediate family members (grandparents, parents, spouse and children) will receive complimentary hearing screenings and a 15% retail discount off the usual and customary retail price of any Beltone hearing instrument at any of over 1500 locations throughout the United States.

Your Hearing Health

Good hearing lets you savor life. When it's easy to hear, it's easy to stay involved. Sharing laughter with loved ones, excelling on the job, remaining independent—good hearing is the key.

Did you know ?

- By age 55, 1 in 4 adults has hearing loss
- By age 65, 1 in 3 adults has hearing loss

If you suspect you have a hearing loss, ignoring or neglecting it can make it worse. But, treating a hearing loss with hearing aids can dramatically slow its progression—helping you preserve good hearing for a lifetime! Maintaining healthy hearing starts with a baseline hearing screening at Beltone. Just as you schedule annual physicals and dental exams, it's essential to schedule a hearing test every year.

Preventing Hearing Loss

Extremely loud noises can cause permanent damage to the tiny hair cells inside the cochlea. Even moderately loud noise over a period of time can be damaging. Studies show that prolonged exposure to sounds at, or above, 90dB can damage hearing. Protect your hearing and wear earplugs whenever your surroundings are so loud, you must raise your voice to be heard. It doesn't matter what the source of the loud sounds is—music, machinery, conversation—or other noisy environments.

Styles and Features

If you suffer from hearing loss, Beltone offers revolutionary digital hearing instruments that provide clear, more comfortable hearing and a virtually invisible appearance at prices that fit your budget. And, you can try out different styles right in the office before making your decision.

Follow Up Care

All Beltone hearing instruments come with the exclusive BelCare™ commitment - one of the most comprehensive aftercare programs available. BelCare™ assures you a lifetime of attention at any one of Beltone's participating hearing care centers nationwide. No other company offers the same level of commitment.

**With 70 years of experience, highly trained professionals and friendly service,
Beltone is the most trusted brand among adults 50+.**

Value Added Consumer Benefits

Value Added Consumer Benefits*



Retail Benefits



Through this online shopping site, members can earn up to 40% cash back at more than 5,000 leading merchants and save even more with coupons that can be used instantly in-store. Shop at popular stores like Walmart, Target, Best Buy, Crate & Barrel, Gap, Banana Republic, Champs Sports, Home Depot, Macy's and JCPenney. Book travel (airfare, hotels, rental cars, and more) through featured sites like Travelocity, Orbitz, Hotels.com, Priceline and Expedia.

Gym America



Online access for personalized meal plans tailored to your needs, interactive tools for keeping you on track with fitness and nutrition goals, smart weekly shopping lists and much more for a special price.

**GymAmerica.com is a proprietary Web property of Genesant Technologies, Inc.*

GlobalFit Gym Network



Members receive discounted gym memberships at more than 10,000 gyms nationwide including, 24 Hour Fitness, Bally, Curves, Anytime Fitness, plus regional chains (New York Sports Clubs, etc.) and local favorites. Members can also take advantage of exclusive member savings on home exercise products, Nutrisystem, exercise videos and health coaching.

True Car Auto Buying Service



Save time and money shopping for a new or used car through True Car. Members receive exclusive pricing, price protection and a hassle-free buying experience at thousands of Certified Dealers.

Car Rental Discounts



Take advantage of affordable auto rental rates from Avis®, Budget® and Dollar® Rent A Car.

Note: Some blackout dates and restrictions may apply. 24-hour advance reservations are required.

Massage Envy



A spa day isn't just a way to pamper yourself—a massage can also offer health benefits to many people. Whether you suffer from chronic pain such as headaches and back issues or have a high-stress life, a massage may help. Members receive up to 20% off many of the plans and services at Massage Envy.

1-800-flowers



Save 15% when you order flowers and gifts from 1800flowers.com, either online or by phone. You'll enjoy top-quality customer service with same-day delivery on many items.

Moving Discounts



Cord North American, an agent for North American Van Lines, offers members valuable discounts on moving and relocation services while providing the highest level of service and customer satisfaction.

Magazine Discounts



Save up to 85% off regular subscription rates on popular titles through Magazinline.com and Magazines.com, Inc.

Value Added Business Benefits



Value Added Business Benefits*



ADP Payroll Processing

Members can access a 25% discount on processing costs and a free month of payroll processing. In addition, the one-time setup fee will be waived.



Hewlett-Packard Computer and Technology Products

Hewlett-Packard offers members affordable pricing on business and home office products. Members receive discounts on HP notebooks, laptops, desktops, servers, printers, digital cameras, handhelds, point-of-sale (scanners, cash registers, etc.) and more.



NAC Web Services

Members can access discounts on website development and maintenance as well as web hosting. Their experienced staff of programmers and graphic designers offer creative and intuitive websites custom-built to your specifications.



Office Depot/Max Office Supplies

Members save 15% off hundreds of office supplies and 60% off printing online, by phone/fax, or in stores. Members also receive additional monthly special offers and incentives, as well as free next day delivery on qualifying orders of \$50 or more (reduced shipping costs for lesser orders).



UPS Shipping

Members receive discounts on UPS delivery services for a variety of next day, 2-day and 3-day shipping options.



Wireless Traveler

Wireless Traveler Low Cost Data, Global Phones & SIM Cards

Wireless Traveler provides low cost access to data, global phone and SIM Cards. The Wireless Traveler pocket Wi-Fi unit offers members their own hotspot wherever they travel. This device can connect up to 5 devices at one time including smart phones tablets, Kindles and more. Our members have access to 30-day low cost data bundles, with no monthly fees.

*Not insured by NGAH. Provided by Health Depot.

VAB Plus Provides Added Value To Your STM Plan

Teladoc Telemedicine
Cigna Discount Dental
EyeMed Vision Savings Network



VAB Plus - Health & Wellness Benefits*



TELADOC™ Teladoc Telemedicine

Founded in 2002, Teladoc is a national network of physicians who use electronic health records, telephone consultations and online video consultations to diagnose, recommend treatment and write short-term, non-DEA-controlled prescriptions, when appropriate. Teladoc doctors are board-certified in internal medicine, pediatrics and family medicine. Consultations are available 24/7/365 with no fees and no time limit, allowing members to access quality care from wherever they are as opposed to more traditional and expensive settings like the doctor's office, urgent care or emergency room.

Talk to a doctor by phone, web or mobile app anytime, anywhere.

From your home, office, hotel room, or vacation campsite, simply make a phone call, and in most cases, speak to a doctor in less than 30 minutes, with an average call back time of less than 10 minutes. When you call Teladoc, you will always speak to a doctor who lives and works in the United States and is licensed to practice medicine in your state. Teladoc is also the only telemedicine provider able to treat children from 0-17¹. It's health care that fits in the palm of your hand.

Call Teladoc

- 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

Teladoc Treats Non-Emergency Medical Issues such as:

- Cold and Flu symptoms
- Bronchitis
- Allergies
- Poison Ivy
- Pink eye
- Urinary tract infection
- Respiratory infection
- Sinus problems
- Ear infection
- and more!

Teladoc is simply a more convenient way for you to resolve many of your medical issues.

¹Consults for children under the age of 18 must be accompanied by a parent, guardian, or approved consentor.

Telemedicine is Not Available in Arkansas and Washington

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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.

*Not insured by NGAH. Provided by Health Depot.

VAB Plus - Health & Wellness Benefits*



Not available in AK, FL, OK, UT, VT, WA.

Disclosures for pages 30-31: The discount medical, health, and drug benefits of this Plan (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, pharmaceutical supplies, prescription drugs or medical equipment and supplies offered by providers who have agreed to participate in The Plan. The range of discounts for medical, pharmacy or ancillary services 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 all discounted prescription drugs, medical and pharmaceutical supplies, services and equipment received under The Plan, but will receive a discount on certain identified medical, pharmaceutical supplies, prescription drugs, medical equipment and supplies from providers in The Plan. The Discount Medical Plan Organization is Alliance HealthCard of Florida, Inc., P.O. Box 630858, Irving, TX 75063. You may call (855) 351-7535 for more information or visit www.healthdepotassociation.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. The fees for The Plan are specified in the membership agreement. The Plan includes a 30-day cancellation provision. Any complaints should be directed to Alliance HealthCard of Florida, Inc. at the address or phone number above. 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, SD, TX, and WV consumers: If you remain dissatisfied after completing the complaint system, you may contact your state department of insurance.

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

VAB Plus - Health & Wellness Benefits



VAB Plus - Health & Wellness Benefits*



Members and their dependents can save 15% to 50%* on dental care through our Dental network of over 110,000 participating provider listings, including both general dentists and specialists across America. Simply select a participating dentist in your area and present your membership card at your appointment to receive the discounted rates. There is no limit to the number of visits and you can change dentists within the network at any time for any reason.

*Actual costs and savings vary by geographic area. Not available in AK, FL, MT, ND, OK, SD, UT, VT, WA, WY.



*Not insured by NGAH. Provided by Health Depot.

VAB Plus - Health & Wellness Benefits*



Vision Savings Network

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

Vision Care Services

**Exam With Dilation as Necessary
Frames**

Standard Plastic Lenses

Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
Standard Progressive Lens	\$135

Lens Options (paid by the member and added to the base price of the lens)

UV Treatment	\$15
Tint (Solid and Gradient)	\$15
Standard Plastic Scratch Coating	\$15
Standard Polycarbonate	\$40
Standard Anti-Reflective Coating	\$45

Conventional Contact Lenses

Lasik or PRK* from U.S. Laser Network

In-Network Member Cost

\$5 off routine / \$5 off contact lens fit & follow-up
35% off retail price

Standard Plastic Lenses	\$50
Bifocal	\$70
Trifocal	\$105
Standard Progressive Lens	\$135
Lens Options (paid by the member and added to the base price of the lens)	
UV Treatment	\$15
Tint (Solid and Gradient)	\$15
Standard Plastic Scratch Coating	\$15
Standard Polycarbonate	\$40
Standard Anti-Reflective Coating	\$45
Conventional Contact Lenses	15% off retail price (No discount for disposable contact lenses)
Lasik or PRK* from U.S. Laser Network	15% off the retail price or 5% off the promotional price

Complete Pair Eyeglasses Purchase Discounts: Frame, lenses, and lens options must be purchased in same transaction to receive full discount. Items purchased separately will be discounted 20% off the retail price.

Members will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this Discount design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location. Please note, all dependents are eligible for discounts with all discount plans.

THIS IS NOT INSURANCE

Members must pay for products or services at the time they are purchased. This program will provide savings over the normal cost. Not all discounts available at all providers.

*Since LASIK or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location.

For Lasik providers, call (877) 5LASER6 (552-7376) or visit www.eyemedlasik.com and request the discount authorization.

Limitations/Exclusions

Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; Medical and/or surgical treatment of the eye, eyes, or supporting structures; Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan; Services provided as a result of any Worker's Compensation law; Discount is not available on those frames where the manufacturer prohibits a discount.

*Not insured by NGAH. Provided by Health Depot.

Not available in AK, FL, OK, UT, VT, WA.



Marketed By:

