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HealthDepot

At Health Depot, we are committed to providing premier customer service and maintaining relationships of trust with all of the people we serve—including our members, carriers and business partners.

Our mission is to expand access to affordable health and consumer benefits to the people who need these products most. We are also dedicated to empowering our members with valuable resources, information and support to guide them in making their personal and professional lives easier and more fulfilling.

Health Depot offers only the most valuable solutions from trusted names in the consumer products and benefits industry. We work closely with our business partners and vendors to ensure that these products meet our extremely high quality standards.

Vision & Values

Create a community of people who collectively help one another socially by interacting and exchanging ideas with one another, financially by leveraging the power of the group to acquire benefits and services, and physically by providing support, information and benefits related to individual health.

Well-being, Diversity, Discovery, Caring, & Integrity

- We believe in making our members more comfortable, healthy, and happy.
- We recognize that every member is different; each one shaped by unique life experiences with different needs for well-being.
- We promote education and learning new ideas for our members.
- We understand, empathize with, are compassionate toward, and meet the needs and requests of our members.
- We do what is right, are accountable for, and take pride in our actions in everything we do for our members.



Health Depot Association Benefits



The expert voice in a confusing healthcare world.

Kare360's team of Advisors offer personalized, caring, expert service helping members navigate the complex and expensive healthcare maze. With services from Healthcare Navigation to Medical Bill Negotiation to Surgery Cost Saver to Chaplaincy, Kare360 will sort through your healthcare paperwork saving you time and money.

Kare360 sorts through healthcare paperwork

Kare360 saves time and money

Kare360 provides unlimited assistance from a Personal Advisor

Healthcare Navigation

Kare360 members never face the healthcare world alone. Each member has access to an expert Advisor to help address healthcare needs and concerns.

Looking for a Physician or Hospital? Kare360 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 Kare360 Advisors organize the seamless transfer of member medical records between providers.

Insurance Policy Assistance Advisors can help clarify health insurance benefits 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.



Appointment Scheduling

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

Medical Bill Negotiation

Medical bills are the largest cause of bankruptcy in the United States. Our experienced Advisors can help members address the costs of healthcare.

Medical Bill Negotiation Kare360 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. 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.

Results Kare360 has unparalleled results negotiating discounts. Members can see up to 65% average savings with insurance and 85% average savings without insurance.

Surgery Cost Saver

Each Kare360 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 Cost Saver, members see an average savings of \$13,000. Advisors have found a 64% 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: Kare360 is not insurance and does not provide funds to pay for bills. This is a best-efforts service. Despite Kare360's diligent efforts on member's behalf, some providers refuse to make accommodations to help resolve outstanding medical bills.



Vision Service	Participating Provider Benefit Amount Covered by the Plan	Non-Participating Provider Benefit Amount Reimbursed by the Plan
Annual Eye Exam	Covered in Full after \$20 deductible	\$20

Vision Benefits

The Discount Vision Program has been developed to provide affordable eye examinations and eyewear for Members.

Members receive one comprehensive vision examination every 12 months, after a \$20 exam deductible has been paid to the participating provider. If you go to a non-participating provider, you will pay for the exam at the time of service and then file a claim to receive a \$20 reimbursement.

Discount Program Benefits

Members and their families also receive a 20% discount off the usual and customary charges for eyewear at any of the participating providers at the time of service. There are no authorizations or claim forms required. In order to receive the discount benefit, members identify themselves as Discount Vision Program members at time services are rendered. There are no limits to the number of times the discount can be used.

The discount may be applied to:

- Lenses (single vision, bifocal, trifocal, hi-index, progressive, etc.)
- Frames
- Contact Lenses (see Exclusions)
- Photochromic Lenses
- Tints and Coatings

The 20% discount also applies to additional pairs of glasses and/or pairs of standard contact lenses.

Discounts are available through TLCVision for conventional and custom LASIK procedures with the TLCVision Advantage Program.

EXCLUSIONS

The discount does not apply to disposable, extended wear or frequent replacement contact lenses; frame repairs; promotional eye care or eyewear offers; medical/surgical treatment of the eyes; and services or materials provided by non-participating providers. There are no retroactive discounts allowed.

Underwritten by:



Gerber Life Insurance Company
 A separate subsidiary of Gerber Products
 Home Office: White Plains, NY 10605





The ScriptSave 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.

Features

- Average savings of 44% with a potential of up to 75% (based on 2014 national program savings data)
- Accepted at over 62,000 participating pharmacies nationwide, including major chains and independent pharmacies
- 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

Savings

- **FAMILIES WITH LIMITED OR NO PRESCRIPTION COVERAGE** can reduce out of pocket costs
- **INDIVIDUALS WITH PRESCRIPTION COVERAGE** can reduce the cost of medications that are not covered
- **SENIORS WITH MEDICARE PART D** can save on prescriptions that are EXCLUDED from coverage

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.




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

Benefit Summary

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.

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.

 **95%** member satisfaction rate with Teladoc.

 **92%** of Teladoc members resolved their medical issue with Teladoc.

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.

Current State Restrictions:

- Video consultation with Rx only available in ID
- Phone consultations with Rx only available in MO, OH & TX

Telemedicine is Not Available in Arkansas, Puerto Rico 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 available in AK, FL, OK, UT, VT, WA.

Disclosures for pages 9-11: 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 (888) 650-5285 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.



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.

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



Members and their immediate family members (grandparents, parents, spouse and children) will receive complimentary hearing screenings and a 15% 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?



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+.

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



Radiology tests have become key tools for physicians to help diagnose and monitor disease. Through One Call Care, our members can save 20% to 50% on MRIs, PET and CT scans when these tests are ordered by a doctor. 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 Benefit

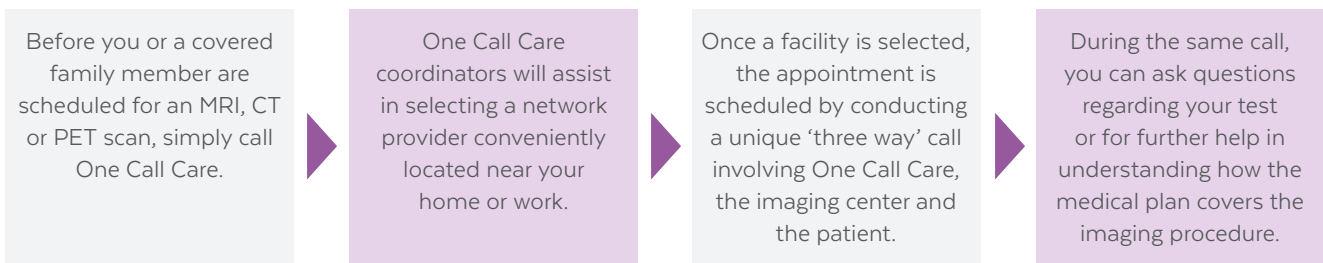
Our network providers typically average 20% to 50% less than the usual costs for radiology testing. That means reduced out-of-pocket costs and significantly lower claims expenses for participants and covered dependents. In an ongoing effort to maximize your healthcare dollars, One Call Care ensures these test remain affordable for all members.

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



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.

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

HD Assure Guard Plan Benefits

Many Americans are facing higher out-of-pocket costs due to growing deductibles, greater coinsurance shares and larger copays. A HD Assure Guard plan can help diminish the impact of a high deductible plan by offsetting some of the out-of-pocket exposure individuals experience as the result of an unexpected event.

Major medical insurance plans may cover a large percentage of medical expenses, however, they do not cover deductibles, coinsurance and copays. Those costs are the responsibility of the insured. In addition, there are many costs associated with an accident that are not covered by major medical plans, including:

- **Lost income due to time off the job**
- **Transportation to and from medical care visits**
- **Help with child care, meals and other household duties**

Having supplemental insurance can help in the event of an unexpected injury. Best of all, members can use the cash benefits however they choose - for out-of-pocket medical expenses, transportation costs, or even to pay routine monthly bills.

How Assure Guard Can Help

John was in a Covered accident and hospitalized for 5 days (he was released on the morning of day 6). His hospital bills totaled \$35,000. John has an ACA Qualified Major Medical Plan with a \$3,000 deductible, 80/20 coinsurance and a maximum Out-of-Pocket (OOP) of \$6,350. John’s major medical plan paid \$28,650 of the total hospital costs after his deductible and remaining co-insurance of \$3,350, leaving him with unpaid medical bills totaling \$6,350. Luckily, John has a Health Depot Assure Guard membership that covered his excess OOP expenses after a \$250 deductible.

Excess Out-of-Pocket Reimbursement*		Hospital Cash Benefit PLUS, the HD Assure Guard plan includes a \$200 per day Hospital Cash benefit, so John received \$1,000 paid directly to him, to be used however he chooses.
Major Medical Out-of-Pocket Expenses	- \$6,350	
Accident Excess Medical Expense Benefit	+ \$6,600	
Accident Excess Medical Expense Deductible	- \$250	
John’s Total Out-of-Pocket Expenses	= \$250	

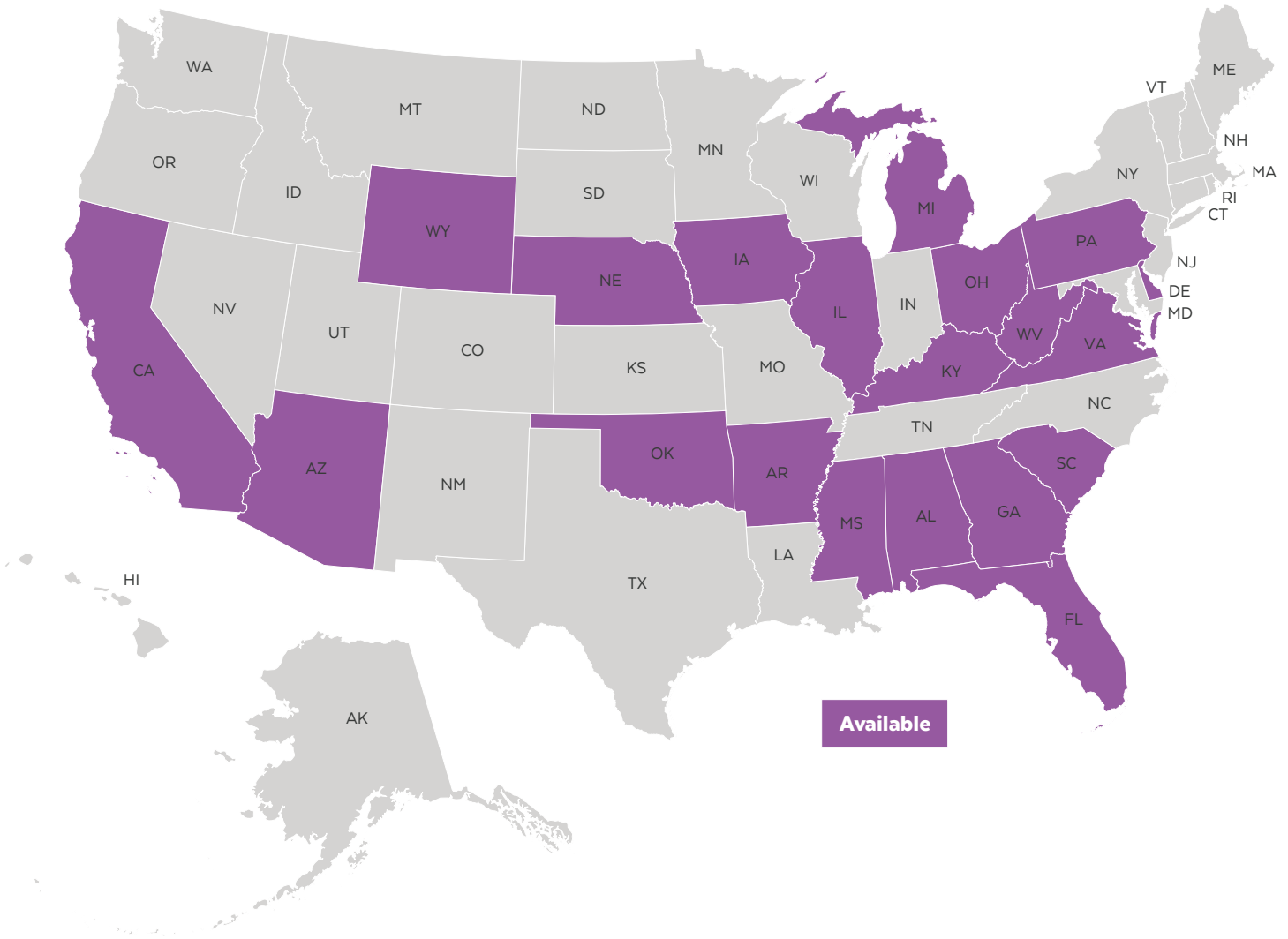
The HD Assure Guard membership plan covered the gap between John’s major medical plan and his OOP expenses.

*This example is for illustrative purposes only and assumes that the accident is a Covered Injury and no exclusions or limitations apply. Please refer to your certificate to review the specific exclusions and limitations which are applicable in your state.



Assure Guard Eligibility Requirements

- Between the ages of eighteen (18) and sixty-four (64)
- Reside in an available state
- Not enrolled in Medicare, Medicaid, Medical Disability or any other Federal or state-funded program
- Dependent children must be under age nineteen (19); twenty-four (24) if a Full-Time Student



N/A in AK, CO, CT, DC, HI, ID, IN, KS, LA, ME, MD, MA, MN, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OR, RI, SD, TN, TX, UT, VT, WA, WI.

XL Catlin

XL Catlin, through the subsidiaries of XL Group plc, is a global insurance and reinsurance company providing property, casualty and specialty products to industrial, commercial and professional firms, insurance companies and other enterprises on a worldwide basis. With enhanced product development capability, XL Catlin can offer larger policies on larger risks and writes more than 30 lines of business. Our underwriters work in parallel with clients and their brokers to develop imaginative and effective risk management solutions.

XL Catlin brings an incredible blend of people, products, services and technology to help businesses and people move forward. From insurance to reinsurance, XL Catlin can help you find innovative answers for a changing world.

XL Catlin is the global brand used by XL Group plc's insurance companies, including Catlin Insurance Company, Inc.

Financial Ratings

XL Group plc's core operating subsidiaries receive consistently high ratings for financial strength from A.M. Best and Standard & Poor's, the leading independent analysts for the insurance industry.



Assure Guard Membership Plans

GROUP ACCIDENT INSURANCE PLANS | Underwritten by Catlin Insurance Company, Inc.
3340 Peachtree Rd, NE, Suite 2950, Atlanta, GA 30326. Policy Form Series: AHAG 051 (In LA, AHAG AS050)
and Rider Form Series AHAG 401, AHAG 405 and AHAG 407.

Benefit Description	Level 1	Level 2
Hospital Cash¹		
Benefit Amount	N/A	\$200
Maximum Benefit Period per Hospital Stay per Covered Accident	N/A	30 days
Critical Illness Insurance (Excludes Pre-Existing Conditions as defined in the Certificate) ²		
Maximum Benefit Amount	\$7,500	\$7,500
Invasive Cancer	100%	100%
Heart Attack (Myocardial Infarction)		
Coronary Artery Bypass Graft		
Kidney (Renal) Failure		
Major Organ Transplant		
Paralysis		
Stroke		
Coma		
Fractures Insurance³		
Lifetime Maximum payable for all Covered Fractures (per Covered Person)	N/A	\$1,000
Covered Fractures are: Collarbone, Foot (other than toes), Hand (other than fingers), Hip, Kneecap, Lower Arm, Lower Jaw, Lower Leg, Neck, Pelvis, Shoulder Blade, Skull, Sternum, Tailbone, Upper Arm, Upper Jaw, Upper Leg/Femur, Wrist.	N/A	100%
Accident Medical Expense Insurance (Excludes Pre-Existing Conditions as defined in the Certificate) ¹		
Accident Medical Expense Limit	\$6,600	\$6,600
Deductible per Covered Accident	\$250	\$250
Accidental Death & Dismemberment Insurance⁴		
Principal Sum - Member, Spouse, Child(ren)	\$10,000	\$10,000
Schedule of Covered Losses		
Covered Loss	Benefit	
Loss of Life	100%	100%
Loss of Two or More Hands or Feet		
Loss of Sight of Both Eyes		
Loss of Speech and Hearing (in both ears)	50%	50%
Loss of One Hand or Foot		
Loss of Sight in One Eye		
Severance and Reattachment of One Hand or Foot		
Loss of Speech or Hearing (in both ears)		
Loss of Thumb and Index Finger of the Same Hand	25%	25%
Loss of all Four Fingers of the Same Hand		
Loss of all the Toes of the Same Foot	20%	20%

Assure Guard Plan Disclaimers

Health Depot Association is a membership organization organized under the nonprofit corporations laws of the State of Arizona. These benefits are provided under a group accident insurance policy underwritten by Catlin Insurance Company, Inc. under Policy Form Series: AHAG 051 (In LA, AHAG ASO50) and Rider Form Series AHAG 401, AHAG 405 and AHAG 407 and issued to **Health Depot Association** as the group master policyholder. You must be a member of Health Depot Association to access 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.** This brochure contains only a brief description of coverage and is not a contract. All benefits provided by this insurance are subject to the terms, definitions, exclusions and limitations of the group policy and any riders. In some circumstances benefits provided will vary as required by state law. The insurer has the right to increase premium rates and has the option to cancel coverage. **This insurance may not be available in all states.**

The Group Accident and Critical Illness Insurance benefits provide off-the-job coverage only.

Dependent Child(ren) are covered from birth to 19 years old; up to 23 years old if enrolled in a school as a full-time student and primarily supported by the Member.

Spouse includes Domestic Partner if a lawful spouse.

¹**Group Accident Medical Insurance contains a Pre-Existing Condition limitation. Please read your Certificate carefully for full details.**

Any benefits payable under the Additional Accident Benefits are paid in addition to any other Accidental Death and Dismemberment benefits payable. We will pay the Usual and Customary charges for Medically Necessary Covered Medical Services after the Deductible is satisfied incurred by the Covered Person resulting from a Covered Accident. The first treatment or service must occur within 90 days of the Covered Accident and all subsequent treatments must be incurred within 52 weeks of the Covered Accident. Benefits will be paid up to the amount stated in the Schedule of Benefits.

²**Group Critical Illness Insurance contains a Pre-Existing Condition limitation. Please read your Certificate carefully for full details.**

We will pay the benefit shown in the Schedule of Benefits:

1. if the Covered Person is diagnosed for the first time by a Physician as having a Covered Condition and the diagnosis is made while the Coverage is in force; and
2. if the Covered Condition is not a Pre-Existing Condition; and
3. if the Covered Condition is first diagnosed after 90 days from the Covered Person's effective date;
4. if none of the exclusions or limitations described in the Coverage or Policy apply; and
5. if the Covered Person survives for a period of not less than 30 days after the first diagnosis of a covered Critical Illness.
6. if the Covered Person signs up for coverage prior to Age 65.
7. if the Covered Person is less than Age 70.

The benefit amount will be reduced by 50% when the Covered Person reaches Age 65.

Only the conditions listed are payable under this benefit rider. If a condition is not shown, no benefits will be paid for that illness.

³In the event of multiple Fractures during the same Accident, only one Benefit Amount, the largest, will be payable. The Fracture must require Reduction of the bone under anesthesia to be covered under this provision.

No benefits are payable for:

1. Pathological Fracture;
2. Hairline Fracture or Greenstick Fracture;
3. Fractures to the Toes or Fingers;
4. Fractures when Bone Degeneration Disease was Diagnosed prior to the Covered Person's Effective Date of coverage, regardless if the Bone Degeneration Disease contributed to the Injury or not.

If a Covered Person is Diagnosed as having Bone Degeneration Disease after their Policy Effective Date and suffers a Fracture, the first Fracture will be covered under the regular terms of the Policy. However, after the first, all further Fractures of any area payable under the Policy will be reduced by 25%. This limitation applies regardless if the Bone Degeneration Disease contributed to the Injury or not. All Fractures are subject to the Fractures Lifetime Maximum Benefit stated in the Fractures Table of Benefits.

⁴Accidental Death and Dismemberment benefits are provided under the coverages listed. Any benefits payable under them are as shown in the Schedule of Covered Losses and are not paid in addition to any other Accidental Death and Dismemberment benefits.

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section:

1. Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in: a riot; insurrection; or Terrorist Act;
4. Bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. Declared or undeclared war or act of war;
6. Terrorism or Terrorist Acts;
7. Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as:
 - A. A fare-paying passenger on a regularly scheduled commercial or charter airline;
 - B. A passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
 - C. Passenger in a military Aircraft flown by the Air Mobility Command or its foreign equivalent;
8. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
9. Participation in any motorized race or contest of speed;
10. An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education Program;
11. Sickness; disease; bodily or mental infirmity; bacterial or viral infection or medical or surgical treatment thereof; except for any bacterial infection resulting from: an accidental external cut or wound; or accidental ingestion of contaminated food;
12. Medical or surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap or negligence, including malpractice;
13. Travel in any Aircraft owned; leased; or controlled by the Policyholder; or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
14. The Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
15. Voluntary ingestion of any narcotic; drug; poison; gas; or fumes; unless: prescribed or taken under the direction of a Physician; and taken in accordance with the prescribed dosage;
16. Injuries compensable under: Workers' Compensation law; or any similar law;
17. A Covered Accident that occurs while on active duty service in: the military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;

Accident Medical Benefit Rider Exclusions

In addition to the General Exclusions stated in the Policy, We will not cover charges under this Rider for:

1. Pre-Existing Conditions;
2. Treatment by persons employed or retained by the Policyholder, or by any Immediate Family Member or member of the Covered Person's household;
3. Treatment of: sickness; disease; or infection except: pyogenic infection; or viral or bacterial infections that result from the accidental ingestion of contaminated food substance;
4. Treatment of: hernia; Osgood-Schlatter's Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological fractures; congenital weakness; detached retina unless caused by a Covered injury or mental disorder; or psychological or psychiatric care/counseling or treatment (except as provided in the Policy), whether or not caused by a Covered Accident;
5. Pregnancy; childbirth; miscarriage; abortion; or any complication of: childbirth; miscarriage; or abortion; unless due to a Covered Injury;
6. Mental and Nervous Disorder (except as provided in the Policy);
7. Damage to or loss of dentures or bridges; or damage to existing orthodontic equipment (except as specifically covered by the Policy);
8. Charges incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy);
9. Charges for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
10. Charges for injuries caused while: riding in or on; entering into or alighting from; or being struck by a 2 or 3-wheeled motor vehicle; or a motor vehicle not designed primarily for use on public streets or highways;
11. Participation in or practice for: interscholastic tackle football; intercollegiate sports; semi-professional sports; or professional sports (unless specifically covered under the Policy);
12. Covered Medical Charges for which the Covered Person would not be responsible for in the absence of this Policy;
13. Conditions that are not caused by a Covered Accident;
14. Any elective: treatment; surgery; health treatment; or examination; (including any: service; treatment; or supplies that: (a) are deemed by Us to be experimental; or (b) are not recognized and generally accepted medical practices in the United States;
15. Charges payable by any automobile insurance policy without regard to fault (this exclusion does not apply in any state where prohibited);
16. Orthopedic appliance used mainly to protect an Injury so that a Covered Person can take part in the Covered Activity;

Exclusions & Limitations

17. Treatment of injuries that result over a period of time (such as: blisters; tennis elbow; etc.);
18. Treatment or services provided by a private duty nurse;
19. Replacement of artificial: limbs; eyes; larynx; dental devices; or any other prosthetic appliances;
20. Blood; blood plasma; or blood storage; except charges by a Hospital for processing or administration of blood;
21. Cosmetic; plastic; or restorative surgery; except needed as a result of the Covered Injury;
22. Any: treatment; service; or supply not specifically covered by the Policy;
23. Personal comfort or convenience items, such as but not limited to: Hospital telephone charges; television rental; or guest meals;
24. Charges incurred for: eye examinations; eye glasses; contact lenses; or hearing aids or the: fitting; repair; or replacement of these items;
25. Routine physical examinations and related medical services; elective treatment or surgery; or investigative treatments of procedures;
26. A Medical Repatriation;
27. Charges for rest cures or custodial care;
28. Treatment in any: Veteran's Administration; Federal or state facility; unless there is a legal obligation to pay;
29. Services or treatment provided by an infirmary operated by the Policyholder;
30. Treatment of an injury resulting from or contributing to by: frostbite; fainting; or seizures; or heatstroke; or heat exhaustion;
31. Aggravation of an injury the Covered Person suffered before participating in the activity, unless We receive a written medical release from the Covered Person's Physician;

Critical Illness Coverage Rider Exclusions

In addition to the Common Exclusions listed in the Policy, no benefits will be paid for:

1. Benign tumors or polyps that are histological described as non-malignant, pre-malignant or non-invasive.
2. All tumors, benign or malignant, in the presence of HIV infection.
3. All skin cancers with the exception of invasive melanoma classified as Clark level II or higher or having a thickness measured in excess of 0.75 mm.
4. All tumors of the prostate, unless having progressed to at least TNM classification T2NOMO or histological classified as having a Gleason score greater than 6.
5. Chronic Lymphocytic Leukemia (CLL) unless Rai Stage 3 or greater.
6. Papillary micro invasive cancer of the thyroid, bladder, cervix or breast.
7. Participation in the commission or attempted commission of a felony.
8. Voluntary participation in a riot or insurrection.
9. Refusing certain types of recommended medical treatment as follows:
 - A. A Physician has recommended treatment with angioplasty or coronary artery bypass graft for coronary artery disease, the Covered Person refuses this treatment, and the Covered Person suffers a heart attack.
 - B. A Physician has recommended treatment for a brain aneurysm or carotid artery stenosis, the Covered Person refuses treatment, and the Covered Person suffers a stroke.
 - C. A Physician has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancerous, the Covered Person refuses, and the Covered Person develops cancer.
10. Conditions that have not been Diagnosed by a Physician.
11. Conditions that were diagnosed after the benefit rider has been terminated.
12. If the Covered Person's date of birth or age was misstated on the application and, using the correct date of birth or age, the benefit would not have become effective or would have terminated prior to Diagnosis of a listed condition.
13. Pre-existing Conditions.

Fracture Benefit Rider Exclusions

In addition to the Common Exclusions listed in the Policy, no benefits will be paid for:

14. Conditions that have not been diagnosed by a Physician.
15. Conditions that were diagnosed after the benefit rider has been terminated.

CLAIMS ASSISTANCE

Insurance Administrative Services, Inc.
 ATTN: Claims Department
 P.O. Box 1017
 Minneapolis, MN 55440
 (855) 401-2641

FAQs & Membership Rates

FAQs

Does the HD Assure Guard plan cover pre-existing conditions?

No, the Accident Medical Expense Insurance and Critical Illness Insurance Coverage Riders do not cover pre-existing conditions. The standard definition of Pre-Existing Condition is a condition for which a Covered Person received any: diagnosis; medical advice; care; or treatment was received or recommended within the 6 monthly period immediately preceding the effective date of the Covered Person's coverage. As this definition may vary by state, please refer to your certificate for language specific to your state. There are no pre-existing condition exclusions on the Accidental Death & Dismemberment Insurance or the Fracture Benefit Rider.

Is there a waiting period before I can use the benefits in my HD Assure Guard plan?

The Critical Illness Insurance has a 90 day waiting period. There are no waiting periods on the Accident Medical Expense Insurance, the Accidental Death & Dismemberment Insurance or the Fracture Benefit Rider.

Is there a co-pay or deductible on my HD Assure Guard plan benefits?

There are no co-pays and only one benefit has a deductible. The Accident Medical Benefit has a \$250 deductible per occurrence.

How do I locate In-Network providers and facilities?

The nature of accidents requires immediate care, therefore, you may go to the closest doctor, hospital or emergency center. There is no "In-Network" requirement on the HD Assure Guard plan.

How do I receive my HD Assure Guard plan materials?

You will receive plastic ID cards in the mail from The Health Depot Association. You will also receive a "welcome" email from Health Depot which contains login instructions for our secure, online member website. On the website, you can manage your account and access your plan information, including Membership Guide, Insurance Certificates, ID Cards and more. You should read through all of your materials carefully, and you can contact Customer Service if you have any questions.

How do I file claims?

You must provide written or authorized electronic/telephonic notice of claim to Catlin Insurance Company, Inc. within 20 days after a Covered Loss or Covered Injury occurs or begins; or as soon as reasonably possible. You will find the claim forms in the "Important Documents" section of the member website.

Who do I contact if I have additional questions about my membership plan benefits?

Please contact Health Depot's Customer Service at (855) 351-7535 and one of our friendly representatives will be glad to help you!

Assure Guard Monthly Membership Rates		
	Level 1	Level 2
Member	\$49	\$59
Member + Family	\$109	\$129

One-time \$25 enrollment fee applies. Fee is waived when Assure Guard is added to an active Health Depot membership. Rates include a \$10 monthly association fee.

N/A in AK, CO, CT, DC, HI, ID, IN, KS, LA, ME, MD, MA, MN, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OR, RI, SD, TN, TX, UT, VT, WA, WI.



The Health Depot Association

healthdepotassociation.com | (855) 351-7535