

— America's Consumers & Affiliates —

LIMITED PARTNERSHIP BENEFIT GUIDE

2026



COVERAGE MADE EASY

America's Consumers & Affiliates, Limited Partnership (LP)



America's Consumers & Affiliates
Limited Partnership

Welcome to America's Consumers & Affiliates, LP. The LP utilizes a revolutionary new technology to allow partners to share Geo-data which provides valuable consumer feedback for businesses, creating a revenue stream where the majority is paid to the partners. The LP functions as an employer and sponsors a group health plan as part of its responsibilities. When you join the Limited Partnership and become a partner, by sharing your share Geo-data, you and your family can gain access to group health benefits.

Rolling Strong App

On your coverage effective date, you gain access to the Rolling Strong wellness application to manage your own personal health goals, your health plans, and access to your ID Cards and provider network.



Access Health Information

- Retrieve your medical ID cards & medical plan information

Health Education

- On demand podcasts, articles & brochures
- Access Workout Routines

Log Health Information

- Track sleep, water, meals & calories
- Create favorite recipes for easy food logging

In-App Health Guidance

- Nutrition guidance with meal suggestions & predictive nutrition based on location
- Access partner services, pharmacy, clinics, & retailer discounts

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Introducing GLP-1 starting at \$199/mo!

Weight loss treatment for where you are today:

- Stimulant-free and non-habit forming
- Clinically tested and effective
- Helps you feel full faster, longer

Customized treatment plans in collaboration with your doctor.

QUALIFY NOW



MEDICAL PLANS

Medical Plan Options	Pro	Max	Value	Bronze Pro
Evidence of insurability	Guaranteed Acceptance			
PPO Network ^{7,8}	First Health [®]		MultiPlan [®] ; PHCS; Practitioner & Ancillary	
Deductible Individual/ Family	n/a	\$2,000/\$4,000	\$0	\$5,000/\$10,000
Out-of-Pocket Max Individual/ Family	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400
Medical Services	In-Network Provider (No Out of Network Coverage)		In-Network Provider	
Preventive & Wellness Services (Non-Hospital Based)	\$0 Copay (Plan pays 100% of covered preventive and wellness services)			
Primary Care Office Visit (Non-Hospital Based)	\$25 Copay (Combined visit of 5 visits/plan yr)	\$25 Copay	\$60 Copay (Max 6 visits/plan yr)	\$25 Copay
Specialist Office Visit (Non-Hospital Based)		\$50 Copay		\$45 Copay
Urgent Care (Non-Hospital Based)			\$50 Copay (Max 6 visits/plan yr)	\$60 Copay
Telemedicine Services	\$0 Copay ⁶			
Outpatient Diagnostic Services				
Laboratory Services (Non-Hospital Based)	\$25 Copay (Combined limit of 5 visits/plan yr)	\$50 Copay per panel tested or image billed	\$50 Copay (Combined 3 visits /plan yr)	After Deductible, 20% coinsurance
Radiology (Non-Hospital Based)				
CT/MRI/PET Scan (Non-Hospital Based)	Not Covered	50% Coinsurance (after Deductible) ⁴	\$350 Copay ^{2,4} (Max of 1/plan yr)	After Deductible, 20% coinsurance ^{2,4}
Hospitalization and Emergency Services				
Inpatient Hospitalization ²	Not Covered		\$350 Copay per admission ^{2,4} (Max 3 days/plan yr)	After Deductible, 20% coinsurance ⁴
Inpatient Surgery ²			Included in Inpatient Hospitalization Copay ^{2,4} (Second surgical opinion may be required; Max 2 surgeries/plan yr) ⁶	
Outpatient Hospital or Free Standing Facility Services and Surgery ²			\$350 Copay ⁴ (Max 1 visit/plan yr)	
Emergency Room Services ²			\$350 Copay (Max 1 visit/plan yr)	After Deductible, 20% coinsurance
Anesthesia ²			Included in Inpatient Hospitalization or Outpatient Hospital or Free Standing Facility Services and Surgery Copay (Limited to 2 inpatient and 1 outpatient anesthetic procedures/plan yr)	Included in Inpatient Hospitalization or Outpatient Hospital or Free Standing Facility Services and Surgery Benefit
Pregnancy Benefits				
Office Visits	\$25 Copay (Considered a Specialist Office Visit)	\$50 Copay (Considered a Specialist Office Visit)	Not Covered	\$25 Copay /visit
Professional Services	Not Covered			After Deductible, 20% coinsurance ⁴
Maternity/Childbirth/Delivery ²				
Mental Health, Behavioral Health, or Substance Abuse Services				
Inpatient or Partial Day ²	Not Covered		\$350 Copay per admission (Limited to 3 days/plan yr)	After Deductible, 20% coinsurance ⁴
Outpatient Hospital or Free-Standing Facility ²			\$350 Copay (Limited to 1 visit/plan yr)	After Deductible, 20% coinsurance
Office Visits	\$25 Copay (Max 5 Visits/plan yr; Combined 5 Visit/plan yr)	\$25 Copay/visit ⁵	\$60 Copay (Limited to 6 visits/plan yr)	\$45 Copay
Other Services				
Rehabilitation/Habilitation Services (Physical, Speech, and Occupational)	Not Covered	\$50 Copay/visit (Combined limit of 20 visits/plan yr.) (Pre-Authorization is required after 6 visits.)	\$50 Copay (Combined max 6 days/plan yr with physical, speech, & occupational therapies)	\$45 Copay /visit ⁴ (Combined limit to 20 visits/plan yr. Pre-authorization is required after 6 visits.)
Allergy Services			\$25 Copay ³	After Deductible, 20% coinsurance (Max 20 visits/plan yr)
Emergency Medical Transportation ²			\$250 Copay (By land only; Max 1 transport/plan yr)	After Deductible, 20% coinsurance
Home Health Care			\$25 Copay ⁴ (Max 5 visits/plan yr)	After Deductible, 20% coinsurance ⁴ (Max 60 visits/plan yr)
Second Surgical Opinion			\$0 Copay	\$0 Copay ⁴
Chiropractic Services			Not Covered	\$45 Copay/visit (Limited to 20 visits/plan yr)
Hospice Care ²				After Deductible, 20% coinsurance ⁴
Prosthetic and Orthotic devices ²				After Deductible, 20% coinsurance (Max of \$6,500/plan yr)
Skilled Nursing Facility ²				After Deductible, 20% coinsurance ⁴ (Max 60 visits/plan yr)
Durable Medical Equipment ²				After Deductible, 20% coinsurance (Subject to limitations)
PHARMACY BENEFITS - Included in Medical Plans				
Preventive Prescriptions	No Copay for ACA Compliant covered prescription drugs			
Non-Preventive Prescriptions	20% Coinsurance - Generic Only 12 Prescriptions Maximum 30 day supply Maximum	\$20 Copay - Generic only 30 day supply Maximum	Generic - \$10 Copay	\$10 Copay - Generic only \$45 Copay- Preferred Brand \$100 Copay- Non-Preferred Brand
PHARMACY BENEFITS - Provided by DataRX ⁹				
Prescription Benefit	Not Covered	Copay: \$10 Formulary Generic; \$50 Formulary Brand Mail Copay: \$30 Formulary Generic; \$150 Formulary Brand Annual Max: \$750 Per Person; \$1500 Per Family		Not Covered
Monthly Rates	Pro	Max	Value	Bronze Pro
Partner	\$167.40	\$250.92	\$537.12	\$615.60
Partner + Spouse	\$249.91	\$420.84	\$1,046.15	\$1,214.17
Partner + Child	\$240.20	\$429.26	\$917.98	\$1,076.68
Family	\$320.48	\$635.31	\$1,403.66	\$1,656.27

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

1. Combined 5 visits per year; Primary Care Visit to Treat Injury or Illness, Specialist, and Urgent Care Visits.
2. Subject to Reference Based Pricing
3. Included in Primary Care or Specialist Office Visit limits. The copay applies to the administration of the allergy service and is separate from the copay for the office visit
4. Pre-authorization required.
5. Prescription Benefit is offered through AC&A Limited Partnership by DataRx and is not integrated with the health plan design. The prescription provided by DataRx is not available in NY, SD, and WA. For the Max plan only: In the states noted, \$20 co-pay generic only, 30 day supply max.

6. This benefit is offered through AC&A LP by a third party and is not integrated with the health plan design.

7. First Health Provider look-up: <http://www.firsthealthlp.com/>

8. Multiplan PHCS Practitioner and Ancillary provider search: <https://www.multiplan.com/webcenter/portal/ProviderSearch>

Reference the Summary Plan Document for a list of services offered In-Network and Out-of-Network. Refer to the Schedule of Benefits for a more in-depth list of benefits coverage, limitations and exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits will govern.
This coverage is available when you join the Limited Partnership. Partners must be active to maintain eligibility.

LP: Pro, Max, Value, & Bronze Pro Plans 10-1-25 01

MEDICAL PLANS

Preventive Health Services: Limitations, Intervals, and Requirements¹

The following table represents the preventive services currently covered under the Pro, Max, Essential, Bronze Plans as well as the permitted interval and any requirements of such preventive services.

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

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

Preventative and Wellness Services - Covered Benefits

Adults <ul style="list-style-type: none"> • Adult Annual Standard Physical • Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling • Aspirin: Preventive Medication • Blood pressure screening • Breastfeeding interventions • Chlamydia screening • Colorectal Cancer Screening • Dental cavities prevention: infants and children up to age 5 years • Depression Screening • Diabetes Screening • Fall Prevention: Older Adults • Healthy Diet and Physical Activity Counseling to Prevent Cardiovascular Disease • Hemoglobinopathies screening • Hepatitis B screening • Hepatitis C virus (HCV) infection screening: born between 1945 and 1965. • High Blood Pressure Screening • HIV Preexposure Prophylaxis for the Prevention of HIV Infection • HIV Screening • Hypothyroidism screening • Lung Cancer Screening • Obesity screening and Counseling • Sexually Transmitted Infections Counseling • Skin Cancer Behavioral Counseling • Statin Preventive Medication • Tobacco Use Counseling and Interventions • Syphilis Screening 	Men <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening Women <ul style="list-style-type: none"> • Aspirin: Preventive Medication • BRCA risk assessment and genetic counseling/testing • Breast Cancer Preventive Medications • Breast Cancer Screening • Cervical Cancer Screening: with Cytology (Pap Smear) Lung cancer screening • Chlamydia Screening • Contraceptive Methods and Counseling • Folic Acid Supplementation • Gonorrhea Screening • Intimate Partner Violence Screening • Osteoporosis Screening • Well-Woman Visits Pregnant Women <ul style="list-style-type: none"> • Bacteriuria Screening • Breastfeeding Support, Supplies and Counseling • Depression Screening • Gestational Diabetes Mellitus Screening • Hepatitis B Screening • HIV Screening • Preeclampsia Screening • Rh Incompatibility Screening: First Pregnancy Visit • RH Incompatibility Screening: 24–28 Weeks' Gestation • Syphilis Screening • Tobacco Use Counseling and Interventions 	Newborns <ul style="list-style-type: none"> • Gonorrhea Prophylactic Medication • Hemoglobinopathies Screening • Hypothyroidism Screening • Phenylketonuria Screening Infants <ul style="list-style-type: none"> • Dental Caries Prevention: Infants and Children Up to Age 5 Children <ul style="list-style-type: none"> • Dental Caries Prevention: Infants and Children Up to Age 5 • Obesity screening and Counseling • Skin Cancer Behavioral Counseling • Tobacco Use Counseling and Interventions • Vision Screening: Age 3 to 5 • Well-Child Visits Adolescents <ul style="list-style-type: none"> • Depression Screening • Hepatitis B Screening • HIV Screening • Obesity screening and Counseling • Sexually Transmitted Infections Counseling • Skin Cancer Behavioral Counseling • Tobacco Use Counseling and Interventions Multiple Populations <ul style="list-style-type: none"> • Tuberculosis Screening: all populations at risk • Skin Cancer Behavioral Counseling: young adults, adolescents, children, and parents of young children
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***See Schedule of Benefits for Limitations, Intervals and Requirements.**

Vaccines

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

Adults 19 Years or Older	Children From 7 Through 18 Years Old	Birth Through 6 Years Old
<ul style="list-style-type: none"> • IIV • RIV • LAIV • Tdap • MMR • VAR • RZV • ZVL • HPV - Female • HPV- Male • PCV13 • PPSV23 	<ul style="list-style-type: none"> • Flu • Tdap • HPV • MenACWY • MenACWY 	<ul style="list-style-type: none"> • HepB • DTaP • Hib • PCV13 • IPV • Flu • MMR • VAR • HepA • RV

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

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

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



On your coverage effective date, you will gain access to the Rolling Strong wellness application to manage your own personal health goals, your health plans, and access to your ID Cards and provider network.

HEALTHCARE INDEMNITY

5STAR LIFE INSURANCE COMPANY

BENEFIT HIGHLIGHTS

This policy is designed to pay cash benefits when an employee is hospitalized or receives other medical treatment covered under the policy and provides cash benefits with streamlined flexibility from day one.

- Supplements existing medical coverage by filling gaps created by rising:
 - Deductibles
 - Increasing co-payments
 - Higher out-of-pocket maximums
- Benefits are paid directly to the employee or medical service provider and are not coordinated with any other form of insurance
- Use the cash benefits as needed to cover:
 - Out-of-pocket medical expenses
 - Everyday living expenses
 - Unexpected expenses

POLICY BENEFITS	Low	High
First Day Hospital Confinement	\$5,000	\$5,000
<i>Maximum Days Payable per Year</i>	1 Day	1 Day
Daily Hospital Confinement (Day 2 Forward)	\$100	\$100
<i>Maximum Days Payable per Year</i>	31 Days	31 Days
First Day ICU Confinement	Not Covered	\$500
<i>Maximum Days Payable per Year</i>		1 Day
Daily ICU Confinement (Day 2 Forward)		\$100
<i>Maximum Days Payable per Year</i>		31 Days
Emergency Room Treatment (Covered Accident)		\$150
<i>Maximum Days Payable per Year</i>		3 Days
Emergency Room Treatment (Covered Sickness)		\$100
<i>Maximum Days Payable per Year</i>		2 Days
Inpatient Surgery	Not Covered	\$1,000
<i>Maximum Days Payable per Year</i>		1 Day
ADDITIONAL BENEFITS	Low	High
Maternity	Included	Included
Pre-existing Limitation	6/6	6/6
MONTHLY PREMIUMS	Low	High
PARTNER	\$76.00	\$91.00
PARTNER + SPOUSE	\$144.00	\$166.00
PARTNER+ CHILD	\$96.00	\$106.00
FAMILY	\$171.00	\$201.00

THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL COVERAGE (MEC) AS DEFINED BY THE FEDERAL AFFORDABLE CARE ACT (ACA).

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums vary according to the selection made.

Not all plans are available in all states
Not available in AK, CO, HI, NY or WA

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GROUP ACCIDENT INSURANCE

Group Accident Insurance

Financial Protection When Accidents Happen

This accident policy provides cash benefits from day one for medical treatment received for covered accidents and injuries, including ambulance services, hospitalization, and accidental death. It pays regardless of what medical insurance pays and helps offset both medical treatment and non-medical expenses.

- Policy pays a cash benefit, paid directly to the employee, for treatment received for a covered accident based on the schedule of benefits in the certificate.
- Benefits help guard against the potential financial gap created by deductibles, co-pays, and any other unexpected expenses.
- Coverage is available for spouse and children.

Accident Medical Expense Benefits		Plan 1	Plan 2
Accident Medical Expense	Benefit Maximum	\$0	\$1,000
	Emergency Room Deductible	n/a	\$50
Hospital and Medical Benefits		Plan 1	Plan 2
Ambulance	First Day Hospital Confinement	\$1,250	\$500
	Daily Hospital Confinement	\$300; 365 Days/Annual Max	\$200; 365 Days/Annual Max
	First Day ICU Confinement	\$1,000	\$500
	Daily Hospital ICU confinement	\$400; 30 Days/Annual Max	\$200; 10 Days/Annual Max
	Inpatient Rehabilitation	\$200; 30 Days/Annual Max	\$100; 30 Days/Annual Max
	Observation Room Treatment	\$100; 1 Day/Annual Max	\$50; 1 Day/Annual Max
	Air	\$1,200	\$1,000
		Ground	\$300
	Emergency Room Treatment	\$200; 1 Day/Annual Max	\$0
Surgical Benefits		Plan 1	Plan 2
Open Abdominal or Thoracic		\$1,000	\$0
Other Inpatient Surgeries for Repair		\$250	\$0
Repair of One Tendon / Ligament / Rotator Cuff		\$500	\$500
Repair of Multiple Tendon / Ligament / Rotator Cuff		\$1,000	\$1,000
Torn Knee Cartilage		\$500	\$500
Other Miscellaneous Surgery for Repair		\$550	\$250
Exploratory Surgery		\$250	\$0
Dislocation Benefits (Open Reduction)		Plan 1	Plan 2
Hip		\$3,000	\$1,500
Knee (except Patella)		\$1,800	\$900
Ankle / Bones of the Foot (excluding Toes)		\$1,500	\$750
Collarbone (Clavicle, Sternum), Elbow, Lower Jaw		\$600	\$300
Bones of the Hand (excluding Fingers), Shoulder (Glenhumeral), Wrist		\$450	\$225
Collarbone (Acromioclavicular and Separation)		\$300	\$150
Rib , One Finger or Toe		\$225	\$113
Closed Reduction Percentage		50%	50%
Partial Dislocation Percentage		10%	25%
Fracture Benefits (Open Reduction)		Plan 1	Plan 2
Skull (Depressed)		\$4,000	\$2,000
Hip, Thigh (Femur)		\$4,000	\$2,000
Skull (Non-Depressed)		\$2,400	\$1,200
Vertebrae (excluding Vertebral Processes), Pelvis, Leg (Fibula or Tibia)		\$2,000	\$1,000
Ankle or Wrist		\$1,600	\$800
Bones of the Face or Nose, Jaw (Lower or Upper), Upper Arm, Sternum, Collarbone		\$800	\$400
Shoulder Blade, Vertebral Processes/Sacrum, Forearm, Kneecap, Hand/Foot (excluding Toes/Fingers)		\$600	\$300
Rib		\$400	\$200

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GROUP ACCIDENT INSURANCE

Group Accident Insurance			
Fracture Benefits (Open Reduction) Cont...		Plan 1	Plan 2
Coccyx , One Finger or Toe		\$300	\$150
Closed Reduction Percentage		50%	50%
Chip Fracture Percentage		10%	25%
Other Benefits		Plan 1	Plan 2
Urgent Care Treatment		\$200	\$50
Physician's Office Treatment		\$100	\$50
Telemedicine		\$0	\$50
Physical Therapy		\$50	\$50
Appliance		\$100	\$100
One Prosthetic Device		\$1,500	\$500
Multiple Prosthetic Devices		\$3,000	\$1,000
Non-Local Transportation		\$500	\$150
Family Lodging		\$200	\$100
Concussion		\$500	\$100
Severe Traumatic Brain Injury (TBI)		\$1,000	\$250
<ul style="list-style-type: none"> • Emergency Dental Extraction or Crown • Eye Surgery or Removal of a Foreign Object • Auto & Home Modification • X-Ray & Major Diagnostic • Family Care • Gunshot Wound 	<ul style="list-style-type: none"> • Emergency Delivery Due to Accident • Epidural / Pain Management • Extended Treatment • Organized Sports Benefit Booster • Safety Incentive Program - 3/5 Yrs 	Up to \$2,000	Up to \$1,000
Burn Benefits		Plan 1	Plan 2
2nd Degree and 3rd Degree Burns		Up to \$20,000	\$0
Skin Graft		25%	0%
Laceration Requiring Stitches		Plan 1	Plan 2
Less than 2 inches in length; 2 – 6 inches in length; 6 inches or more in length		Up to \$800	\$0
Accidental Death & Dismemberment		Plan 1	Plan 2
Accidental Death	Accidental Death Benefit	\$50,000	\$20,000
	Common Carrier	\$100,000	\$40,000
Double Dismemberment		\$25,000	\$10,000
Single Dismemberment		\$12,500	\$5,000
Finger / Toe Dismemberment		\$1,250	\$1,000
Coma		\$10,000	\$5,000
Quadriplegia; Paraplegia; Uniplegia		Up to \$25,000	Up to \$10,000
Group Accident Insurance Monthly Rates		24 Hours	24 Hours
Partner		\$24.61	\$26.52
Partner & Spouse		\$34.65	\$37.64
Partner & Child(ren)		\$42.80	\$46.83
Family		\$62.18	\$69.62

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums vary according to the selection made.

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

Not available in AK, CO, HI, NY or WA

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LEVEL TERM LIFE INSURANCE TO AGE 121 WITH 5STAR LIFE INSURANCE

Only One Health
Question!



What Is It?

44% of households would feel the financial impact of the loss of the primary wage earner within six months.¹ Life insurance can help provide immediate and future financial security for your family following your death.

1. 2022 Insurance Barometer Study, Life Happens and Limra

Policy Highlights	Benefits
Conditional Issue	<p>Primary Coverage (Age 18-70)</p> <ul style="list-style-type: none"> Up to \$50,000: Conditional Issue (1 health question) Up to \$150,000: Simplified Issue (6 health questions) <p>Spouse Coverage (Age 18-70)</p> <ul style="list-style-type: none"> Up to \$20,000: Conditional Issue (1 health question) Up to \$150,000: Simplified Issue (6 health questions) <p>Child(ren) Coverage</p> <ul style="list-style-type: none"> \$10,000 at a cost of \$2.00 per month
Eligibility	All permanent full-time and part-time partners actively at work. Financially dependent children are eligible for coverage under partner.
Quality of Life Rider ¹	<p>This rider accelerates 70% of the death benefit as a lump sum payment payable directly to the insured on a tax favored basis. Benefits are paid for the following:</p> <ul style="list-style-type: none"> Permanent inability to perform at least two of the six Activities of Daily Living (ADLs) without substantial assistance or Permanent severe cognitive impairment, such as dementia, Alzheimer's disease and other forms of senility, requiring substantial supervision <p><i>Benefits may, or may not, be tax favorable. If so, you may incur a tax obligation. As with all tax matters, you should consult your personal tax advisor to assess any potential impacts of this benefit.</i></p>
Accelerated Death Benefit ²	For diagnosis of terminal illness by a physician with life expectancy of 12 months (24 months or less in KS, MA, and TX) or less, 30% (25% in MI) of the life insurance in force will be paid in a lump sum not to exceed \$50,000. The acceleration of life benefits will reduce the amount of life benefits paid upon death by the amount of the terminal illness benefit paid.
Emergency Death Benefit	Within one business day of notification, payment of 50% of coverage or \$10,000, whichever is less, is mailed to the beneficiary, unless the death is within the two-year contestability period and/ or under investigation. There are no war or terrorism exclusions.
Children's Term Insurance Rider ³	Dependent children of the primary and/or spouse are eligible to be covered under this rider, which can be attached to the primary certificate. All eligible dependent children, between the ages of 14 days and 26 years, can be covered under the rider for \$10,000 at a cost of \$2.00 per month. Children born after the issuance of this rider are covered at 14 days of age at no additional cost. Covered dependents can convert their term benefit to a permanent form of insurance upon reaching 18 years of age, regardless of health or occupation, for amounts up to five times the face amount of the rider benefit, not to exceed \$50,000.
Portability	Coverage is fully portable. Partners and their family members can elect to continue coverage with no loss of benefits or increase of premium should the partner terminate employment after the first premium is paid.

Sample Premiums for \$50,000 in Coverage - Uni-Tobacco



AGE	PREMIUM
Ages 18 to 25	\$29.46
Age 30	\$32.12
Age 35	\$38.59
Age 40	\$49.13
Age 45	\$64.67
Age 50	\$84.67
MONTHLY	

This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums vary according to the selection made.

Not available in AK, CO, HI, NY or WA

1. Quality of Life Rider is not available to applicants over the age of 65.

2. Covered children over the age of 19 are not eligible for a death benefit if they are married or do not receive at least 50% of their financial support from the certificate owner.

3. Quality of Life Rider is not available under the Child Term Rider.

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

BenefitPropFPPgLPR0624 Underwritten and administered by 5Star Life Insurance Company (a Lincoln, Nebraska company); 777 Research Drive, Lincoln, NE 68521 Product not available in all states. Policy #: ICC18-GFPPPOL

DENTAL INSURANCE

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



Monthly	Partner	Partner + Spouse	Partner + Child(ren)	Family
Basic	\$19.67	\$35.34	\$43.31	\$63.33
Preferred	\$27.98	\$51.94	\$54.52	\$83.40

1. 12 month waiting period on Major services

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

Rates include insurance premiums and administrative fees for continuation, enrollment and marketing.

DENTPROP20

VISION INSURANCE

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

Extra member savings (not insured benefits)

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

Out-of-network coverage

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



Monthly Vision Rates

Partner	Partner + Spouse	Partner + Child(ren)	Family
\$10.22	\$16.76	\$18.42	\$25.22

1. Excludes Maui Jim® eyewear.

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

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

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

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Rates include insurance premiums and administrative fees for continuation, enrollment and marketing.

NVIGRP-DV 2019| BVPROP20

INCOME PROTECTION

ASSURITY INDIVIDUAL DISABILITY INSURANCE

No Income Verification!
No Medical Exams!



The More You Know

If illness or injury kept you from bringing home a paycheck, how would your family make ends meet? Disability income insurance can help. It replaces some of your lost income so you can continue to pay your mortgage, utilities, childcare, and other everyday expenses.

What is Disability Income Insurance?

How It Works	Replaces a portion of your income if you become disabled from a covered disability.
How much disability income insurance do you need?	Everyone's situation is different, but generally speaking, you should consider a monthly benefit that covers your monthly living expenses. For many, that amount is the same as their monthly take-home pay, generally 60% of their gross monthly income.

Policy Highlights

Benefits	
Issue Ages	18 through 60; age last birthday as of issue date
Occupation Classes	4A: Accountant, Architect, Computer Programmer, Clinical Nurse, Pharmacist, Real Estate Agent
	3A: Day Care Worker, Dentist and Hygienist, Graphic Artist, Physical Therapist, Hospital/Surgical Nurse
	2A: Carpenter, Chef, Electrician, Farmer, Landscaper, Mechanic, Personal Trainer, Plumber
	1A: Construction Laborer, Cleaning and Maintenance Services, Firefighter ¹ , Police Officer ¹ , Roofer, Truck Driver
Maximum Weekly Benefits ²	\$50 to \$600 weekly: for Self-Employed or Commissioned Salesperson \$50 to \$1,000 weekly: for W-2 Employees
Benefit Periods	13-week, 26-week, 1-year
Elimination Period	14 Days
Underwriting	No income verification; No medical exams
Renewability	Guaranteed renewable to age 65 with level premiums; conditionally renewable to age 75 if employed full time with annual premium increase.

Plan Options

	Accident and Sickness	Accident-Only
Base Benefits	<ul style="list-style-type: none"> Disability Benefit <ul style="list-style-type: none"> Total, Partial, & Presumptive Waiver of Premium Benefit Childbirth Benefit Organ Donor Benefit 	<ul style="list-style-type: none"> Disability Benefit <ul style="list-style-type: none"> Total, Partial, & Presumptive Waiver of Premium Benefit
Underwriting Classes	Non-Tobacco; Tobacco	Uni-Tobacco

1. Special guidelines apply for government employees. Please refer to the underwriting guide.

2. Maximum allowable up to 60% of income.

This insurance is unavailable to participants in the following states: NY

FOR PRODUCER USE ONLY

Policy Form No. I H2016 and Rider Form Nos. R I2019, R I2020, R I2022, R I2023, R I2024 and R I2025 are underwritten by Assurity Life Insurance Company, Lincoln, Nebraska. Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, NY. Product availability, features and rates may vary by state.

15-271-024001-22

Assurity Individual Disability Insurance

GUARANTEED ACCEPTANCE UP TO \$30,000!

TrioMED: Cover what matters most

Get three types of coverage.

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

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

Choose one of five available benefit levels:

Guaranteed Issue

- \$2,500
- \$5,000
- \$10,000
- \$15,000
- \$30,000

Accident Medical Expense

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

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

How it works

Let's say you fall, and end up with a broken hand. Your primary medical insurance has a \$3,000 deductible and the bill to fix your hand is \$4,500. Your TrioMED AME plan has a \$5,000 benefit level, with a \$250 deductible. Here's how AME would help.

After paying your primary plan deductible, you have \$1,250 left to cover other medical or household expenses.

MEDICAL COST TO REPAIR BROKEN HAND \$4,500²

ACCIDENT MEDICAL EXPENSE BENEFIT \$4,250
Medical costs less the \$250 deductible.

PRIMARY PLAN DEDUCTIBLE \$3,000

REMAINING BENEFIT \$1,250

Critical Illness Coverage

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

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

Covered Events

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

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

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

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

4. If any of the insureds are diagnosed with cancer in situ within the first 90 days of the policy effective date, the benefit amount is reduced to 10% of the maximum allowed benefit. The maximum allowed benefit amount reduces by 50% at age 65.

Accidental Death and Dismemberment

No one wants to think about the worst actually happening. But if it does, you want to make sure that you and the ones you love have the financial coverage needed to pay medical expenses.

In the unfortunate event that an insured person suffers a dismembered limb or passes away due to a covered accident, TrioMED will pay the elected benefit amount based on the schedule of benefits.¹

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

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

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

A LIFE Association Membership

Save on your health, wellness and more!

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

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

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

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

¹ Standard-issue plans require a health questionnaire

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

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



Sample MONTHLY Premiums Rates					
Samples Ages 18-64	\$2,500	\$5,000	\$10,000	\$15,000	\$30,000
Individual Only	\$41.16	\$47.45	\$57.69	\$47.56	\$57.46
Individual + Spouse	\$52.62	\$63.54	\$80.75	\$61.99	\$76.69
Individual + Child(ren)	\$51.06	\$60.41	\$74.50	\$59.57	\$70.05
Individual + Family	\$62.53	\$76.51	\$97.55	\$73.99	\$89.27

This is an individual policy and available to individuals outside of the America's Consumers & Affiliates Limited Partnership. For use in the following states: AL, AR, AZ, CA, DC, FL, GA, ID, IL, IN, KY, LA, MA, MI, MS, NC, ND, NE, NM, NV, OH, OK, PA, RI, SC, TN, TX, VA, WV, WY. Rates may vary by state.

10 YEAR TERM LIFE INSURANCE

SIMPLIFIED ISSUE UP TO 100,000!



What Is It?

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

Policy Highlights	Benefits
Benefit Highlights	<ul style="list-style-type: none">• Cover everyday expenses after loss of income.• Help pay off mortgage or college tuition.• Provide financial peace of mind during the child raising years. <p>Choose coverage based on your needs and budget:</p> <ul style="list-style-type: none">✓\$20,000 ✓\$25,000✓\$30,000 ✓\$50,000✓\$75,000 ✓\$100,000
Eligibility Age	18 through 64
Evidence of Insurability	<p>Complete a health history questionnaire, with no medical exam required.*</p> <ul style="list-style-type: none">• Simplified issue up to \$100,000• Spouse simplified issue up to \$100,000 must be equal to Primary benefit selected.
Benefits	Lump-sum cash benefit. The money is paid to your beneficiary and can be used as they wish.
Limitations	<ul style="list-style-type: none">• Rates are guaranteed for 5 years.• Policy auto renews annually after 10 years through age 85. (Unless death or expiration on the policy benefit schedule is met.)• Primary and Spouse coverage only. (No dependent coverage or child only policies.)



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

MONTHLY

*Product is medically underwritten.
This is an individual policy and available to individuals outside of the America’s Consumers & Affiliates Limited Partnership.
For use in every state EXCEPT: AK, CO, CT, HI, NY, and VT

