



America's Consumers & Affiliates

BENEFITS

2021 Enrollment Guide



Coverage Made Easy



The America's Consumer's and Affiliates Limited Partnership is an opportunity for partners to earn a secondary income from online marketing programs and receive access to voluntary benefits. How it Works: Partners share specific browsing habits (Legend Browsing App for smartphones or Chrome or Firefox browsers) that are anonymous and secure that are limited to: website visited, time of visit and duration. Partners can provide 500 hours of service annually to be an active partner. In addition, your Partnership provides access to established Voluntary Insurance Benefits with National "A" Rated insurance carriers, in which you and your family may participate.

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1

SelectMed

Medical Options



1. SelectMed

	SelectMed Base	SelectMed Pro	SelectMed Max
Evidence of insurability	Guaranteed Acceptance	Guaranteed Acceptance	Guaranteed Acceptance
PPO Network	First Health®		
Deductible	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)
Individual	n/a	n/a	\$2,000
Family	n/a	n/a	\$4,000
Out-of-Pocket Maximum	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)
Individual	n/a	\$8,150	\$8,150
Family	n/a	\$16,300	\$16,300
SelectMed Medical Services	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)
MedCall Now	Included (No Copay)	Included (No Copay)	Included (No Copay)
Preventative & Wellness*	100% Covered in Network-No copay and No deductibles		
Primary Care Visit to Treat Injury or Illness	Not Covered	\$25.00 Copay Max 5 Visits Per Calendar Year ¹	\$25.00 Copay per visit
Specialist Visit		\$25.00 Copay Max 5 Visits Per Calendar Year ¹	\$50.00 Copay per visit
Outpatient Diagnostic Test (X-Ray, Blood Work)		\$25.00 Copay Max 5 Tests Per Calendar Year	\$50.00 Copay per test
Prescription Benefit	No Copay for ACA Compliant covered prescription drugs	No Copay for ACA Compliant covered prescription drugs	No Copay for ACA Compliant covered prescription drugs
		20% Copay-Generic Only 12 Prescriptions Maximum 30 day supply Maximum	Brand/Generic, \$10 Formulary Generic / \$50 Formulary Brand; Mail \$30 Formulary Generic / \$150 Formulary Brand, \$750 Per Primary / \$1,500 Per Family Annual Maximum ²
Urgent Care	Not Covered	\$25.00 Copay Max 5 Visits Per Calendar Year ¹	\$50.00 Copay per visit
Outpatient CT/MRI/Pet Scans			50% Coinsurance per test ³ Subject to deductible
Outpatient Services: Mental Health, Behavioral Health or Substance Abuse Services		Not Covered	\$50.00 Copay per visit
Rehabilitation Services & Habilitation Services			\$50.00 Copay per visit Combined limit for all therapies of 20 visits per calendar year
Monthly Rates			
Primary	\$84.78	\$116.71	\$207.25
Primary + Spouse	\$139.69	\$183.85	\$346.11
Primary + Child	\$130.12	\$176.99	\$354.87
Family	\$184.03	\$237.98	\$516.17

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

1. Combined 5 visits per year includes Primary Care Visit to Treat Injury or Illness, Specialist Visit and Urgent Care Visit.

2. The prescription provided by DataRx is not available in NY, SD, and WA. In the states noted, \$20 co-pay generic only, 30 day supply max.

3. Pre-authorization required.

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

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

Hospitalization Buy-Up for SelectMed Pro and Max Plans



The More You Know

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

Hospitalization Buy-Up to SelectMed Pro/Max Plans

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

Monthly Rates

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

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

1. SelectMed Bronze and Silver Plans

SelectMed Plan Options		SelectMed Bronze	SelectMed Silver
Evidence of insurability		Guaranteed Acceptance	Guaranteed Acceptance
PPO Network		Multiplan Practitioner and Ancillary network	
Deductible		In Network Participating Providers (No Out of Network Coverage)	In Network Participating Providers (No Out of Network Coverage)
Individual		\$0	\$0
Family		\$0	\$0
Out-of-Pocket Maximum		In Network Participating Providers (No Out of Network Coverage)	In Network Participating Providers (No Out of Network Coverage)
Individual		\$8,150	\$5,000
Family		\$16,300	\$10,000
Medical Services		In Network Participating Providers (No Out of Network Coverage)	In Network Participating Providers (No Out of Network Coverage)
PHYSICIAN SERVICES			
Primary Care Office Visit	Non-Hospital Based	\$25 Copay (Limited to 8 visits per calendar year)	\$15 Copay (Limited to 10 visits per calendar year)
	Hospital Based	Not Covered-100% paid by Member	
Specialist Office Visit	Non-Hospital Based	\$50 Copay (Limited to 8 visits per calendar year)	\$25 Copay (Limited to 10 visits per calendar year)
	Hospital Based	Not Covered-100% paid by Member	
Urgent Care		\$50 Copay (Limited to 2 visits per calendar year)	\$35 Copay (Limited to 3 visits per calendar year)
Telemedicine Services		\$0	\$0
PREVENTIVE & WELLNESS SERVICES			
(Non-Hospital Based)		\$0 Copay (Plan pays 100% of covered preventive and wellness services)	
(Hospital Based)		Not Covered - 100% paid by Member	
HOSPITAL/FACILITY SERVICES (Subject to Referenced Based Pricing)			
Inpatient Hospitalization		\$350 Copay per admission (Limited to 5 days per calendar year)	\$350 Copay per admission (Limited to 7 days per calendar year)
Inpatient Visits - Physician		Included in Inpatient Hospitalization Copay (Limited to visits up to 5 days per calendar year)	Included in Inpatient Hospitalization Copay (Limited to visits up to 7 days per calendar year)
Inpatient Surgery ²		Included in Inpatient Hospitalization Copay (Second surgical opinion may be required; Limited to 2 surgeries per calendar year)	Included in Inpatient Hospitalization Copay (Second surgical opinion may be required; Limited to 3 surgeries per calendar year)
Outpatient Hospital or Free Standing Facility Services and Surgery ²		\$350 Copay (Limited to 1 visit per calendar year)	\$350 Copay (Limited to 2 visit per calendar year)
Anesthesia		Included in Inpatient Hospitalization or Outpatient Hospital or Free Standing Facility Services and Surgery Copay (Limited to 2 inpatient and 1 outpatient anesthetic procedures per calendar year)	Included in Inpatient Hospitalization or Outpatient Hospital or Free Standing Facility Services and Surgery Copay (Limited to 3 inpatient and 2 outpatient anesthetic procedures per calendar year)
Emergency Room Services		\$350 Copay (Limited to 1 visit per calendar year)	
DIAGNOSTIC SERVICES			
Laboratory Services	Non-Hospital Based	\$50 Copay (Combined limit of 3 visits per calendar year with Radiology)	
	Hospital Based	Not Covered - 100% paid by Member	
Radiology	Non-Hospital Based	\$50 Copay (Combined limit of 3 visits per calendar year with Laboratory Services)	
	Hospital Based	Not Covered - 100% paid by Member	
CT/MRI/MRA/PET Scan	Non-Hospital Based ²	\$350 Copay (Subject to RBP) (Limited to 1 per calendar year.)	\$350 Copay (Subject to RBP) (Limited to 2 per calendar year.)
	Hospital Based	Not Covered - 100% paid by Member	

1. SelectMed Bronze and Silver Plans

		SelectMed Bronze	SelectMed Silver
PREGNANCY BENEFITS			
Professional Services		Not Covered - 100% paid by Member	\$350 Copay
Childbirth/Delivery (Considered Inpatient Hospital Stay)		Not Covered - 100% paid by Member	\$350 Copay per admission (Subject to RBP)
OTHER SERVICES			
Allergy Services (Included in Primary Care Office Visit or Specialist Office Visit limits. The copay applies to the administration of the allergy service and is separate from the copay for the office visit)		\$25 Copay	
Home Health Care		\$25 Copay (Limited to 10 visits per calendar year)	\$25 Copay (Limited to 15 visits per calendar year)
Treatment for Chemical Abuse & Dependency ²	In-Patient	\$250 Copay per day (Subject to RBP) (Limited to 5 days per calendar year)	\$250 Copay per day (Subject to RBP) (Limited to 7 days per calendar year)
	Out-Patient	\$25 Copay per day (Limited to 5 days per calendar year)	\$25 Copay per day (Limited to 7 days per calendar year)
Rehabilitation/Habilitation Services		Not Covered - 100% paid by Member	
Emergency Medical Transportation		\$250 Copay (Subject to RBP) (By land only; Limited to 1 transport per calendar year)	
PHARMACY BENEFITS		Participating Pharmacies	
Preventive Prescriptions - (Subject to Formulary)			
Pharmacy Retail – up to a 30 day supply		Generic - \$0 Copay (Limited to Preventive Generic)	
Non-Preventive Prescriptions - (Subject to Formulary)			
Prescription Benefit		Brand/Generic, \$10 Formulary Generic \$50 Formulary Brand; Mail \$30 Formulary Generic \$150 Formulary Brand, \$750 Per Primary \$1,500 Per Family Annual Max ¹	
Monthly Rates		SelectMed Bronze	SelectMed Silver
Individual		\$487.89	\$589.48
Individual + Spouse		\$853.26	\$1,016.37
Individual + Child		\$880.90	\$1,047.49
Family		\$1,308.36	\$1,588.64

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

Reinsurance coverage is provided through Providence Insurance Company II

1. The prescription provided by DataRx is not available in NY, SD, and WA. In the states noted, \$20 co-pay generic only, 30 day supply max.

For additional information reference the Summary Plan Document for a list of services offered In-Network.

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

1. SelectMed

Preventive Health Services: Limitations, Intervals, and Requirements¹

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

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

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

Preventative and Wellness Services - Covered Benefits

<p>Adults</p> <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 	<p>Men</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening <p>Women</p> <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 <p>Pregnant Women</p> <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 	<p>Newborns</p> <ul style="list-style-type: none"> • Gonorrhea Prophylactic Medication • Hemoglobinopathies Screening • Hypothyroidism Screening • Phenylketonuria Screening <p>Infants</p> <ul style="list-style-type: none"> • Dental Caries Prevention: Infants and Children Up to Age 5 <p>Children</p> <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 <p>Adolescents</p> <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 <p>Multiple Populations</p> <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.

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

2

Hospital Indemnity

Hospitalization Coverage



Hospital Indemnity Insurance



POLICY BENEFITS		OPTION 1
Daily In-Hospital Indemnity Benefit	Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness.	\$1,000 \$5,000 Calendar Maximum Maximum \$5,000
ADDITIONAL INDEMNITY BENEFITS		OPTION 1
Ambulance Indemnity Benefit Rider	Pays each day an insured person receives ambulance transportation as the result of a covered accident or sickness. Transportation must be provided by a licensed ambulance company within 96 hours of a covered accident or onset of sickness. Air ambulance pays 3 times the amount shown.	\$100 3 days per calendar year/6 days per lifetime
Hospital Confinement Indemnity Benefit Rider	Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness lasting a minimum of 24 continuous hours from time of admission.	\$1,000 1 day
Inpatient Surgical Indemnity Benefit Rider	Pays each day an insured person undergoes surgery while confined to a hospital as a result of a covered accident or sickness.	\$1,000
	If anesthesia is administered, pays an additional: Calendar Year Maximum	30% 1 day
Inpatient Miscellaneous Indemnity Benefit Rider	Pays each day an insured person is confined to a hospital as the result of a covered accident or sickness.	\$100
	Maximum	31 days
NON-INSURANCE DISCOUNT PROGRAMS		
PPO Network offered by Multiplan		Included
Employee Discount Card offered by New Benefits Ltd.		Included

HOSPITAL INDEMNITY INSURANCE MONTHLY PREMIUMS				
	Primary	Primary + Spouse	Primary + Child	Family
OPTION 1	\$103.21	\$208.29	\$153.48	\$240.14

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 a brief summary of hospital indemnity insurance policy. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

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

3

Additional Options

Plans for Enhanced Coverage



Dental Insurance



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



Plan Tier	Primary	Primary + Spouse	Primary + Child(ren)	Family
Basic	\$15.89/mo	\$27.97/mo	\$34.12/mo	\$49.58/mo
Preferred	\$22.30/mo	\$40.79/mo	\$42.77/mo	\$65.06/mo

1. 12 month waiting period on Major services

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

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

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

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			
Lens upgrades ³	Digital Single Vision Lenses	\$30	Every 12 months		
	Trivex Lenses	\$50			
	Blue Light Filtering	\$15			
	Prescription contacts ⁴ (instead of glasses)	15% off fitting, evaluation and follow-up \$130 allowance for contacts Plus 15% off any amount over your allowance ²			Every 12 months

Extra member savings (not insured benefits)

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

Out-of-network coverage

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



Vision Rates

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

1. Excludes Maui Jim® eyewear.

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

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

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

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

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

Accident Insurance



The More You Know

Accidents can happen at any time, to anyone. Who would pay the bills when a serious injury unexpectedly puts you in a hospital bed for days, weeks, or longer? The everyday bills and extra expenses do not stop when an accident strikes.

Policy Highlights	Benefits
Initial Hospitalization for Injury Benefit	\$1,500 per person, per calendar year
Accident Emergency Treatment Benefit	\$125 for Primary or spouse paid once per insured accident
Accident Hospital Income Benefit	Hospital - \$250 per day up to 365 days per year with 30 days of accident ICU - \$750 per day up to 15 days per insured person per insured accident
Appliances Benefit	\$200 per accident, per person (Crutches, leg braces, wheelchairs and walkers.)
Physical Therapy Benefit	\$50 per treatment, one treatment per day - up to ten treatments per insured accident
Prosthetic Device Benefit	\$750 for one prosthetic device, two or more devices \$1,500
Accident Follow-up Treatment Benefit	\$50 per visit up to a maximum of 3 treatments within 6 months per insured person, per insured accident
Wellness Benefit	\$60 annual benefit for the insured or any one insured family Primary after the first 12 months of paid premium
Ambulance Benefit	\$300 Ground Ambulance \$1,500 Air Ambulance
Accidental Death Benefit	Death must result from and occur within 90 days of the accident. Only one of the following benefits will be paid per insured person per accident and will be reduced by any dismemberment benefits previously paid for the same accident. Child benefit is 50% of the benefit amount.
Accidental Dismemberment	Pays the percentage of the accidental death benefit:
Specific Sum Injuries	Pays benefits for dislocations, burns, ruptured discs, torn knee cartilage, eye injuries, lacerations, internal injuries, fractures, blood plasma and coma. Benefits range from \$40-\$15,000. Ask for copy of rider for specific amounts payable and definitions and limitations for each specific accident. (Benefits will not be paid for services rendered by a primary of the immediate family of an insured person)
Benefits	Off the job accidents
Family Lodging Benefit	\$150 benefit if an insured suffered injuries in a covered accident and requires hospital confinement at a facility more than 100 miles from the residence of the covered person, the selected benefit amount is paid for one motel/hotel room for a Primary(s) of the immediate family who accompanies that person.
Transportation Benefit	\$600 benefit if an insured suffers injuries in a covered accident and requires special treatment and hospital confinement at a facility more than 100 miles from the site of the accident or residence of the covered person, the selected benefit amount is paid for transportation costs. A local attending physician must prescribe the treatment and it must not be available locally. This benefit is limited to three trips per calendar year per covered person.



Rates for Accident Insurance			
Primary	Primary + Spouse	Primary + Child(ren)	Family
\$21.32	\$31.48	\$27.56	\$38.56
MONTHLY			

This is a brief summary of accident-only insurance. Insurance may not be available in all jurisdictions. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

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

Critical Illness Insurance

**GUARANTEED ISSUE UP TO \$25,000!
\$50,000 MAX!**



What Is It?

Concentrate on your recovery, not your finances. Critical illness insurance provides a single cash benefit paid directly to you if you're diagnosed or treated for a covered critical illness -- giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses, such as car payments, the mortgage, groceries, or utility bills. Consider how you would manage if you were unable to work due to an illness.

Critical Illness

Critical Illness Benefit	Critical illness insurance provides a lump-sum cash benefit which the primary can use however they wish. After the critical illness diagnosis, the insured person will receive a lump-sum percentage of the elected benefit amount. The diagnosis must be made after the effective date of the certificate.
Recurrent Critical Illness Benefit Rider	This benefit provides each insured person with an opportunity to receive an additional payment for the same critical illness. The Recurrence Benefit is a percentage of the Critical Illness Benefit amount and the percentage is selected by the association. A recurrence of the same critical illness must be separated by a 12 month waiting period. Only one Recurrence Benefit will be paid for each critical illness.
Wellness Indemnity Benefit Rider	This benefit can help pay the costs for a screening test for early disease signs and lead to earlier intervention, better outcomes and healthier primaries. The benefit is payable once per calendar year per insured person.
First Occurrence	First occurrence after effective date
Rate Structure	Voluntary - Issue Age

Covered Critical Illnesses

Illness covered under policy	Percentage of Benefit Amount
Heart Attack	100%
Stroke	100%
Life Threatening Cancer	100%
Major Organ Transplants	100%
End Stage Renal Failure	100%
Blindness and/or Deafness	100%
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	100%
Coronary Artery Bypass Surgery	25%
Carcinoma In Situ	25%
Prostate Cancer with TNM Classification of T1	25%
Angioplasty	5%
Skin Cancer	5%

Additional Benefit	Benefit Amount
Wellness Indemnity Benefit	\$50
Recurrent Critical Illness Benefit Rider	50%

\$ Sample Premiums for Primary - Non-Tobacco Rates \$

Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000
18-29	\$13.90	\$16.85	\$19.80	\$22.75	\$25.70	\$28.65	50-59	\$35.10	\$48.65	\$62.20	\$75.75	\$89.30	\$102.85
30-39	\$15.10	\$18.65	\$22.20	\$25.75	\$29.30	\$32.85	60-64	\$66.50	\$95.75	\$125.00	\$154.25	\$183.50	\$212.75
40-49	\$22.30	\$29.45	\$36.60	\$43.75	\$50.90	\$58.05	65+	\$77.20	\$111.80	\$146.40	\$181.00	\$215.60	\$250.20

MONTHLY

MONTHLY

This is a brief summary of critical illness insurance. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

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

Cancer Insurance



What Is It?

Cancer insurance is designed to provide benefits to help with the cost of cancer treatment. Benefits are paid directly to you and are paid in addition to any other insurance you may have. This policy can also help protect your income from out-of-pocket expenses that aren't covered by your major medical coverage including:

- Travel and lodging
- Child care and household help
- Normal living expenses - such as your car payment, mortgage, rent, and utility bills
- Out-of-pocket medical expenses
- Out-of-network specialists

Policy Highlights

- Individual and family insurance available
- Fully portable

Hospital Benefits

Hospital Confinement & Extended Benefits	\$200 per day of covered confinement; \$400 per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	\$40 per day while hospital confined; one visit per 24-hour period
Inpatient Drugs & Medicines	\$30 per day while hospital confined
Ambulance	\$200 for service by a licensed ambulance service for transportation to a hospital; admittance required
Additional Hospital Benefits	Up \$200 per day for: <ul style="list-style-type: none"> • Private Duty Nurse • Government or Charity Hospital • Extended Care Facility • Hospice Care

Surgery Benefits

Surgery	Inpatient-\$3,000; Outpatient-\$4,500 Maximum benefit; actual benefit is determined by the surgery schedule in the contract; for multiple procedures in same incision only the highest benefit is paid; for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure
Anesthesia	25% of covered surgery benefit
Prosthesis	\$1,500 maximum benefit; pays actual charges per device requiring implantation; \$150 maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment
Additional Surgery Benefits	<ul style="list-style-type: none"> • Reconstructive Surgery • Ambulatory Surgical Center • Second Surgical Opinion • Skin Cancer Surgery

Radiation and Chemotherapy Benefits

Radiation & Chemotherapy and Related Expenses	\$15,000 maximum benefit per 12-month period; pays actual charges; \$750 maximum benefit per 12-month period; pays actual charges for treatment consultations and planning, adjunctive therapy, radiation management, chemotherapy administration, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
Blood, Plasma, Blood Components, Bone Marrow & Stem Cell Transplant and Associated Blood & Plasma Expenses	\$15,000 maximum benefit per 12-month period; pays actual charges; \$750 maximum benefit per 12-month period; pays actual charges for administration of blood, plasma and blood components, transfusions, processing and procurement, or cross-matching, treatment consultations and planning, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
New or Experimental Treatment	\$15,000 maximum benefit per 12-month period; pays actual charges for drugs or chemical substances approved by the FDA for experimental use on humans or surgery or therapy endorsed by either the NCI or ACS for experimental studies received in the US or its territories

Wellness & Non-Medical Benefits

Annual Cancer Screening Benefit	\$100 per calendar year for cancer screening tests: mammogram, pap smear, flexible sigmoidoscopy, prostate-specific antigen test, chest x-ray, hemocult stool specimen, ultrasound, CEA, CA125, biopsy, thermography, colonoscopy, serum protein electrophoresis bone marrow testing, and blood screening
Additional Wellness & Non-Medical Benefits	<ul style="list-style-type: none"> • Non-Local Transportation • Physical Therapy & Speech Therapy • Family Primary Lodging • At-Home Nursing • Outpatient Lodging • MRI Scan
Waiver of Premium	Waives premium for total disability due to cancer after 60 consecutive days of total disability; total disability must begin prior to the insured person's 70th birthday

Cancer Maintenance Therapy Benefit

Cancer Suppressive Therapy, Hematological Drugs, Anti-Nausea Drugs, and Motility Drugs	\$1,000 maximum benefit per 12-month period; pays actual charges
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Rates for Cancer Insurance

Primary	Primary + Child(ren)	Family
\$27.51	\$31.02	\$47.76
MONTHLY		

This is a brief summary of Cancer Insurance. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

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

Short-Term Disability

**GUARANTEED ISSUE UP TO \$3,500!
SIMPLIFIED ISSUE \$5,000!**



The More You Know

How would you and your family make it with no paycheck? Short-term disability income insurance helps protect your income if you ever get sick or hurt and can't work, so you can focus on getting better.

Policy Highlights	Benefits
Evidence of Insurability	Guaranteed Issue up to \$3,500 per month
Insurance For	Primary Only
Benefit Levels	Up to \$5,000 per month (Simplified Issue). Not to exceed 60% of monthly earnings.
Benefit Period	6 Months
Waiting Period	14 days accident/14 days sickness
Tax-Free Benefit	No taxes due on cash benefits



Short-Term Disability Income Insurance	
Benefit	Ages 18-69
\$500 Monthly Benefit	\$32.00
\$1,000 Monthly Benefit	\$59.00
\$1,500 Monthly Benefit	\$86.00
\$2,000 Monthly Benefit	\$113.00
\$2,500+ Monthly Benefit	Call for Pricing
MONTHLY	

This is a brief summary of short-term disability income insurance. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

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

4

Life Insurance

Term and Universal Life



10 Year Term Life Insurance



**GUARANTEED ISSUE UP TO \$100,000!
\$500,000 MAX!**



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 Levels	<ul style="list-style-type: none"> - Guaranteed issue up to \$100,000 not to exceed 5 times annual salary. - Spouse guaranteed issue up to \$15,000. - Eligible dependent children issue is up to \$10,000; minimum is \$5,000
Evidence of Insurability	Guaranteed Issue
Portable	If an insured leaves the group for any reason, he or she may be able to continue this Voluntary Group Term Life Insurance coverage on a direct basis.
Convertible to Whole Life Policy	Opportunity to convert to permanent ¹ life insurance upon termination of insurance.
Accelerated Death Benefit for Critical Care Condition Rider	Benefit amount is 25% of the life insurance death benefit. Allows the insured to receive an early payout of the life insurance death benefit in the event of these critical care conditions: cancer, heart attack, major organ transplant surgery, renal failure or stroke.
Accelerated Death Benefit for Living Benefit Rider	Accelerates 4% for monthly benefit or 20% of the death benefit amount as a one-time lump sum payment. Accelerates a portion of the life insurance death benefit if the insured person is diagnosed with a covered chronic illness and in the best medical judgment is unable to perform daily activities for a period of at least 90 days without human assistance; or has a severe cognitive impairment that is expected to be permanent or requires supervision to protect the insured's health or safety.
Extension of Benefits Rider	Accelerates 4% for monthly benefit or 5% of one-time lump sum payment/Paid-up benefit of 25% of face amount
Accelerated Death Benefit for Terminal Illness Rider	Accelerates up to the lesser of \$100,000 or 50%. Accelerates a portion of the death benefit amount if a covered person is first diagnosed with a terminal illness which, in the best medical judgment, will result in death within 12 months.
Waiver of Premium Due to Layoff or Strike Rider	Waives the premium for up to six months in the event of involuntary layoff or strike. Waiver is limited to three layoffs/strikes, not to exceed a total of six months, per 12-month period. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals.



Sample Primary Premiums* - Non-Tobacco		
Age	Amount You Will Pay	Amount Of Death Benefit
Age 25	\$16.38	\$50,000
Age 30	\$18.46	\$50,000
Age 35	\$22.17	\$50,000
Age 40	\$29.29	\$50,000
Age 45	\$39.00	\$50,000
Age 50	\$50.71	\$50,000

Issue ages are 16-75 for Primary and 16-65 for spouse. *Rates are based upon age and tobacco usage. ¹ Coverage could lapse prior to the maturity for non-payment of premiums. You must speak with a benefits counselor to receive your applicable rate.

MONTHLY

This is a brief summary of Group Term Life Insurance. Premiums are scheduled to remain level for five years and are guaranteed level for the first five years. **Premiums may actually increase annually starting in year 6.** This Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

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

Universal Life Insurance

**GUARANTEED ISSUE UP TO \$100,000!
\$500,000 MAX!**



What Is It?

Universal Life Insurance is designed to last your lifetime. It combines life insurance protection with the ability to grow cash value over time. As long as your policy has earned sufficient cash value, you may borrow from it for any reason at a modest interest rate. You can use this loan for things such as paying college tuition, mortgage costs, or use it to pay for final expenses.

Policy Highlights	Benefits
Benefit Levels	Guaranteed issue up to \$100,000 for Primary and \$15,000 for spouse, not to exceed 5 times salary. Eligible dependent children is \$25,000 or \$10,000 for child term rider.
Evidence of Insurability	Guaranteed Issue
Cash Value Accumulation	The policy builds with a minimum guaranteed interest rate of 3%
Portable	Yes. If you retire or leave your group, you can take comfort in knowing that your premium won't change because you leave.
Accelerated Death Benefit for Terminal Condition Rider	Accelerates up to the lesser of \$100,000 or 75%. Accelerates a portion of the life insurance death benefit if the insured person is first diagnosed with a terminal condition which, in the best medical judgment, will result in death within 12 months. When exercised, an administrative fee of \$100 plus 12 months advanced interest will be deducted from the benefit payment. The death benefit and other contract values will be reduced accordingly and this rider will terminate.
Waiver of Monthly Deductions for Layoff or Strike Rider	Waives the monthly deductions for up to six months per year if the Primary is involuntarily laid off. Benefits are limited to three layoffs per year and are based on the Primary's layoff only. Layoff of an insured spouse or child does not qualify for this waiver. Premium payments must have begun prior to the insured Primary's layoff. Rider is available through age 55 and terminates on the Primary's 60th birthday or when the insurance is assigned to another party, whichever is earlier.
Accelerated Death Benefit for Critical Condition Rider	Accelerates up to the lesser of \$100,000 or 25%. Accelerates a portion of the life insurance death benefit if the insured person is first diagnosed with a covered critical care condition (cancer, heart attack, stroke, renal failure or major organ transplant surgery) after the 30-day waiting period. When exercised, an administrative fee of \$250 will be deducted from the benefit payment. The death benefit and other contract values will be reduced accordingly and this rider will terminate.
Accelerated Death Benefit for Living Benefit Rider	Accelerates 4% for monthly benefit or 20% of one-time lump sum payment. Accelerates a portion of the life insurance death benefit if the insured person is diagnosed with a covered chronic illness and in the best medical judgment is unable to perform daily activities for a period of at least 90 days without human assistance; or has a severe cognitive impairment that is expected to be permanent or requires supervision to protect the insured's health or safety.
Extension of Benefits Rider	Accelerates 4% for monthly benefit or 5% or one-time lump sum payment/Paid-up benefit of 25% of face amount
Waiver of Monthly Deductions for Total Disability Rider	Waives the monthly deductions while a Primary is totally disabled. Once the six month waiting period is satisfied, monthly deductions will be waived retroactively to the commencement of total disability and continue as long as the Primary remains totally disabled, subject to certain conditions. The disability must begin after age 16 and prior to age 60. Benefits are based on the Primary's total disability only. Total disability of an insured spouse or child does not qualify for this waiver. Rider is available through age 55 and terminates on the Primary's 70th birthday.
Automatic Face Amount Increase Rider	\$1 per week for 10 years. Spouse coverage is \$1 per week for 3 years. This rider automatically increases the face amount by increasing the planned premium annually. The face amount will increase by the amount that the planned premium increase will purchase at current age and rate class. This rider is only available to a Primary, age 16 through 60, during the initial enrollment and cannot be added later.
Child Term Insurance Rider	Benefit of \$10,000 or \$20,000 for each child. All children in the family will be insured for the same coverage amount. Allows an insured Primary or spouse (but not both) to insure all eligible children, age 15 days through age 25, for the selected amount of term insurance. Insurance on each child terminates on that child's 26th birthday or when the parent's insurance ends, whichever is earlier. Upon the termination the child has 31 days in which to convert to an individual contract for up to 5 times the amount of insurance under this rider or \$50,000.



Sample Primary Premiums* - Non-Tobacco		
Age	Amount You Will Pay	Amount Of Death Benefit
Age 25	\$28.62	\$50,000
Age 30	\$33.72	\$50,000
Age 35	\$40.50	\$50,000
Age 40	\$50.37	\$50,000

Issue ages are 16-80 for Primary and 16-65 for spouse. *Rates are based upon age and tobacco usage. Coverage could lapse prior to the maturity for non-payment of premiums. You must speak with a benefits counselor to receive your applicable rate.

MONTHLY

This is a brief summary of Universal Life Insurance. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

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

