2022 Benefits Enrollment Guide

Coverage Made Easy

America's Consumers and Affiliates Benefits

The America's Consumers & Affiliates Limited Partnership provides an opportunity for partners to earn a secondary income through use of the Legend Browser application and to receive access to a comprehensive health and life benefits package. The Legend Browser offers a way for partners to rate websites or click on advertisements while browsing the Internet to earn a passive income. Using the Legend Browser when browsing the Internet an annual average of 10 hours per week makes you an active limited partner to maintain eligibility for benefits.

Becoming an active partner is easy!

1. Download the Legend Browser application on a phone/tablet and/or extension on your Chrome or Firefox browser.
2. **Log in with your Partner Identification Number (PIN)** provided by the Limited Partnership
3. **Use the Legend Browser** to explore the Internet, rate the websites you visit, and take advantage of the advertisements offered to earn passive income.

By joining the AC&A Limited Partnership and becoming an active partner, individuals are eligible to receive established Voluntary Insurance Benefits with National "A" Rated insurance carriers, in which you and your family may participate. If a partner should later choose he no longer wishes to participate in the Limited Partnership income earning opportunities, he may choose to keep his coverage with any of the portable benefits offered. See the LP Benefit Guide for notations of portable products.

Individual Benefits Available

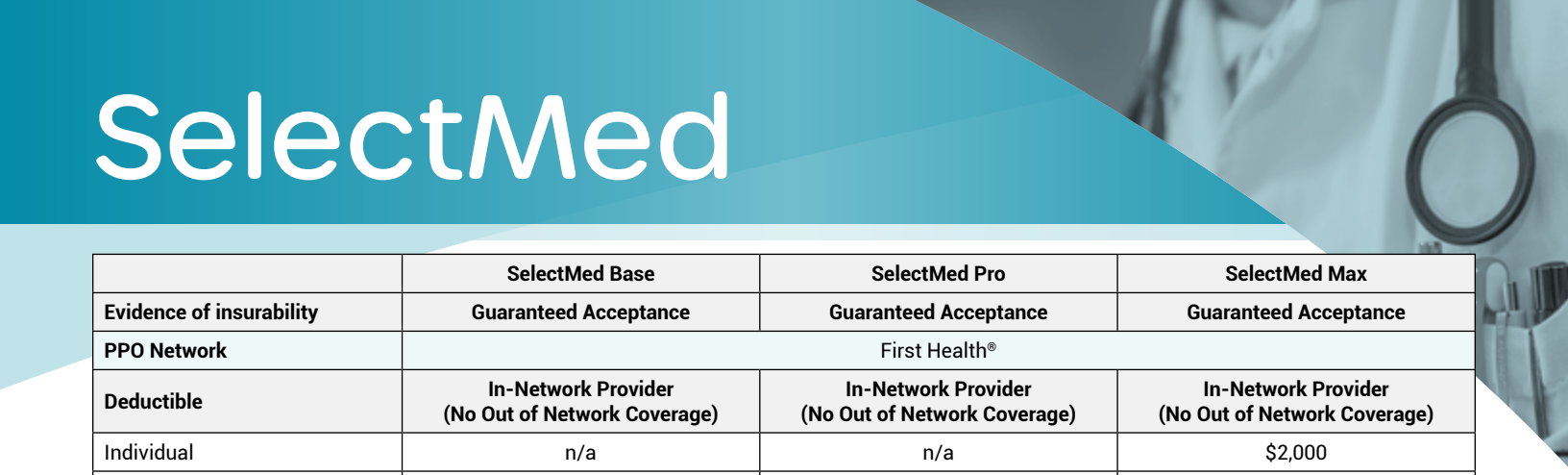
1

America's Consumers & Affiliates

SelectMed

Medical Options

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
	Not Covered	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		$25.00 Copay Max 5 Visits Per Calendar Year [1]	$50.00 Copay per visit
Outpatient CT/MRI/Pet Scans		Not Covered	50% Coinsurance per test [3] Subject to deductible
Outpatient Services: Mental Health, Behavioral Health or Substance Abuse Services			$50.00 Copay per visit
Rehabilitation Services & Habilitation Services			$50.00 Copay per visit Combined limit for all therapies of 20 visits per plan year
Monthly Rates			
Primary	$84.78	$131.17	$207.25
Primary + Spouse	$139.69	$199.53	$346.11
Primary + Child	$130.12	$192.43	$354.87
Family	$184.03	$254.71	$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.
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.
First Health is a brand name of First Health Group Corp., an indirect, wholly-owned subsidiary of Aetna Inc.

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

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.

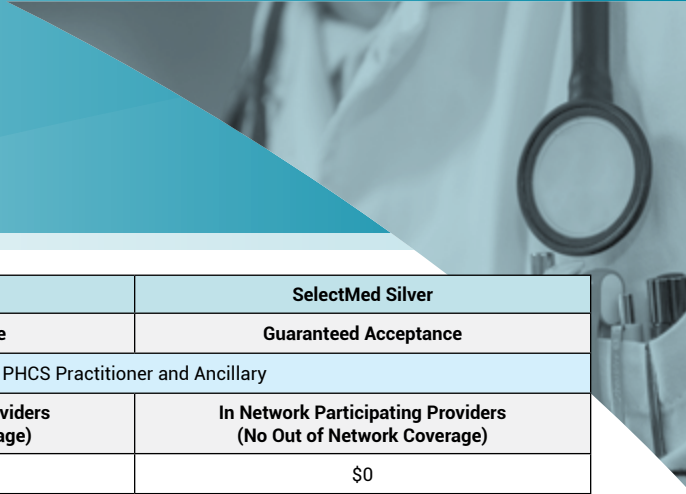
Hospitalization Buy-Up to SelectMed Pro/Max Plans	
Evidence of insurability	Guaranteed Acceptance
Annual Plan Year Limit	Choose $50,000 or $100,000 Per Participant
Participant Coinsurance	0%
TPA	HMA, LLC
PPO Network	First Health Network
Network Coverage	In-Network Only
Plan Provisions	Participating Providers (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				
$50,000 Plan	**Primary**	**Primary + Spouse**	**Primary + Child(ren)**	**Family**
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	**Primary**	**Primary + Spouse**	**Primary + Child(ren)**	**Family**
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.

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

SelectMed Metallic Plan Options



SelectMed Metallic Plan Options		SelectMed Bronze	SelectMed Silver
Evidence of insurability		**Guaranteed Acceptance**	**Guaranteed Acceptance**
PPO Network		PHCS Practitioner and Ancillary	
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		$8,700	$5,000
Family		$17,400	$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	Not Covered - 100% paid by Member

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

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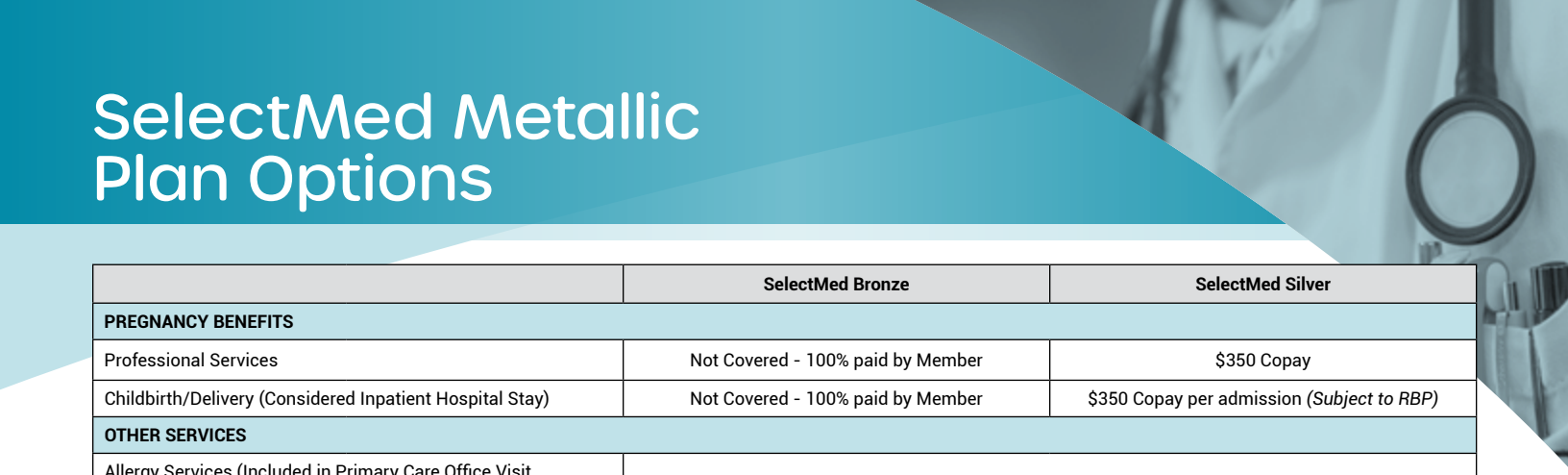
SelectMed Metallic Plan Options



		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.
For additional information reference the Summary Plan Document for a list of services offered In-Network.
To find a provider through the PHCS Practitioner and Ancillary: https://www.multiplan.com/webcenter/portal/ProviderSearch

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

SelectMed Metallic Plan Options

Preventive Health Services: Limitations, Intervals, and Requirements[1]

The following table represents the preventive services currently covered under the SelectMed Bronze and SelectMed 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

Adults
- 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
- Abdominal aortic aneurysm screening

Women
- 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
- 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
- Gonorrhea Prophylactic Medication
- Hemoglobinopathies Screening
- Hypothyroidism Screening
- Phenylketonuria Screening

Infants
- Dental Caries Prevention: Infants and Children Up to Age 5

Children
- 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
- 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
- Tuberculosis Screening: all populations at risk
- Skin Cancer Behavioral Counseling: young adults, adolescents, children, and parents of young children

***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
• IIV • RIV • LAIV • Tdap • MMR • VAR • RZV • ZVL • HPV - Female • HPV- Male • PCV13 • PPSV23	• Flu • Tdap • HPV • MenACWY • MenACWY	• 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.

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

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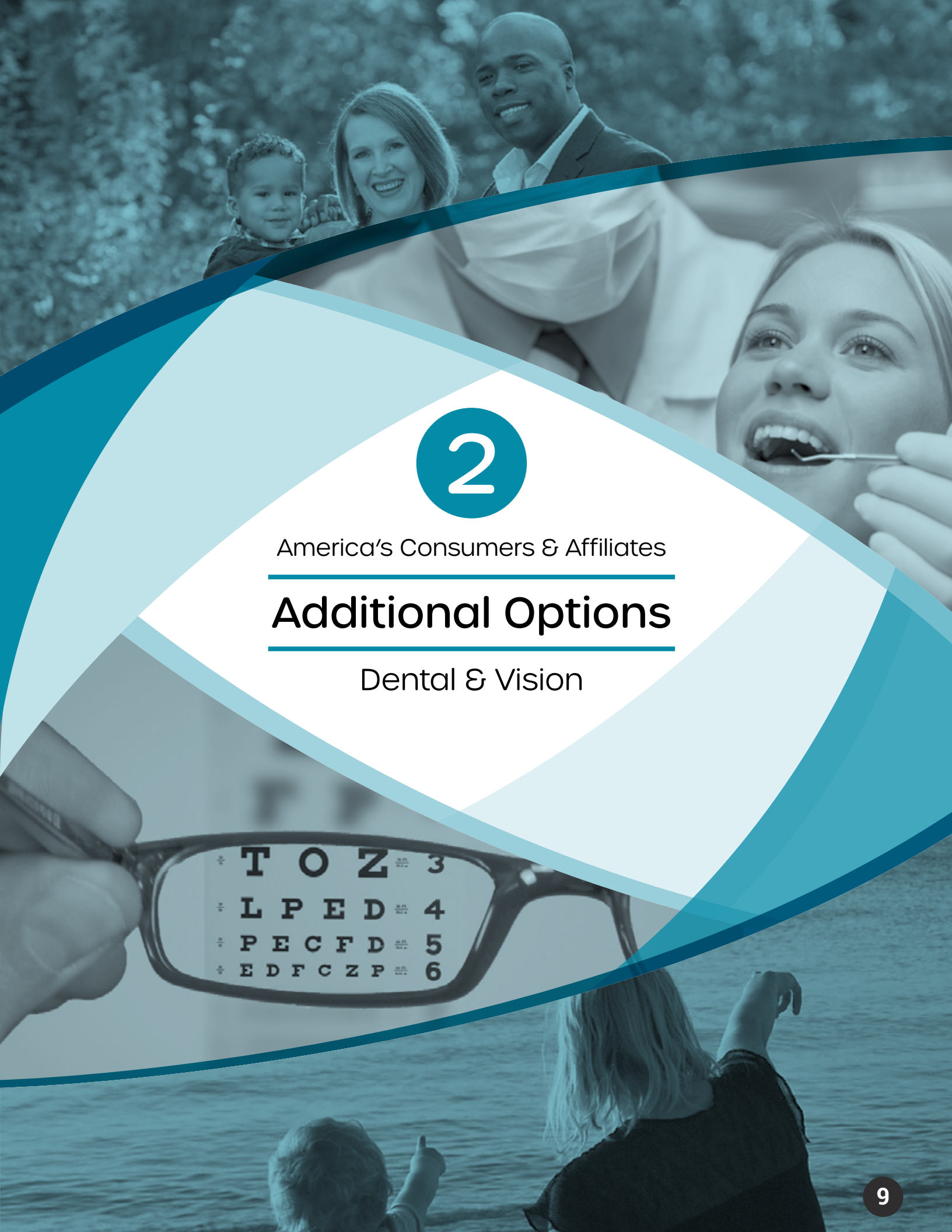

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America's Consumers & Affiliates

Additional Options

Dental & Vision

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	• 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	• Emergency Pain • Restorations (Amalgams & Anterior Resin) • Restorations (Posterior Resin) • Crown Repairs • Bridge Repairs • Denture Repairs	Plan Pays 80%	Plan Pays 80%
Major Services[1]	• 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

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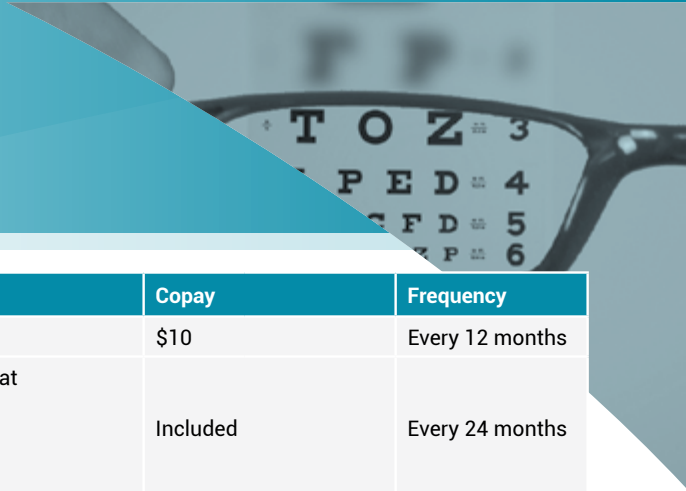
The information on this sheet is a brief summary of your dental plan and the services it covers. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions, or non-covered services, please refer to your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

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.

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

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	
	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.

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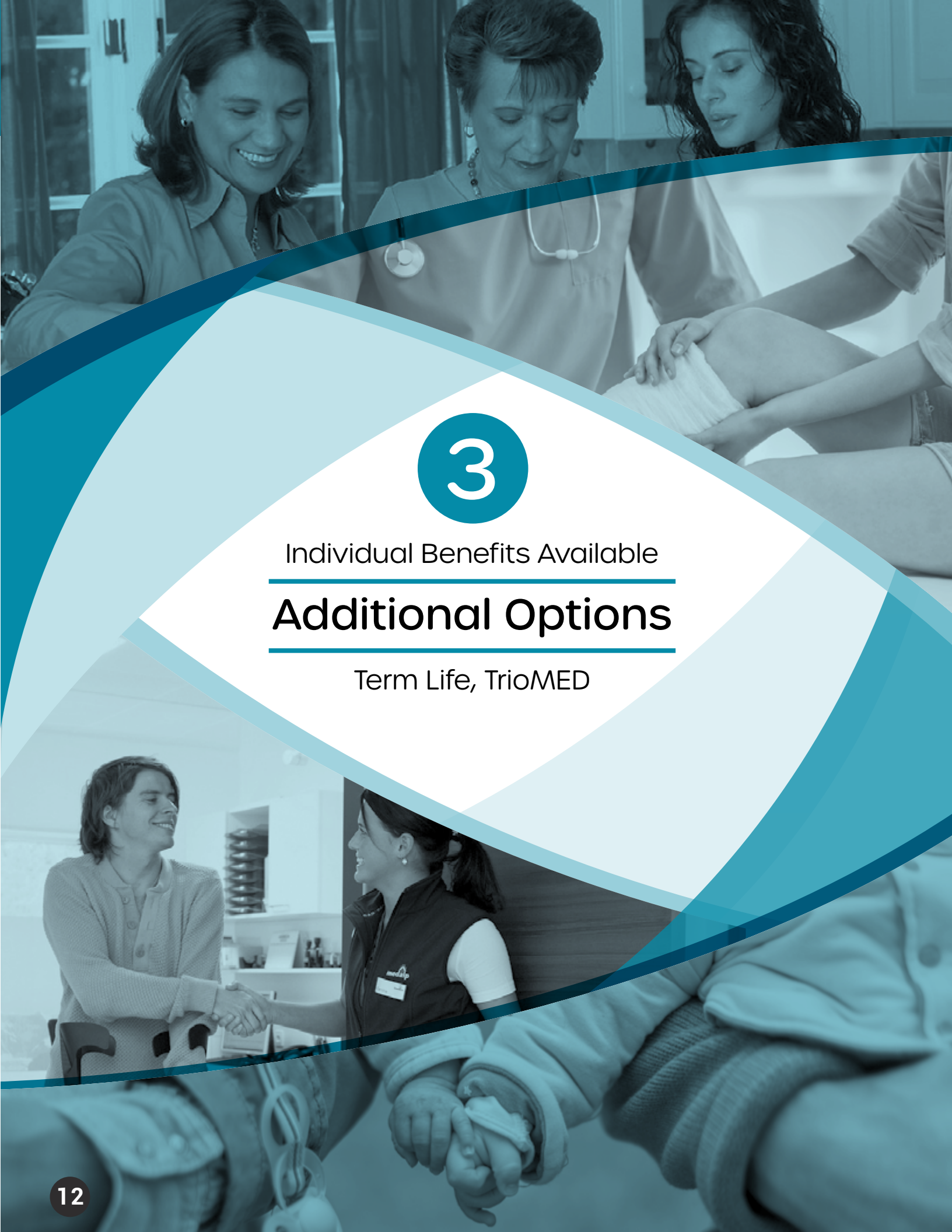

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Individual Benefits Available

Additional Options

Term Life, TrioMED

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	• Cover everyday expenses after loss of income. • Help pay off mortgage or college tuition. • Provide financial peace of mind during the child raising years.
	Choose coverage based on your needs and budget: ✓$20,000 ✓$25,000 ✓$30,000 ✓$50,000 ✓$75,000 ✓$100,000
Eligibility Age	18 through 64
Evidence of Insurability	Complete a health history questionnaire, with no medical exam required.* • 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	• Rates are guaranteed for 5 years. • Policy auto renews 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

Term Life Insurance Limitations and Exclusions

We will not pay benefits for loss caused by any of the following:

- As a result of war or an act of war while the Covered Person is serving in any civilian non-combatant unit serving with the U. S. military, provided such death occurs while serving in such units or within six months after termination of service in such units, whichever is earlier.
- As a result of the special hazards incident to service in any civilian non-combatant unit serving with the U. S. military, if the cause of death occurs while the Covered Person is serving in such units and is outside the home area, provided such death occurs outside the home area or within six months after the Covered Person's return to the home area while serving in such units or within six months after the termination of service in such units, whichever is earlier.
- As a result of war or an act of war, within two years from the Effective Date of coverage, while the Covered Person is not serving in the U. S. military, if the cause of death occurs while the Covered Person is outside the home area, provided such death occurs outside the home area or within six months after the Covered Person's return to the home area.
- As a result of air travel, in any sort of vehicle, except as a fare-paying passenger traveling on a regularly scheduled flight by an airline, the death benefit will be limited to the amount of premium paid for the Covered Person and no accidental death benefit will be payable.
- Suicide within the first two years of a Covered Person's Effective Date under this Policy or the date of reinstatement with respect to a Covered Person.

For the purposes of this section, “home area” means the 50 states of the United States and its territories, the District of Columbia and Canada. “War” includes, but is not limited to, declared war, and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization. “Act of war” means any act peculiar to military, naval or air operations in time of war.

In the event of death by any of these excluded acts, benefits will be limited to the premium paid for coverage on the Covered Person.

Term Life coverage is renewable to the earlier of the death of the Policyholder, or the first renewal after your 85th birthday, provided there is compliance with plan provisions, including dependent eligibility requirements. The policy includes an initial five year rate guarantee and National General Accident & Health has the right to change premium rates upon providing appropriate notice.

For use in every state EXCEPT: CO, CT, NY, and VT

Products or services offered under the Term Life program are not insurance and are subject to change. For more information, please contact the company at www.natgenhealth.com or via telephone at 888-781-0585.

Depending on your state, TrioMed Accident Medical Expense, Critical Illness coverage and AD&D coveraage are underwritten by National Health Insurance Company, Integon Indemnity Corporation, or Integon National Insurance Company .

TrioMED

GUARANTEED ACCEPTANCE UP TO $10,000!

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

Simplified Issue*

- $15,000
- $30,000

*Simplified issue benefit levels require a health questionnaire and are medically underwritten.

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 does Accident Medical Expense work? Let's do some math.

Mark was painting the living room when he fell off the ladder and broke his hand.[1] He has a primary medical plan with a $3,000 deductible and TrioMED with a $5,000 benefit level.

MEDICAL COST TO REPAIR BROKEN HAND	$4,500[2]
ACCIDENT MEDICAL EXPENSE BENEFIT *Medical costs less the $250 deductible.*	$4,250
PRIMARY PLAN DEDUCTIBLE	$3,000
REMAINING BENEFIT	**$1,250**

1. Not an actual case. Presented for illustration only. Cost of services will vary.
2. How Much Does a Broken Hand Cost? - CostHelper.com (n.d.). Retrieved November 15, 2019, from https://health.costhelper.com/broken-hand.html.

After he pays his primary plan deductible, Mark has $1,250 left to cover other medical or household expenses.

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.

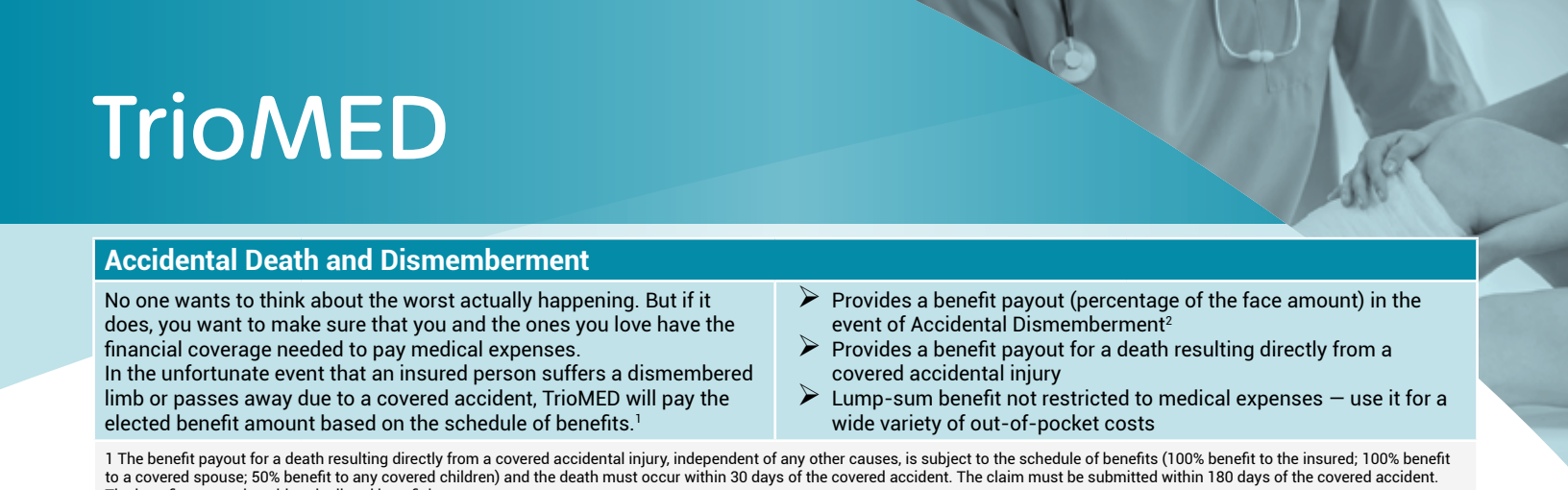
Covered Events

CATEGORY ONE	Percentage of Benefit Level
Heart attack[2]	100%
Stroke	100%
Major organ transplant (heart or combination transplant including heart)	100%
Coronary bypass surgery	25%
Heart valve replacement or repair surgery	25%
CATEGORY TWO	**Percentage of Benefit Level**
Invasive cancer after 90 days[3]	25%
Cancer in Situ after 90 days[4]	25%

CATEGORY THREE	Percentage of Benefit Level
End stage renal failure	100%
Major organ transplant (excluding those covered in Category One)	100%
Advanced Alzheimer's Disease	100%
Coma	100%
Motor Neuron Disease / ALS	100%
Paralysis	100%
Severe burns	100%

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.

TrioMED



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 Dismemberment[2]
- 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.lifeassocation.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				Simplified Issue* Benefit Levels (Non-Tobacco)		
Samples Ages 18-64	**$2,500**	**$5,000**	**$10,000**	**Sample Ages 30-39**	**$15,000**	**$30,000**
Primary Only	$41.16	$47.45	$57.69	Primary Only	$47.56	$57.46
Primary + Spouse	$52.62	$63.54	$80.75	Primary + Spouse	$61.99	$76.69
Primary + Child(ren)	$51.06	$60.41	$74.50	Primary + Child(ren)	$59.57	$70.05
Primary + Family	$62.53	$76.51	$97.55	Primary + Family	$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.

TrioMED Limitations and Exclusions

ACCIDENT MEDICAL EXPENSE
The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
- Committing or attempting to commit a felony or civil insurrection or while involved in an illegal occupation;
- Acts of war, whether declared or not;
- Traveling by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline, unless specifically provided in the Certificate;
- Injuries covered by Worker's Compensation, Employer Liability Law, or Occupational Disease Act or Law;
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the loss occurs;
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Physician;
- While a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is to the extent it extends beyond 31 days;
- While flying in an ultra-light plane, hang gliding, parachuting or bungee jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere;
- While driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATVs);
- Injuries sustained where a Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- Competing in motor sports races or competitions;
- Testing cars or trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Participating in a rodeo; or
- Illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except bacterial infection due to an accidental cut or wound, botulism or ptomaine poisoning.
- With respect to any period of time a Covered Person is traveling on an air conveyance, this coverage applies only with respect to Covered Injuries sustained by the person:
  - While riding as a Passenger in or on (including getting in or out of, or on or off of);
  - Any scheduled commercial airline;
  - Any military air transport aircraft

For the Accident Medical Benefit only, the Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
- Committing or attempting to commit a felony or civil insurrection or while involved in an illegal occupation;
- Acts of war, whether declared or not;
- Treatment by persons employed or retained by the Policyholder, or by any Immediate Family Member or member of the Covered Person's household;
- 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;
- Pregnancy, childbirth, miscarriage, abortion or any complication of childbirth, miscarriage or abortion unless due to a Covered Injury;
- Mental and Nervous Disorder (except as provided in the Policy);
- Charges incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain (except as provided by the Policy);
- 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;
- Participation in or practice for intercollegiate sports, semiprofessional sports or professional sports (unless specifically covered under the Policy);
- Charges for which the Covered Person would not be responsible for in the absence of the Policy, except for Medicaid;
- Conditions that are not caused by a Covered Accident;
- Any elective treatment, surgery, health treatment or examination, (including any service, treatment or supplies);
- Charges payable by any automobile insurance Policy without regard to fault (This exclusion does not apply in any state where prohibited);
- Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.);
- Blood, blood plasma or blood storage except charges by a Hospital for processing or administration of blood;
- Cosmetic, plastic or restorative surgery except needed as a result of the Covered Injury;
- Any treatment, service or supply not specifically covered by the Policy;
- Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental or guest meals;
- Routine physical examinations and related medical services, elective treatment or surgery or investigative treatments of procedures;
- A Medical Repatriation;
- Charges for rest cures or custodial care;
- Treatment in any Veteran's Administration, Federal or state facility, unless there is a legal obligation to pay; or
- Services or treatment provided by an infirmary operated by the Policyholder

The percentage of the face benefit amount paid for the accidental death and dismemberment benefit varies between 25% to 100% depending on the covered condition. Covered conditions paid at 100% include the loss of:

- Both hands
- Entire sight in both eyes
- Speech and hearing in both ears

Covered conditions paid at 50% include the loss of:

- One hand and one foot
- One hand or one foot and entire sight of one eye
- One hand or one foot
- Speech or hearing in both ears

Covered conditions paid at 25% include the loss of:

- Hearing in one ear
- Thumb and index finger of same hand
- All the toes from the same foot

CRITICAL ILLNESS
We will not pay the Benefit Amount for a Covered Condition if such Covered Condition is caused by, occurs during or results from:

- Intentional and self-inflicted injuries;
- Suicide or any attempt at suicide, while sane or insane;
- Participation in the commission or attempted commission of a felony;
- Participation in a riot or insurrection;
- Alcoholism or drug addiction, or;
- Being intoxicated or under the influence of alcohol, drugs, or any narcotic (including overdose) unless administered on the advice of a Physician and taken according to the Physician's instructions. The term "intoxicated" refers to that condition as defined by law and decisions of the jurisdiction in which the accident, cause of loss or loss has occurred.

We will not pay the Benefit Amount for a Covered Condition if:

- Such Covered Condition is not covered under the Policy;
- Such Covered Condition first occurred while the Policy was not in force;
- Such Covered Condition was diagnosed by a person who is not a Physician;
- Such Covered Condition was diagnosed outside the United States, unless the Diagnosis is confirmed in the United States;
- Such Covered Condition or surgical procedure was performed outside the United States, unless on a United States military base or facility, or within another U.S. military or government building or facility; or
- The Covered Person's date of birth, age or sex was misstated on the Application and at the correct date of birth, age or sex, the Certificate or coverage under the Policy would not have become effective or would have terminated.

This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the health benefit plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions. Benefits vary by state.
Coverage is renewable to age 65 (for Accident Medical Expense) or age 70 (for Critical Illness coverage) provided there is compliance with plan provisions, including dependent eligibility requirements.
We have the right to change premium rates upon providing appropriate notice.
Accident Medical Expense plans are designed to provide extra benefits in the event of an accident and do not provide comprehensive health (major medical) insurance or satisfy the government's requirements for minimum essential coverage.
Insurance benefit payments are subject to definitions, limitations, exclusions and other provisions within the Certificate(s). May not be available in all states. Based on the state of issue, the policy will be underwritten by National Health Insurance Company, Integon National Insurance Company or Integon Indemnity Corporation. For full details, limitations, exclusions, age limits, state availability, and definitions please refer to your benefit policy package or contact your Insurance Agent.
SUPPLEMENTAL COVERAGE PLANS PROVIDE LIMITED BENEFITS
AND DO NOT SATISFY THE GOVERNMENT'S REQUIREMENTS
FOR MINIMUM ESSENTIAL COVERAGE.

Depending on your state, TrioMed Accident Medical Expense, Critical Illness coverage and AD&D coverage are underwritten by National Health Insurance Company, Integon Indemnity Corporation, or Integon National Insurance Company.

12-15-21