HealthDepot

Protection Plus

HDPP-0317

HealthDepot

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

We provide access to affordable health and consumer benefits to the people who need these products most—entrepreneurs, self-employed professionals and contractors. We are also dedicated to empowering our members with valuable resources, information and support to guide them in making their personal and professional lives easier and more fulfilling.

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

Vision & Values

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

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

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

Health Care Programs & Services

TELADOC™

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

Benefit Summary

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

From your home, office, hotel room, or vacation campsite, simply make a phone call, and in most cases, speak to a doctor in less than 30 minutes, with an average call back time of less than 10 minutes. When you call Teladoc, you will always speak to a doctor who lives and works in the United States and is licensed to practice medicine in your state. Teladoc is also the only telemedicine provider able to treat children from 0-17[1]. It's health care that fits in the palm of your hand.

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

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

Call Teladoc:

- When your physician is not available
- For non-emergent medical care
- After normal hours of operation
- When on vacation or a business trip
- For second opinions

Teladoc Treats Non-Emergency Medical Issues such as:

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

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

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

Telemedicine is Not Available in Arkansas and Washington. Doctors will provide consults, but will not prescribe medicine in SC and IA.

VERY IMPORTANT: IN LIFE THREATENING EMERGENCIES, CALL 911 or go directly to the nearest hospital emergency room for treatment. If 911 is not available in your area, call the local police/fire department or go directly to the nearest hospital or emergency room.

YOU'RE UNIQUE, your nutrition should be too! IDLife is YOUR own Individually Designed Nutrition Program.

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

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

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

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

ENERGY
Drink & Chew

- Phase I (short term) - The Advantra Z gives you a rapid onset of energy.
- Phase II (mid term) - The caffeine gives you sustained energy, increasing focus, mental clarity, metabolism, cognitive function, performance and feelings of well-being.
- Phase III (long term) - Theobromine helps with fatigue protection, with no jitters or crash, appetite suppression, elevated mood and helps reduce fluid retention.

MEAL REPLACEMENT
Shake

- A superior low calorie, high-quality shake loaded with nutrients, with only six nutritional and organic ingredients.
- The only shake with 23 grams of cold-filtered whey protein and micro milled Chia.
- Simply the best tasting, most nutritious meal of the day.
- Non-GMO, Casein, Soy and Gluten free.

PRE WORKOUT

- Take your workout further and push through the plateau with Pre Workout from IDLife.
- A balanced complex of targeted amino acids, branched chain amino acids (BCAAs), vitamins, minerals, enzymes and nutrients to assist in maximizing your physical conditioning and mental focus.
- Combine Pre Workout with IDLife Post Workout formula to optimize lean muscle regeneration.

POST WORKOUT

- Reduce inflammation and soreness after exercise while promoting fast muscle repair with Post Workout from IDLife.
- A high quality complex of proteins, vital electrolytes and antioxidants that address post workout recovery.
- Get professional grade nutritional support for your body's muscular and nervous system with Post Workout from IDLife.

APPETITE CONTROL

- Advantra Z Citrus Aurantium boosts metabolism and increases lean muscle mass.
- Promotes thermogenesis and suppresses appetite.
- Increases energy level and mental clarity so you can stay sharp & focused while curbing your hunger.

SLEEP STRIPS

- Uses a complex of nutrients, including Melatonin, L-Theanine and 5HTP.
- Brings your body into balance so you can go to sleep fast, stay asleep, and get restful, restorative, deep sleep.
- Great mint flavored strips melt in your mouth.
- Wake up refreshed, never groggy, and ready to take on whatever the day has in store.

HYDRATE

- About 75% of Americans are dehydrated, which can lead to health complications.
- IDLife Hydrate is a formula of vital electrolytes, antioxidants, minerals and vitamins.
- Hydrate supports cardiovascular, muscular and nervous system functioning to keep you healthy and hydrated.

LEAN

- IDLife Lean is a natural way to boost metabolism, increase thermogenesis, reduce sugar cravings and promote the preservation and development of lean muscle mass.
- Whether your interest is weight management or building lean muscle, choose Lean as a part of your personal nutritional plan.

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

Health Care Discounts

Not available in AK, FL, OK, UT, VT, WA. If members move to one of those states, their discount medical benefits will terminate.

Disclosures for pages 8-14: The discount medical, health, and drug benefits of this Plan (The Plan) are NOT insurance, a health insurance policy, a Medicare Prescription Drug Plan or a qualified health plan under the Affordable Care Act.

The Plan provides discounts for certain medical services, pharmaceutical supplies, prescription drugs or medical equipment and supplies offered by providers who have agreed to participate in The Plan. The range of discounts for medical, pharmacy or ancillary services offered under The Plan will vary depending on the type of provider and products or services received. The Plan does not make and is prohibited from making members' payments to providers for products or services received under The Plan. The Plan member is required and obligated to pay for all discounted prescription drugs, medical and pharmaceutical supplies, services and equipment received under The Plan, but will receive a discount on certain identified medical, pharmaceutical supplies, prescription drugs, medical equipment and supplies from providers in The Plan. The Discount Medical Plan Organization is Alliance HealthCard of Florida, Inc., P.O. Box 630858, Irving, TX 75063. Members may call (888) 650-5285 for more information or visit members.healthdepotassociation.com for a list of providers. The Plan will make available before purchase and upon request, a list of program providers and the providers' city, state and specialty, located in the member's service area. Any complaints should be directed to Alliance HealthCard of Florida, Inc. at the address or phone number above. Upon receipt of the complaint, member will receive confirmation of receipt within 5 business days. After investigation of the complaint, Alliance HealthCard of Florida, Inc. will provide member with the results and a proposed resolution no later than 30 days after receipt of the complaint. **Note to DE, IL, LA, NE, NH, OH, RI, SD, TX, and WV consumers:** If member remains dissatisfied after completing the complaint system, they may contact their state department of insurance.

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

CVS/caremark

Discount Prescription Drugs

This program allows you to easily save an average of 20% off prescription medicines. (Save the most on generic medicines.) This is NOT insurance. Rather, it is a way for you to get discounted pricing on commonly used prescription medicines at participating retail pharmacies nationwide.

Your cost for medicine will be the lower of:

- The discount price offered through this program; or
- The pharmacy's retail price.

This means you are assured the lowest price in that store, at the time you purchase the medicine.

Participating Retail Pharmacies

The CVS Caremark contracted drug discount network extends across the United States and consists of more than 60,000 participating retail pharmacies. CVS Caremark provides excellent national and regional coverage by offering a large and stable pharmacy network with proven accessibility.

60,000
participating retail
pharmacies

Visit **www.cvshdrx.com** to locate participating pharmacies and access the online drug pricing tool. The drug pricing tool will assist you in anticipating your potential drug costs.

The CVS Caremark retail pharmacy network pharmacists are aware of the discount rates CVS Caremark offers and have agreed voluntarily to participate in the discount program, since it helps increase total sales volume within their stores. And CVS Caremark provides a Pharmacy Help Desk to answer questions from participating pharmacists.

Not available in AK, UT, VT, WA.

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

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

Get Your Test Results Online in 6 Easy Steps!

Order Test Online

Find a Test or Wellness Profile using the Test Links. Your first purchase creates a MyMedLab account and Personal Health Record (PHR).

Our Doctor Approves

The MyMedLab Physician in your states reviews your order and approves it. The approved Digital Lab Order (DLO) is automatically uploaded into your secure Personal Health Record.

Print Lab Order

You receive an email within 2 hours that your order is complete. Using the link in the email, you log in to your Personal Health Record and print your DLO.

Visit Local Lab

Using the Locations tab, you locate a collection site in your area. Take the printed DLO to the collection site, at your convenience, no appointment required. Have your sample collected.

View Results Online

After your test results are reviewed by a MyMedLab Physician, you will receive an email notifying you that your results are ready. Simply log into your secure, online PHR to view your results.

Buy Expert Review

Once results are complete, you can show the results to your doctor, or purchase a result review with a growing list of experts worldwide to: ask questions, identify risk factors and help you plan to move forward with your personal physician.

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

Radiology tests have become key tools for physicians to help diagnose and monitor disease. Through One Call Care, our members can save 20% to 50% on MRIs, PET and CT scans when these tests are ordered by a doctor. Make the most out of your health plan and take advantage of optimal quality, convenience, and savings with just one call.

One Call Care's Specialty Network Solution

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

Savings Benefit

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

Savings Example*

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

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

Convenient Scheduling Service

Before you or a covered family member are scheduled for an MRI, CT or PET scan, simply call One Call Care.

One Call Care coordinators will assist in selecting a network provider conveniently located near your home or work.

Once a facility is selected, the appointment is scheduled by conducting a unique 'three way' call involving One Call Care, the imaging center and the patient.

During the same call, you can ask questions regarding your test or for further help in understanding how the medical plan covers the imaging procedure.

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

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

Beltone
Helping the world hear better

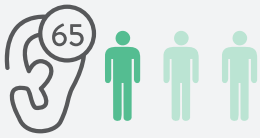
Members and their immediate family members (grandparents, parents, spouse and children) will receive complimentary hearing screenings and a 15% retail discount off the usual and customary retail price of any Beltone hearing instrument at any of over 1500 locations throughout the United States.

Your Hearing Health

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

Did you know?

By age 55, 1 in 4 adults
has hearing loss



By age 65, 1 in 3 adults
has hearing loss

If you suspect you have a hearing loss, ignoring or neglecting it can make it worse. But, treating a hearing loss with hearing aids can dramatically slow its progression—helping you preserve good hearing for a lifetime!

Maintaining healthy hearing starts with a baseline hearing screening at Beltone. Just as you schedule annual physicals and dental exams, it's essential to schedule a hearing test every year.

Preventing Hearing Loss

Extremely loud noises can cause permanent damage to the tiny hair cells inside the cochlea. Even moderately loud noise over a period of time can be damaging. Studies show that prolonged exposure to sounds at, or above, 90dB can damage hearing.

Protect your hearing and wear earplugs whenever your surroundings are so loud, you must raise your voice to be heard. It doesn't matter what the source of the loud sounds is—music, machinery, conversation—or other noisy environments.

Styles and Features

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

Follow-up Care

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

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

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

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

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	$5 off routine $5 off contact lens fit & follow-up	N/A N/A
Frames	35% off retail price	N/A
Standard Plastic Lenses Single Vision Bifocal Trifocal Standard Progressive Lens	 $50 $70 $105 $135	 N/A N/A N/A N/A
Lens Options (paid by the member and added to the base price of the lens) UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate Standard Anti-Reflective Coating Other Add-Ons and Services	 $15 $15 $15 $40 $45 20% off retail price	 N/A N/A N/A N/A N/A N/A
Contact Lenses Conventional Disposable	 15% off retail price 0% off retail price	 N/A N/A
Laser Vision Correction Lasik or PRK** from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Frequency Examination Lenses and Contact Lenses Frame	 Unlimited Unlimited Unlimited	 N/A N/A N/A

THIS IS NOT INSURANCE

Not all discounts available at all providers.

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

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

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

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

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

Limitations/Exclusions

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

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

THIS IS NOT INSURANCE

Members must pay for products or services at the time they are purchased. This program will provide savings over the normal cost.

Members and their dependents can save 15% to 50%* on dental care through our Dental network of over 110,000 participating provider listings, including both general dentists and specialists across America.

Simply select a participating dentist in your area and present your membership card at your appointment to receive the discounted rates. There is no limit to the number of visits and you can change dentists within the network at any time for any reason.

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

DiabeticSupplies

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

Features

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

Their customer service representatives are both knowledgeable and courteous and ready to assist you along the way. The Diabetic Supplies Savings program provides reliable, affordable testing supplies to the thousands of diabetics who are uninsured or under-insured or have to pay out of pocket.

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

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

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

Consumer Discounts

Consumer Discounts

Retail Benefits

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

Gym America

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

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

GlobalFit Gym Network

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

True Car Auto Buying Service

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

Car Rental Discounts

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

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

Massage Envy

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

1-800-flowers

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

Moving Discounts

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

Magazine Discounts

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

Business Solutions

Business Solutions

ADP Payroll Processing

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

Hewlett-Packard Computer and Technology Products

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

NAC Web Services

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

Office Depot/Max Office Supplies

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

Penny Wise Office Supplies

Members receive the guaranteed lowest prices on over 20,000 office products and additional savings when orders are placed online. Fast, free shipping is also virtually guaranteed from the 40 Penny Wise distribution centers nationwide.

UPS Shipping

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

Sprint Wireless Services

With Sprint Wireless Services, new subscribers can have unlimited freedom, better choice plans and up to $250 in service credits. If you are with another carrier, Sprint will help you determine the best plan and best time to switch. Members receive discounts on most rate plans, select Sprint accessories, 3G/4G data solutions, mi-fi and hot spot devices.

Sherwin Williams

Members receive exclusive discounted pricing of up to 40% on key product lines such as paint and accessories. Free next day delivery, electronic and centralized invoicing.

FedEx Shipping

Members can save up to 54% off list rate Priority & Standard Overnight; Save up to 39% off list rate Express Saver; Save up to 53% off list rate on select FedEx Ground® services plus other options!

HD Protection Plus Value-Added Benefits

PHCS
Limited Benefit Plan

Your HD Protection Plus plan includes the PHCS Network through MultiPlan, Inc. You now have access to the largest primary PPO (Preferred Provider Organization) in the nation, which offers you:

Choice Broad access to nearly 4,400 hospitals, 79,000 ancillaries and more than 700,000 healthcare professionals.

Savings Negotiated discounts that result in significant cost savings when you visit in-network providers, helping to maximize your benefits. A PHCS logo on your health insurance card tells both you and your provider that a PHCS discount applies.

Quality MultiPlan applies rigorous criteria when credentialing providers for participation in the PHCS Network, so you can be assured you are choosing your healthcare provider from a high-quality network.

Find a PHCS Network Provider

MultiPlan can help you find the provider of your choice. Simply call (888) 371-7427 Monday through Friday from 8 a.m. to 8 p.m. (Eastern Standard Time) and identify yourself as a health plan participant accessing PHCS Network for Limited Benefit plans. You may also search online at **www.multiplan.com**:

1	Click on the **Search for a Doctor or Facility** button
2	Indicate that you have the **PHCS Limited Benefit Plan logo** on your ID card (found in Front of Card/Other network logos section)
3	Follow the prompts to enter your search criteria

If you are currently seeing a doctor or other healthcare professional who does not participate in the PHCS Network, you may use the Online Provider Referral System in the Patients section of **www.multiplan.com**, which allows you to nominate the provider in just minutes using an online form. When you complete the form, MultiPlan will contact your nominee to determine whether the provider is interested in joining. If so, they will follow up to recruit the provider.

Confirm Participation in the PHCS Network

It is your responsibility to confirm your provider or facility's continued participation in the PHCS Network and accessibility under your benefit plan. When scheduling your appointment, specify that you have access to the PHCS Network through the HD Protection Plus Plan, confirm the provider's current participation in the PHCS Network, their address and that they are accepting new patients. Please also be sure to follow any preauthorization procedures required by your plan (usually a telephone number on your ID card). In addition, to ensure proper handling of your claim, always present your current benefits ID card upon arrival at your appointment.

Please note: MultiPlan, Inc. and its subsidiaries are not insurance companies, do not pay claims and do not guarantee health benefit coverage.

CVS Caremark is a pharmacy management company that has contracted discounts at over 67,000 pharmacies nationwide. Members can save an average of 20% on the usual and customary pharmacy retail prices on generic to brand drugs, with the highest percentage savings on generic drugs. It should be noted that savings will vary depending on the specific prescription drug purchased and where it is purchased.

Outpatient Prescription Drug Benefit (varies by plan level)

Generic up to a maximum of $5-$10
Brand up to a maximum of $10-$25
Membership Year maximum up to $300-$1,000

Visit **www.cvshdrx.com** to locate participating pharmacies and access the online drug pricing tool. The drug pricing tool will assist you in anticipating your potential drug costs. Each membership level has its own drug pricing tool that corresponds with the prescription drug benefit amount and calendar year maximum.

Insured Benefit

By using your membership access to the CVS/Caremark pharmacy network, you can stretch the benefit dollars you may have under a health plan and/or the prescription drug benefits available under the Blanket Group Specified Disease/Illness and Blanket Group Accident Insurance included as part of your Health Depot Protection Plus membership.

For example, if you go to a CVS/Caremark pharmacy and have a generic prescription drug filled at a network price of $10 and you have a $10 prescription drug benefit available under a health plan or the Blanket Group Specified Disease/Illness and Blanket Group Accident Insurance included with your membership, then, your cost would be $0.

(Freedom Life Insurance Company of America and the insurance benefits they underwrite are not affiliated or associated with CVS/Caremark.)

Facts about Generic Drugs[1]

The average cost of a generic drug is **80-85% less** than its brand-name counterpart.

Nearly **8 in 10** prescriptions filled in the U.S. are for generic drugs.

FDA requires generic and brand-name drugs to have the **same active ingredient, strength, dosage form, and route of administration.**

The generic manufacturer must prove its drug is the **same (bioequivalent)** as the brand-name drug.

All manufacturing, packaging, and testing sites must pass the **same quality standards** as those of brand-name drugs.

Many generic drugs are made in the **same manufacturing plants** as the brand-name drugs.

[1] Source: http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingGenericDrugs/ucm167991.htm

The Principal Financial Group® (The Principal®) is a global investment management leader offering retirement services, insurance solutions and asset management. The Principal offers businesses, individuals and institutional clients a wide range of financial products and services, including retirement, asset management and insurance through its diverse family of financial services companies.

As a premier provider of employee benefits, the Principal Financial Group offers group disability, life, vision and dental insurance to growing companies across the United States.

Founded in 1879 and a member of the FORTUNE 500®, the Principal Financial Group has $513.5 billion in assets under management and serves some 19.5 million customers worldwide from offices in Asia, Australia, Europe, Latin America and the United States.

Principal Life Insurance Company

Life insurance provides a degree of financial protection against the certainty of death and can help survivors achieve specified financial objectives. Life insurance death benefits can be used to pay off a mortgage, provide funds for childcare, college educations and more.

This summary of coverage provides a brief description of some of the terms, conditions, exclusions and limitations of the Association's Policy. Definitions of capitalized terms in this Summary of Coverage can be found in the Certificate. For a complete description of the terms, conditions, exclusions and limitations of the Association's Policy, refer to the appropriate section of the Certificate. In the event of a discrepancy between this Summary of Coverage and the Certificate, the Certificate will control. For a copy of the Certificate, contact the Association or Benefits Administrator.

This Summary of Coverage is not a contract. Members are not necessarily entitled to insurance under the Policy because they received this Summary of Coverage. Members are only entitled to insurance if they are eligible in accordance with the terms of the Certificate.

GROUP TERM LIFE INSURANCE | Underwritten by Principal Life Insurance Company, Inc.	
Benefit Description	
Term Life Insurance Benefit	$10,000
Important Information	
Guaranteed Coverage	The maximum amount of coverage available during your initial enrollment period with no medical information required. Coverage is for Primary Member only.
Coverage Effective Date	The date your membership in the Health Depot Association becomes effective and you have paid all required dues.
Benefit Waiting Period	There is a 60 day waiting period before you are eligible for this benefit.

Group Term Life Benefit Summary

Eligibility

You are eligible if you are an active Member of the Health Depot and:

- You have paid current dues to the association;
- You meet the eligibility conditions described in the Certificate.

A Member is not eligible if the Member is:

- Totally Disabled;
- Confined in a Hospital as an inpatient;
- Confined in any institution or facility other than a Hospital; or
- Confined at home and under the care or supervision of a Physician

on the day insurance is to begin. Insurance will not take effect until the first day of the month that follows the day after the member is no longer confined. In addition, insurance for a Member who is unable to perform two or more Activities of daily living (ADLs), whether or not confined, will not take effect until the first day of the month that follows the day the Member has performed all the ADLs for at least 15 consecutive days.

Termination of Coverage

Your Life Insurance Benefit ends on the earliest of the day:

- the date the Policy terminates;
- the date you are no longer a Member of the association;
- the end of the month in which you turn age 65;
- you enter the Armed Forces, National Guard or Reserves of any state or country on active duty (except for temporary active duty of two weeks or less);
- any applicable premium is due and unpaid;
- you do not satisfy any other eligibility conditions described in the Certificate.

Accelerated Benefit

If you are terminally ill you can receive up to 75% of your life coverage benefit in a lump sum as long as:

- your life expectancy is 12 months or less (as diagnosed by a physician), and
- your death benefit is at least $10,000.

When you use the accelerated benefit, your death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment. You should contact your tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance. The charge for this benefit is included in your premium.

Coverage Outside United States

Benefits will not be paid if you are outside the United States for certain reasons for more than six months.

Group Term Life coverage is not available for residents of Alaska, Colorado, Maine, Montana, New York and Oregon.

karis 360

The expert voice in a confusing healthcare world.

Karis360's team of Advisors offer personalized, caring, expert service helping members navigate the complex and expensive healthcare maze. With services from Healthcare Navigator to Bill Negotiator to Surgery Saver to Chaplaincy, Karis360 will sort through your healthcare paperwork saving you time and money.

Karis360 sorts through healthcare needs from start to finish
Karis360 saves time and money
Karis360 provides unlimited assistance from a Personal Advisor

Healthcare Navigator

Karis360 members never face the healthcare world alone. Each member has access to an expert Advisor to help address healthcare needs and concerns.

Looking for a Physician or Hospital? Karis360 Advisors will find quality physicians, specialists and surgeons in the member's area who focus on the member's unique healthcare needs.

Need Alternative Treatments? Advisors help find alternative care in areas like Chiropractic, Acupuncture, Homeopathic and Naturopathic.

Health Cost Estimates Cost estimates for various outpatient procedures are provided so members know what to expect.

Medical Records Transfer Karis360 Advisors organize the seamless transfer of member medical records between providers.

Insurance Policy Assistance Advisors can help clarify health insurance benefits as well as help resolve issues and expedite solutions.

Elder Care Solutions Members get help finding assisted living facilities, coordinating home health, Medicare questions, VA benefits, supplemental insurance and more.

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

Bill Negotiator

With two-thirds of all bankruptcies in America including a medical bill debt component, the Bill Negotiator becomes important as we assist members in avoiding financial hardship and possible bankruptcy.

Medical Bill Negotiation Karis360 Advisors will assign a dedicated Patient Advocate to work directly with a member's healthcare provider (doctor's offices, hospitals, etc.) to help reduce their medical bills. If a member has bills totaling over $2,000 from a single-related medical incident during membership, Advisors will negotiate the medical bills.
Pre-Negotiation Advisors can negotiate potential medical costs before a procedure. Members provide a written estimate stating the bill will likely total over $2,000 and Advisors will pre-negotiate the potential medical bills easing stress and saving money.
Results Karis360 has unparalleled results negotiating discounts. Members can see up to 65% average savings with insurance and 85% average savings without insurance.

Surgery Saver

Each Karis360 member has access to an experienced Advisor who researches up to five surgical facilities for non-emergency procedures in the member's area with information regarding cost, quality, availability and physician privileges.

Results With Surgery Saver, members see an average savings of $13,000. Advisors have found a 66% difference between the highest and lowest quoted surgery costs between facilities.

Chaplaincy

On-staff Chaplains are available to spend time with members on the phone, listening and providing support. Sustaining, guiding and healing, Chaplains help members find answers and direction.

Note: Karis360 is not insurance and does not provide funds to pay for bills. This is a best-efforts service. Despite Karis360's diligent efforts on member's behalf, some providers refuse to make accommodations to help resolve outstanding medical bills.

About HD Protection Plus

Who Needs HD Protection Plus

The HD Protection Plus membership provides members with access to a variety of association beneifts including health care programs, services and discounts to help you manage your everyday healthcare expenses, as well as consumer and lifestyle discounts and business solutions.

The HD Protection Plus membership also provides each Member coverage under a Blanket Group Specified Disease/Illness, Blanket Group Accident, Blanket Group Critical Illness, and Blanket Group AD&D and AME policies. The HD Protection Plus membership helps with first dollar benefits on routine, everyday medical expenses like office visits, prescription drugs and lab services. It also works well to help offset out-of-pocket costs of an ACA metal plan, high deductible health plan or even a short term medical plan, And, these memberships are offered year round versus short enrollment periods. Whatever your circumstance, HD Protection Plus may be the answer you are looking for.

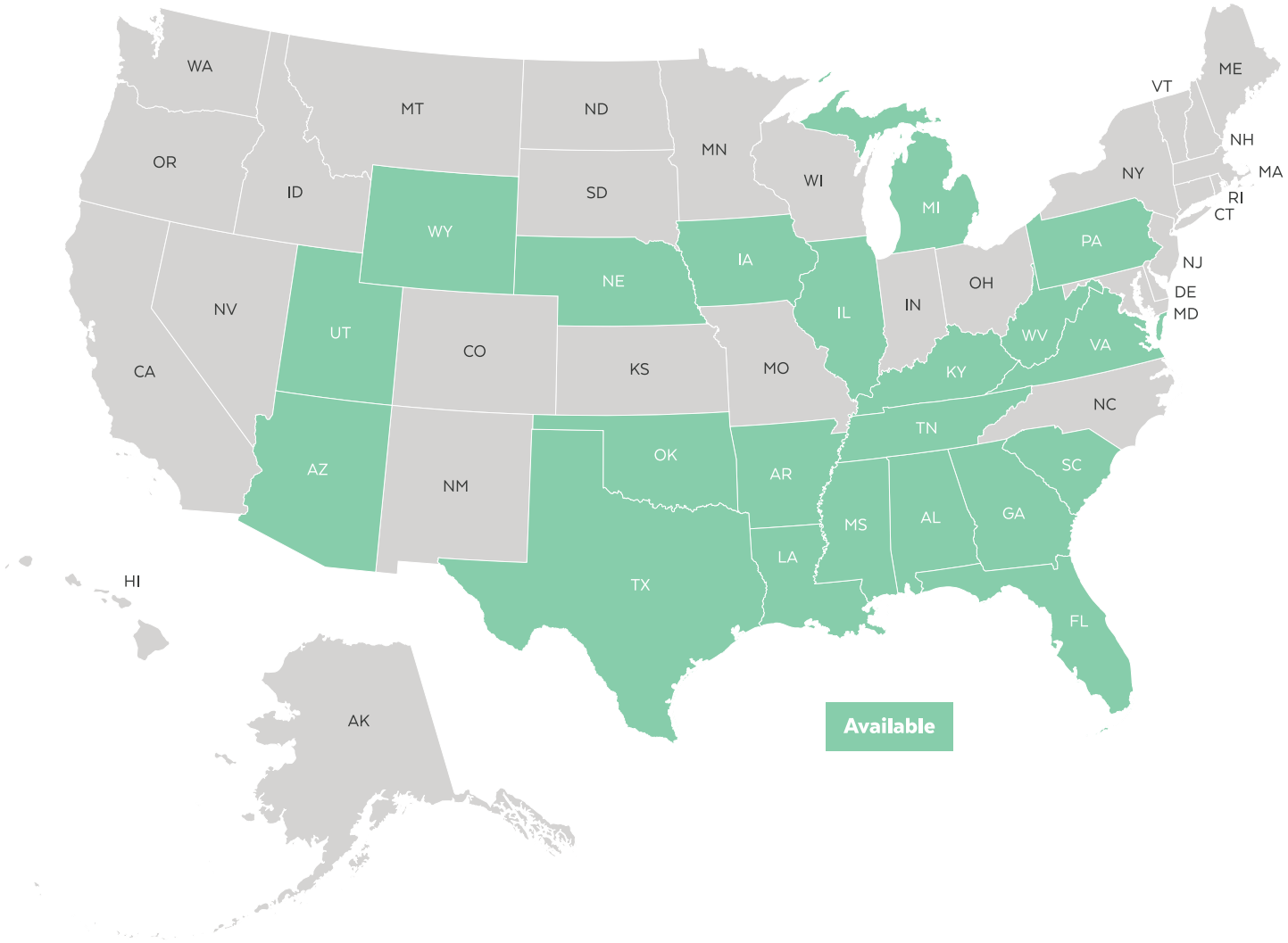
Advantages of an HD Protection Plus membership:

- The Blanket Group Specified Disease/Illness and Blanket Group Accident benefits for Inpatient and Outpatient services are payable based on expenses incurred, up to the amount shown.
- Blanket Group Critical Illness, Blanket Group Accident Excess Medical Expense and AD&D benefits
- Access to a nationwide PPO network for discounted pricing
- Membership can be effective as early as the next day with month to month coverage
- Perfect for individuals on an employer waiting period or in between jobs
- Term Life Insurance included
- Telemedicine and Patient Advocacy services help save you money

With seven plan levels, HD Protection Plus is sure to have a membership level to meet your benefit and budget needs!

Membership Eligibility Requirements

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



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

How Your Benefits Work Together

Association Benefits

- When the doctor orders blood tests and/or radiology tests, members can use MyMedLab and One Call Care to receive discounted rates on top-quality lab testing and imaging
- Lab tests confirm Diabetes? Diabetic Savings Program offers deep discounts on daily testing supplies
- Toothache/Gum infection? Save money on oral care with Cigna Discount Dental
- Need a prescription? Use pharmacies in the CVS Caremark network for deep discounts
- Wear glasses or contacts? Use EyeMed Vision Savngs network for discounts on exams and eyewear needs

Additional Benefits

- PHCS PPO Network providers and facilities offer members discounted rates
- Karis360 Patient Advocacy Service finds the top-rated in-network providers with the best rates. Karis360 will also review medical bills and help to resolve claims, saving members money!
- For simple diagnosis, members can use Teladoc 24/7 for free telemedicine consultations and save their insured Doctor Office benefits for more serious illnesses that require an in-person visit

Insured Benefits

- $10,000 Principal® Term Life Insurance policy for the Primary Insured provides peace of mind
- The Insured Rx Benefit pays up to a maximum dollar amount toward the total cost of your prescriptions
- The Blanket Group Specified Disease/Illness, Blanket Group Accident, Blanket Group Critical Illness, and Blanket Group AD&D and AME policies provide first dollar benefits to help with out-of-pocket medical expenses

All the benefits work together to provide a complete solution and help you maximize savings!

HD Protection Plus Plan Benefits

FREEDOM LIFE™
INSURANCE COMPANY OF AMERICA

Freedom Life Insurance Company of America

Freedom Life Insurance Company of America (FLICA) is an innovator in the industry, with over 50 years of health insurance experience. Their health coverage products are flexible, affordable and secure and designed to meet the needs of the individual health insurance market. Freedom Life Insurance Company of America is headquartered in Fort Worth, Texas, and they are licensed to conduct business in 41 states. FLICA has served over 15 million customers and paid over 1 billion dollars in claims. Individuals can rest easy with insurance coverage underwritten by FLICA.

Blanket Group Specified Disease/Illness & Blanket Group Accident

BLANKET GROUP SPECIFIED DISEASE/ILLNESS AND BLANKET GROUP ACCIDENT PLANS

Underwritten by Freedom Life Insurance Company of America

Specified Disease/ Illness Plan	Accident Plan	Benefit Description	Protection Plus Level 1	Protection Plus Level 2	Protection Plus Level 3	Protection Plus Level 4	Protection Plus Level 5	Protection Plus Level 6	Protection Plus Level 7
Inpatient Benefits									
✓	✓	**Hospital Room & Board Benefit**							
		Up to a Calendar Day maximum of	$250	$250	$350	$500	$750	$1,000	$1,500
		Up to a Membership Year maximum of	$2,500	$7,500	$10,500	$15,000	$22,500	$30,000	$45,000
✓	✓	**Hospital Intensive Care Unit Room & Board Benefit**							
		Up to a Calendar Day maximum of	$250	$250	$350	$500	$750	$1,000	$1,500
		Up to a Membership Year maximum of	$1,250	$1,250	$1,750	$2,500	$3,750	$5,000	$7,500
✓	✓	**Hospital Surgeon Benefits**							
		Benefit varies by procedure, max range is up to	N/A	$1,000	$1,000	$1,000	$1,500	$1,500	$1,500
		Surgeries per Membership Year	N/A	1	1	1	1	1	1
✓	✓	**Hospital Anesthesiologist Benefits**							
		Benefit varies by procedure, max range is up to	N/A	25%	25%	25%	25%	25%	25%
		Surgeries per Membership Year	N/A	1	1	1	1	1	1
	✓	**Hospital Miscellaneous Expenses Benefit**							
		Up to a Calendar Day maximum of	$250	$250	$250	$250	$250	$250	$250
		Up to a Membership Year maximum of	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500
Emergency Room and Other Outpatient Benefits									
✓	✓	**Outpatient Doctor Office Visit Benefit**							
		Up to a Calendar Day maximum of	$75	$75	$75	$75	$85	$100	$100
		Visits per Membership Year	3	3	3	3	4	4	4
✓	✓	**Outpatient Prescription Drug Benefit**							
		Up to a Generic Drug Prescription maximum of	$5	$10	$10	$10	$10	$10	$10
		Up to a Brand Drug Prescription maximum of	$15	$25	$25	$25	$25	$25	$25
		Up to a Membership Year maximum of	$300	$500	$600	$700	$800	$900	$1,000
✓	✓	**Emergency Room Benefit**							
		Up to a Calendar Day maximum of	$100	$150	$200	$250	$300	$350	$400
		Up to a Membership Year maximum of	$100	$150	$200	$250	$300	$350	$400
✓	✓	**Outpatient Surgery Facility Benefit**							
		Up to a Calendar Day maximum of	$250	$250	$250	$250	$500	$500	$500
		Up to a Membership Year maximum of	$250	$250	$250	$250	$500	$500	$500
✓	✓	**Outpatient Surgeon Benefit**							
		Benefit varies by procedure, max range is up to	N/A	$1,000	$1,000	$1,000	$1,500	$1,500	$1,500
		Surgeries per Membership Year	N/A	1	1	1	1	1	1

Blanket Group Specified Disease/Illness & Blanket Group Accident

BLANKET GROUP SPECIFIED DISEASE/ILLNESS AND BLANKET GROUP ACCIDENT PLANS
Underwritten by Freedom Life Insurance Company of America

Specified Disease/ Illness Plan	Accident Plan	Benefit Description	Protection Plus Level 1	Protection Plus Level 2	Protection Plus Level 3	Protection Plus Level 4	Protection Plus Level 5	Protection Plus Level 6	Protection Plus Level 7
Emergency Room and Other Outpatient Benefits									
✓	✓	**Outpatient Anesthesiologist Benefit**							
		Benefit varies by procedure, max range is up to	N/A	25%	25%	25%	25%	25%	25%
		Surgeries per Membership Year	N/A	1	1	1	1	1	1
✓	✓	**Outpatient Laboratory Services Benefit**							
		Up to a Calendar Day maximum of	$25	$25	$25	$25	$50	$75	$100
		Up to a Membership Year maximum of	$75	$75	$100	$100	$200	$300	$400
✓	✓	**Outpatient X-Ray Benefit**							
		Up to a Calendar Day maximum of	N/A	$25	$25	$25	$50	$50	$75
		Up to a Membership Year maximum of	N/A	$25	$25	$25	$50	$50	$75
✓	✓	**Outpatient CAT Scan Benefit**							
		Up to a Calendar Day maximum of	N/A	N/A	$100	$200	$300	$400	$500
		Up to a Membership Year maximum of	N/A	N/A	$100	$200	$300	$400	$500
✓	✓	**Outpatient MRI Benefit**							
		Up to a Calendar Day maximum of	N/A	N/A	$100	$200	$300	$400	$500
		Up to a Membership Year maximum of	N/A	N/A	$100	$200	$300	$400	$500
✓	✓	**Emergency Air Ambulance Transport Benefit**							
		Up to a Calendar Day maximum of	N/A	N/A	$250	$250	$250	$500	$500
		Up to a Membership Year maximum of	N/A	N/A	$250	$250	$250	$500	$500
✓	✓	**Emergency Ground Ambulance Transport Benefit**							
		Up to a Calendar Day maximum of	N/A	N/A	$100	$100	$250	$250	$250
		Up to a Membership Year maximum of	N/A	N/A	$100	$100	$250	$250	$250
✓	✓	**Outpatient Urgent Care Facility Benefit**							
		Up to a Calendar Day maximum of	$100	$100	$100	$125	$125	$150	$150
		Up to a Membership Year maximum of	$100	$100	$100	$125	$125	$150	$150

Coverage also included under the Blanket Group Specified Disease/Illness Plan with a Membership Year Maximum of up to $15 for each of the following: Outpatient Diabetes Equipment, Outpatient Diabetes Self-Management Training, and Outpatient Diabetes Supplies. With a Membership Year maximum of 50% of expenses incurred for Outpatient Medical Foods due to Inherited Metabolic Disorder, up to $5,000 per Membership Year.

Disclosures & Disclaimers

There is a twelve (12) month Pre-existing Condition waiting period for Hospital Confinement and Inpatient or Outpatient Surgery relating to a Pre-existing Condition. A Pre-existing condition means either (a) a condition, whether physical or mental, and regardless of the cause: (1) for which medical advice, diagnosis, care or treatment was recommended or received during the twelve (12) month period immediately preceding the effective date of coverage under this Blanket Group Specified Disease/Illness Insurance Policy for the Insured incurring the expense or (2) which Manifested during the twelve (12) month period immediately preceding the effective date of coverage under the Blanket Group Specified Disease/Illness Insurance Policy for the Insured incurring the expense; or (b) a Bodily Injury: (1) for which medical advice, diagnosis, care or treatment was recommended or received during the twelve (12) month period immediately preceding the effective date of coverage under this Blanket Group Accident Only Insurance Policy for the Insured incurring the expense; or (2) resulting from an Accident that occurred before the Effective Date for the Insured incurring the expense. Benefits reduce by fifty percent (50%) when an Insured member reaches age sixty-five (65). There is a thirty (30) day wait for Specified Disease/Illnesses. Specified Disease/Illness means each of the specifically enumerated sicknesses set forth in Section VIII.A. of the Blanket Group Specified Disease/Illness Insurance Policy entitled SPECIFIED DISEASES/ ILLNESSES suffered by an Insured, which in each instance first Manifests itself thirty (30) days after the Issue Date shown on the Blanket Group Policy Schedule and while coverage under this Blanket Group Specified Disease/Illness Insurance Policy for such Insured for Covered Medical and Surgical Services Benefits is in force and effect. HDA Protection Plus Blanket Group Specified Disease/Illness and Blanket Group Accident Insurance is available to members who are residents in the following states: AL, AR, AZ, DE, FL, GA, IA, IL, KY, LA, MI, MS, NE, OK, PA, SC, TN, TX, UT, VA, WV, and WY by Freedom Life Insurance Company of America. The Blanket Group Specified Disease/Illness and Blanket Group Accident Insurance forms BLKACCUP2-2014-P-FLIC; BLKACCUP2-2014-AE-FLIC; BLKSDUP2-2014-P-FLIC; and BLKSDUP2-2014-AE-FLIC are underwritten and issued by Freedom Life Insurance Company of America and issued to HDA. This Blanket Group coverage is available to each individual enrolled member of the Health Depot Association (HDA) who has timely and properly paid their monthly dues to HDA and who has been identified by HDA to Freedom Life Insurance Company of America as an authorized and enrolled member of HDA. The Blanket Group Specified Disease/Illness and Blanket Group Accident Insurance is subject to the definitions, terms, conditions, limitations, and exclusions set forth in the master group policy, issued to HDA, which is summarized and provided in your membership materials and terminates at the end of the policy period of the master group policy issued to HDA unless renewed by the mutual agreement of HDA and Freedom Life Insurance Company of America.

The individual mandate under the Affordable Care Act ("ACA" generally requires individuals to maintain "minimum essential coverage" in 2014 and beyond, or be subject to payment of the annual shared responsibility payment, the amount of which is based, in part, upon the individual's household income each year (see page 37 for details). The HD Protection Plus Blanket Group Specified Disease/Illness and Blanket Group Accident Plans are insurance plans which provide benefits on an expense incurred basis up to a maximum daily/monthly/annual amount for covered services and are neither "essential health benefits plans" under the ACA, traditional major medical insurance plans, nor Workers' Compensation plans under state law.). Therefore, unless an insured under one of our HD Protection Plus Blanket Group Specified Disease/Illness and Blanket Group Accident plans has an exemption from the ACA's individual mandate or maintains "minimum essential coverage" under the ACA, the insured will be subject to the ACA's "shared responsibility payment" (see page 37 for details).

Mandatory Dispute Resolution

The Blanket Group Specified Disease/Illness and Blanket Group Accident Plans contain Mandatory Dispute Resolution Procedures for the prompt, fair, and efficient resolution of a dispute. This provision provides for the parties to first attempt to achieve resolution of any Dispute through negotiation. If the parties cannot reach an agreement through negotiation, the provision provides for resolution to be then attempted through non-binding mediation. Finally, if the parties cannot reach an agreement through mediation, this provision provides for a neutral arbitrator to assist the parties with resolution through mandatory, finding arbitration.

Claims for benefits shall be administered based on the Blanket Group Policies issued to the Health Depot Association. A copy of the Blanket Group Policies are available from the association upon request.

Limitations-Waiting Periods

Coverage under this Blanket Group Specified Disease/Illness Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of this Blanket Group Specified Disease/Illness Insurance Policy, as well as the following limitations and waiting periods:

1. Covered Medical & Surgical Services Benefits under this Blanket Group Specified Disease/Illness Insurance Policy for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, regardless of whether such Insured is enrolled in Medicare shall be limited to only the Usual and Customary Expenses for services, supplies, care or treatment covered under this Blanket Group Specified Disease/Illness Insurance Policy that are not or would not have been payable or reimbursable by Medicare and/or its amendments (assuming such enrollment), subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in this Blanket Group Specified Disease/Illness Insurance Policy; and
2. Any Covered Medical & Surgical Services payable under this Blanket Group Specified Disease/Illness Insurance Policy will be reduced by fifty percent (50%) when the applicable Insured is age sixty-five (65) or older, based on the Insured's most recent birthday, on the date the Benefit becomes payable.
3. Any treatment, medical service, surgery, medication, equipment, claim, or loss Provided and received under the Hospital Room & Board Benefits, Hospital Intensive Care Unit Room & Board Benefits, Hospital Surgeon Benefits, Hospital Anesthesiologist Surgery Benefits, Outpatient Surgeon Benefits, and Outpatient Anesthesiologist Surgery Benefits, as a result of an Insured's Pre-existing Condition are not covered under this Blanket Group Specified Disease/Illness Insurance Policy unless such treatment, medical service, surgery, medication, equipment, claim, or loss constitutes Covered Medical & Surgical Services Provided to and received by such Insured more than twelve (12) months after the Effective Date, and are not otherwise limited or excluded by this Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Specified Disease/Illness Insurance Policy.

Exclusions

Coverage under this Blanket Group Specified Disease/Illness Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of this Blanket Group Specified Disease/Illness Insurance Policy. In addition, this Blanket Group Specified Disease/Illness Insurance Policy does not provide coverage for the amount of any professional fees or other medical expenses or charges for treatments, care, procedures, services or supplies incurred for the diagnosis, care or treatment charged to an Insured or any payment obligation for Us under this Blanket Group Specified Disease/Illness Insurance Policy for any of the following, all of which are excluded from coverage:

1. any cost item, charge or expense which does not constitute Covered Expenses;
2. any Bodily Injuries suffered by an Insured;
3. any disease, ailment, illness or sickness that is not a Specified Disease/Illness;
4. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Blanket Group Specified Disease/Illness Insurance Policy Issue Date and the Primary Insured Effective Date;
5. any treatments, care, procedures, services or supplies which are not specifically enumerated in the SPECIFIED DISEASE/ILLNESS BENEFITS AND CLAIM PROCEDURES section of this Blanket Group Specified Disease/Illness Insurance Policy;
6. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under this Blanket Group Specified Disease/Illness Insurance Policy terminates, regardless of when the Specified Disease/Illness or disease occurred;
7. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
8. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
9. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
10. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
11. Specified Diseases/Illnesses due to any act of war (whether declared or undeclared);
12. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
13. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
14. drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
15. administration of experimental drugs or substances or investigational use or experimental use of Prescription Drugs except for any Prescription Drug prescribed to treat a covered chronic, disabling, lifethreatening Specified Disease/Illness, but only if the investigational or experimental drug in question:
    a. has been approved by the FDA for at least one indication; and
    b. is recognized for treatment of the indication for which the drug is prescribed in:
        1. a standard drug reference compendia; or
        2. substantially accepted peer-reviewed medical literature.
    c. drugs labeled "Caution – limited by Federal law to investigational use;"
16. any professional and medical services Provided an Insured in treatment of a Specified Disease/Illness caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
17. any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
18. any Cochlear implants;
19. Specified Disease/Illness while serving in one of the branches of the armed forces of the United States of America;
20. Specified Disease/Illness while in a foreign country and serving on active duty in one of the branches of the armed services of the United States of America;
21. Specified Disease/Illness while serving on active duty in the armed forces of any foreign country or any international authority;
22. any voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
23. any services Provided by You or a Provider who is a member of an Insured's family;
24. any medical condition excluded by name or specific description by either this Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Specified Disease/Illness Insurance Policy;

25. any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from Bacterial Infection or Viral Infection, (ii) to correct a normal bodily function in connection with the treatment of a covered Specified Disease/Illness, or (iii) such cosmetic surgery constitutes Breast Reconstruction that is incident to a Mastectomy; provided any of the above occurred while the Insured was covered under this Blanket Group Specified Disease/Illness Insurance Policy;
26. Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
27. Outpatient Prescription Drugs that are dispensed by a Provider, Hospital or other state-licensed facility;
28. Prescription Drugs produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products, or immunization agents, biological or allergy sera, hematinics, blood or blood products administered on an Outpatient basis;
29. level one controlled substances;
30. Prescription Drugs that are classified as anabolic steroids or growth hormones;
31. compounded Prescription Drugs;
32. allergy kits intended for future emergency treatment of possible future allergic reactions;
33. replacement of a prior filled Prescription for Prescription Drugs that was covered and is replaced because the original Prescription was lost, stolen or damaged;
34. Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
35. any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
36. any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
37. any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type fertility therapy, artificial insemination or any other direct conception;
38. any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
39. any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
40. any treatment, care, procedures, services or supplies (including Prescription Drugs) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
41. any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
42. any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism spectrum disorder;
43. any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Alcoholism, addiction to illegal drugs or substances, and/or abuse or illegal drugs or substances;
44. any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
45. any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
46. any contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
47. any fluoride products;
48. any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
49. any programs, treatment or procedures for tobacco use cessation;
50. any charges for blood, blood plasma, or derivatives that has been replaced;
51. any treatment, care, procedures, services or supplies of Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
52. any treatment received outside of the United States; and
53. any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in this Blanket Group Specified Disease/Illness Insurance Policy.

Non-Waiver

Expenses that are mistakenly or erroneously paid by Us under any Section or provision of this Blanket Group Specified Disease/Illness Insurance Policy shall not:

1. constitute a waiver of or modification to any conditions, terms, definitions or limitations contained in the Blanket Group Specified Disease/Illness Insurance Policy, specifically including, but not by way of limitation, the definition of Specified Diseases/Illnesses, Specified Disease/Illness, Medical Necessity or Covered Expenses, the limitation of coverage under the Blanket Group Specified Disease/Illness Insurance Policy for Pre-existing Conditions, as well as any exclusion, limitation and/or exclusionary riders which may be attached to the Blanket Group Specified Disease/Illness Insurance Policy, or otherwise operate to alter, amend, affect, abridge or modify the Blanket Group Specified Disease/Illness Insurance Policy to which it is attached;
2. create or establish coverage of any medical condition, illness, or disease under the Blanket Group Specified Disease/Illness Insurance Policy or under any exclusion, limitation and/or exclusionary riders which may be attached to the Blanket Group Specified Disease/Illness Insurance Policy; or
3. affect, alter, amend, abridge, constitute or act as a waiver of the Company's ability to rely upon, assert and apply such terms, definitions, limitations or exclusions of the Blanket Group Specified Disease/Illness Insurance Policy or any amendments thereto.

Limitations-Waiting Periods

Coverage under this Blanket Group Accident Only Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of this Blanket Group Accident Only Insurance Policy, as well as the following limitations and waiting periods:

1. Covered Medical & Surgical Services Benefits under this Blanket Group Accident Only Insurance Policy for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, regardless of whether such Insured is enrolled in Medicare shall be limited to only the Usual and Customary Expenses for services, supplies, care or treatment covered under this Policy that are not or would not have been payable or reimbursable by Medicare and/or its amendments (assuming such enrollment), subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in this Policy; and
2. Any Covered Medical & Surgical Services payable under this Blanket Group Accident Only Insurance Policy will be reduced by fifty percent (50%) when the applicable Insured is age sixty-five (65) or older, based on the Insured's most recent birthday, on the date the Benefit becomes payable.
3. Any treatment, medical service, surgery, medication, equipment, claim, or loss Provided and received under the Hospital Room & Board Benefits, Hospital Intensive Care Unit Room & Board Benefits, Hospital Miscellaneous Expenses Benefits, Hospital Surgeon Benefits, Hospital Anesthesiologist Surgery Benefits, Outpatient Surgeon Benefits, and Outpatient Anesthesiologist Surgery Benefits as a result of an Insured's Pre-existing Condition are not covered under this Blanket Group Accident Only Insurance Policy unless such treatment, medical service, surgery, medication, equipment, claim, or loss constitutes Covered Medical & Surgical Services Provided to and received by such Insured more than twelve (12) months after the Effective Date, and are not otherwise limited or excluded by this Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Accident Only Insurance Policy.

Exclusions

Coverage under this Blanket Group Accident Only Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of this Blanket Group Accident Only Insurance Policy. In addition, this Blanket Group Accident Only Insurance Policy does not provide coverage for the amount of any professional fees or other medical expenses or charges for treatments, care, procedures, services or supplies incurred for the diagnosis, care or treatment charged to an Insured or any payment obligation for Us under this Blanket Group Accident Only Insurance Policy for any of the following, all of which are excluded from coverage:

1. any cost item, charge or expense which does not constitute Covered Expenses;
2. any disease, ailment, illness or Specified Disease/Illness suffered by an Insured, except a covered Bacterial Infection;
3. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Blanket Group Accident Only Insurance Policy Issue Date and the Primary Insured Effective Date;
4. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under this Blanket Group Accident Only Insurance Policy terminates, regardless of when the Bodily Injury occurred;
5. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
6. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
7. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
8. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
9. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
10. any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
11. Bodily Injury due to any act of war (whether declared or undeclared);
12. services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
13. drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
14. administration of experimental drugs or substances or investigational use or experimental use of Prescription Drugs except for any Prescription Drug prescribed to treat a covered chronic, disabling, lifethreatening Bodily Injury, but only if the investigational or experimental drug in question:
    a. has been approved by the FDA for at least one indication; and
    b. is recognized for treatment of the indication for which the drug is prescribed in:
        1. a standard drug reference compendia; or
        2. substantially accepted peer-reviewed medical literature.
    c. drugs labeled "Caution – limited by Federal law to investigational use;"
15. intentionally self-inflicted Bodily Injury, suicide or any suicide attempt while sane or insane;
16. Bodily Injury while serving in one of the branches of the armed forces of the United States of America;
17. Bodily Injury while in a foreign country and serving on active duty in the United States Army, Navy Marine Corp or Air Force Reserves or the National Guard;
18. Bodily Injury while serving on active duty in the armed forces of any foreign country or any international authority;
19. voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
20. services Provided by You or a Provider who is a member of an Insured's family;
21. any medical condition excluded by name or specific description by either this Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Accident Only Insurance Policy;
22. any loss to which a contributing cause was the Insured's being engaged in an illegal occupation or illegal activity;
23. participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
24. any Injury which was caused or contributed by an Insured racing any land or water vehicle;
25. Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
26. Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
27. Outpatient Prescription Drugs that are dispensed by a Provider, Hospital or other state-licensed facility;
28. Prescription Drugs produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products, or immunization agents, biological or allergy sera, hematinics, blood or blood products administered on an Outpatient basis;

29. level one controlled substances;
30. Prescription Drugs that are classified as anabolic steroids or growth hormones;
31. compounded Prescription Drugs;
32. allergy kits intended for future emergency treatment of possible future allergic reactions;
33. replacement of a prior filled Prescription for Prescription Drugs that was covered and is replaced because the original Prescription was lost, stolen or damaged;
34. any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
35. any cochlear implants;
36. any services Provided by You or a Provider who is a member of an Insured's family;
37. any medical condition excluded by name or specific description by either this Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Accident Only Insurance Policy;
38. any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from Bacterial Infection or (ii) to correct a normal bodily function in connection with the treatment of a covered Bodily Injury;
39. any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
40. any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
41. any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type fertility therapy, artificial insemination or any other direct conception;
42. any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
43. any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
44. any treatment, care, procedures, services or supplies (including Prescriptions) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
45. any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
46. any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism;
47. any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
48. any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
49. any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
50. any contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
51. any fluoride products;
52. any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
53. any programs, treatment or procedures for tobacco use cessation;
54. any charges for blood, blood plasma, or derivatives that has been replaced;
55. any treatment, care, procedures, services or supplies of Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
56. any treatment received outside of the United States; and
57. any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in this Blanket Group Accident Only Insurance Policy.

Non-Waiver

Expenses that are mistakenly or erroneously paid by Us under any Section or provision of this Blanket Group Accident Only Insurance Policy shall not:

1. constitute a waiver of or modification to any conditions, terms, definitions or limitations contained in the Policy, specifically including, but not by way of limitation, the definition of Bodily Injuries, Bodily Injury, Medical Necessity or Covered Expenses, the limitation of coverage under the Blanket Group Accident Only Insurance Policy for Pre-existing Conditions, as well as any exclusion, limitation and/or exclusionary riders which may be attached to the Blanket Group Accident Only Insurance Policy, or otherwise operate to alter, amend, affect, abridge or modify the Blanket Group Accident Only Insurance Policy to which it is attached;
2. create or establish coverage of any medical condition, illness, or disease under the Blanket Group Accident Only Insurance Policy or under any exclusion, limitation and/or exclusionary riders which may be attached to the Blanket Group Accident Only Insurance Policy; or
3. affect, alter, amend, abridge, constitute or act as a waiver of the Company's ability to rely upon, assert and apply such terms, definitions, limitations or exclusions of the Blanket Group Accident Only Insurance Policy or any amendments thereto.

ACA Individual Mandate & Shared Responsibility Payment

The individual mandate under the ACA generally requires individuals to have "minimum essential coverage" in 2014 and beyond, or be subject to payment of an annual "shared responsibility payment", the amount of which is based, in part, upon the individual's household income each year. The ACA's "shared responsibility payment" has also been referred to from time to time as a tax and as a penalty, and is payable to the federal government. Specified Disease and Accident plans are exempt from the coverage and rating mandates of the ACA, and therefore are not considered "minimum essential coverage" under the ACA. If an individual (a) does not receive an ACA exemption annually from the federal government for the individual mandate, or (b) does not maintain "minimum essential coverage" under the ACA for 9 or more consecutive months during each year, (including coverage under one of the following types of plans (i) an employer sponsored group health plan, (ii) a grandfathered health plan, (iii) a non-grandfathered health plan for which the government has granted a waiver of the individual mandate, or (iv) an ACA essential health benefits plan), he will be subject to the ACA's annual "shared responsibility payment", even if covered under one of the HD Protection Plus Blanket Group Specified Disease/Illness and Blanket Group Accident Plans. For additional information on the individual mandate, "shared responsibility payment", exemptions from the mandate and other matters concerning the ACA, please visit www.healthcare.gov, the federal government's website.

Blanket Group Critical Illness

BLANKET GROUP CRITICAL ILLNESS PLAN
Underwritten by Freedom Life Insurance Company of America

Benefit Description	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
Critical Illness Lump Sum Benefit							
Maximum Critical Illness Benefit Amount, per Insured	$1,500	$1,500	$2,500	$2,500	$5,000	$5,000	$5,000
Percentage of Maximum Critical Illness Benefit							
Kidney Failure	100%	100%	100%	100%	100%	100%	100%
Life Threatening Cancer	100%	100%	100%	100%	100%	100%	100%
Major Organ Transplant	100%	100%	100%	100%	100%	100%	100%
Permanent Paralysis	100%	100%	100%	100%	100%	100%	100%
First Diagnosis Heart Attack	100%	100%	100%	100%	100%	100%	100%
Terminal Illness	100%	100%	100%	100%	100%	100%	100%
CVA (Stroke)	100%	100%	100%	100%	100%	100%	100%
Coronary Artery Bypass Surgery	100%	100%	100%	100%	100%	100%	100%

The Maximum Critical Illness Benefit will be paid to an Insured for the Medically Necessary treatment of a First Occurrence of a Specified Critical Illness or Specific Critical Illness Surgery while covered under the Blanket Group Specified Critical Illness and Specified Critical Illness Surgery Policy, as specified in the Blanket Group Policy Schedule.

Diagnosis of a First Occurrence of a Blanket Group Specified Critical Illness or Specified Critical Illness Surgery must occur after the Effective Date and must comply with the Critical Illness Benefit Payment Requirements and must include a Definitive Diagnosis by a Provider accompanied by documentation supported by clinical, radiological, histological and laboratory evidence satisfactory to the Company. The Company may, at its expense, require an examination or further tests by a Provider of its choice.

Limitations

In addition to any other provisions of the Blanket Group Specified Critical Illness and Specified Critical Illness Surgery Policy, Benefits and coverage are limited as follows:

1. We will pay Benefits listed in the CRITICAL ILLNESS BENEFITS Section of the Blanket Group Specified Critical Illness and Specified Critical Illness Surgery Policy that occur after the first thirty (30) days as defined in the definition of Effective Date;
2. The Maximum Critical Illness Benefit as specified in the Blanket Group Policy Schedule;
3. The Maximum Critical Illness Benefit will be reduced by fifty percent (50%) when the applicable Insured is age sixty-five (65) or older, based on the Insured's most recent birthday, on the date the Benefit becomes payable; and
4. For an Insured, Benefits payable under the CRITICAL ILLNESS BENEFIT provision for Critical Illness will not exceed the Maximum Critical Illness Benefit shown on the Blanket Group Policy Schedule.

Exclusions

This Blanket Group Specified Critical Illness and Specified Critical Illness Surgery Policy does not provide any Benefit, coverage or payment for any loss caused by, in whole or in part, contributed to or resulting from, directly or indirectly, any of the following incidents, events, occurrences or activities involving such Insured:

1. any Specified Critical Illness or Specified Critical Illness Surgery suffered, diagnosed and/or sustained by an Insured prior to the Effective Date;
2. any medical conditions that is not a Specified Critical Illness or Specified Critical Illness Surgery;
3. a diagnosis which is made outside the United States, unless a Definite Diagnosis of a Specified Critical Illness or a Specified Critical Illness Surgery is confirmed in the United States;
4. war, or any act of war, regardless of whether war is actually declared;
5. serving in one of the branches of the armed forces of any foreign country or any international authority;
6. an Insured being intoxicated or under the influence of alcohol or any drug, narcotic or hallucinogens unless administered via a prescription and on the advice of a Provider, and taken in accordance with the limits of such advice. An Insured is conclusively determined to be intoxicated by drug or alcohol if (i) a chemical test administered in the jurisdiction where the loss or cause of loss occurred is at or above the legal limit set by that jurisdiction or (ii) the level of alcohol was such that a person's coordination, ability to reason, was impaired, regardless of the legal limit set by that jurisdiction;
7. intentionally self-inflicted Injury, suicide or any suicide attempt while sane or insane;
8. travel by or participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
9. participating in a felony, riot or insurrection;
10. engaging in any illegal activity;
11. the unintended or accidental results of any surgery or operation performed either for cosmetic purposes or in an attempt to surgically treat any Specified Disease/Illness or Injury;
12. intentional inhalation or ingestion of any poison, gas or fumes;
13. participating, as driver or passenger, in any competition, race or speed contest, including sanctioned practice thereof, of any land or water vehicle;
14. an expense that exceeds the amount of the Lifetime Maximum Benefit;
15. the operation by such Insured of any motor vehicle without the permission/consent of the owner of such vehicle;
16. the operation by such Insured of any motor vehicle without a valid operators license/permit; and
17. bacterial or viral infection.

Blanket Group AME & AD&D

BLANKET GROUP ACCIDENTAL DEATH AND EXCESS MEDICAL EXPENSES PLAN Underwritten by Freedom Life Insurance Company of America							
Benefit Description	Protection Plus Level 1	Protection Plus Level 2	Protection Plus Level 3	Protection Plus Level 4	Protection Plus Level 5	Protection Plus Level 6	Protection Plus Level 7
AD&D Benefit							
Maximum Benefit*	$10,000	$25,000	$25,000	$25,000	$25,000	$25,000	$25,000
Percentage of Maximum Benefit							
Loss of Life	100%	100%	100%	100%	100%	100%	100%
Loss of Two or More Limbs	100%	100%	100%	100%	100%	100%	100%
Loss of Speech and Loss of Hearing (both ears)	100%	100%	100%	100%	100%	100%	100%
Loss of Sight (both eyes)	100%	100%	100%	100%	100%	100%	100%
Loss of One Limb	50%	50%	50%	50%	50%	50%	50%
Loss of Speech	50%	50%	50%	50%	50%	50%	50%
Loss of Hearing (both ears)	50%	50%	50%	50%	50%	50%	50%
Loss of Sight (one eye)	50%	50%	50%	50%	50%	50%	50%
Loss of One Hand	50%	50%	50%	50%	50%	50%	50%
Loss of One Foot	50%	50%	50%	50%	50%	50%	50%
Loss of Hearing (one ear)	25%	25%	25%	25%	25%	25%	25%
Loss of Thumb and Index Finger	25%	25%	25%	25%	25%	25%	25%
Excess Medical Expenses Benefit							
Maximum Benefit , per Accident, per Insured	$1,000	$2,500	$2,500	$2,500	$5,000	$5,000	$5,000
Deductible, per Accident, per Insured	$250	$250	$250	$250	$250	$250	$250

*Maximum Benefit per Primary Insured, the Spouse of Primary Insured and the Child(ren) of Primary Insured receive 50% of the Primary Insured's Maximum Benefit.

"Excess" means charges that are not covered under any other valid insurance coverage, accident medical expense benefits or health benefit plan coverage, including but not limited to coverage of benefit entitlement under or pursuant to any uninsured/underinsured motorist coverage, personal injury protection coverage under any automobile policy, comprehensive major medical insurance, hospital/medical surgical insurance, other indemnity health insurance, health coverage under a HMO or PPO plan, workers compensation medical expense benefits, FELA medical expense benefits, Jones Act medical expense benefits, Medicaid and Medicare.

Benefits reduce by fifty percent (50%) when an Insured reaches age sixty-five (65).

The Blanket Group Accidental Death & Dismemberment and Excess Medical Expenses Plan forms BACC-2012-P-FLIC is underwritten and administered by Freedom Life Insurance Company of America and issued to HDA and are subject to the definitions, terms, limitations and exclusions as contracted in the Blanket Group Accident Policy.

Limitations

In addition to any other provisions of the Blanket Group Policy, Benefits and coverage are limited as follows:

1. Coverage for AD&D and Excess Medical Expense commences on the Primary Insured Effective Date for each Primary Insured;

2. The maximum dollar amount recoverable by an Insured for AD&D is the applicable AD&D Maximum Benefit, regardless of the number of Accidents or Bodily Injuries sustained by an Insured; and

3. The applicable AD&D Maximum Benefit and the Excess Medical Expense Coverage Maximum Benefit automatically reduce by fifty percent (50%) on the seventieth (70th) birthday of the Primary Insured and Spouse of Primary Insured.

Exclusions

Coverage under this Blanket Group Policy is limited as provided by the definitions, terms, conditions, limitations, and exclusions contained in each and every section of this Blanket Group Policy. In addition, this Blanket Group Policy does not provide any Benefit, coverage or payment for any loss caused by, in whole or in part, contributed to or resulting from, directly or indirectly, any of the following incidents, events, occurrences or activities involving any Insured:

1. war, or any act of war, regardless of whether war is actually declared;

2. serving in one of the branches of the armed forces of any foreign country or any international authority;

3. such Insured being intoxicated or under the influence of alcohol or any drug, narcotic or hallucinogens unless administered via a prescription and on the advice of a Provider, and taken in accordance with the limits of such advice;

4. intentionally self-inflicted Bodily Injury;

5. suicide or any attempt thereat, while sane;

6. Specified Disease/Illness;

7. travel by or participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;

8. engaging in and being charged with any felony criminal offense;

9. a Bodily Injury occurring outside the borders of the United States of America or its territories;

10. the unintended or accidental results of any surgery or operation performed either for cosmetic purposes or in an attempt to surgically treat any Specified Disease/Illness;

11. intentional inhalation or ingestion of any poison, gas or fumes;

12. expenses Incurred for the diagnosis, care or treatment of Mental and Emotional Disorders, Alcoholism, and Drug Addiction/Abuse;

13. participating, as driver or passenger, in any competition, race or speed contest, including sanctioned practice thereof, of any land or water vehicle;

14. expenses Incurred as a result of a Bodily Injury that are in excess of the Usual and Customary expenses Incurred for Medically Necessary treatment of such Bodily Injury;

15. expenses Incurred for the Medically Necessary treatment of a Bodily Injury for which the Insured has no legal liability and responsibility for payment;

16. expenses Incurred for the Medically Necessary treatment of a Bodily Injury that are covered under any other valid insurance coverage, accident medical expense benefits or health benefit plan coverage (e.g. uninsured/underinsured motorist coverage, personal injury protection coverage under any automobile policy, comprehensive major medical insurance, hospital/medical surgical insurance, other indemnity health insurance, health coverage under a HMO or PPO plan, workers compensation medical expense benefits, FELA medical expense benefits, Jones Act medical expense benefits, Medicaid and Medicare).

17. a scheduled Benefit under Part I Accidental Death & Dismemberment Coverage or an expense under Part II Excess Medical Expense Coverage that exceeds the amount of the Lifetime Policy Maximum Benefit;

18. the operation by such Insured of any motor vehicle without the permission/consent of the owner of such vehicle;

19. the operation by such Insured of any motor vehicle without a valid operator's license/permit; and

20. bacterial or viral infection, except such infection occurring with or through a cut or wound in the skin sustained in an Accident or the accidental ingestion of contaminated material.

Frequently Asked Questions

FAQs

Are Pre-existing Conditions covered on my HD Protection Plus Blanket Group Specified Disease/Illness and Blanket Group Accident Plans?

There is a twelve (12) month Pre-existing Conditions waiting period before benefits will be paid for medical services for the Hospital Room & Board, ICU, Inpatient and Outpatient Surgeon and Anesthesiologist benefits underwritten by Freedom Life Insurance Company of America. The remaining benefits are not subject to the twelve (12) month Pre-existing Conditions waiting period. There is a separate thirty (30) day waiting period before any benefits will be paid for Specified Disease/Illness.

How do the benefits pay?

Your HD Protection Plus membership pays a maximum benefit amount toward each specific service. You are responsible for any remaining balance on the amount billed that is above the maximum amount. To guarantee the lowest out-of-pocket expenses, choose a provider or facility in the PHCS Limited Benefit Plan Network.

What is the PHCS Limited Benefit Plan Network?

The PHCS Network is a Preferred Provider Organization (PPO). A PPO is a network of health care providers who agree to provide services at a pre-negotiated rate. The PHCS Network is an important feature of your Health Depot Plan. You have access to thousands of hospitals, practitioners and ancillary facilities who have agreed to significant discounts on their medical services. The PHCS Network includes nearly 4,400 hospitals, 79,000 ancillary care facilities and more than 700,000 healthcare professionals nationwide. See page 20 for full details on the PPO Network.

Do I have to file claims for my benefits or does the doctor handle that?

Presenting your Membership Insurance Benefits ID card to your provider or facility provides them with all the information they need to file the claim. However, some providers do not file claims for their patients, so make sure to check with your doctor prior to your appointment regarding their claims process.

My doctor/facility doesn't file claims for their patients. What do I need to do to receive my benefits?

Simply call the insurance carrier and they will instruct you on how to file a claim. Your insurance carrier is **Freedom Life Insurance Company of America**. You will find the carrier contact information on your medical ID card. They can also assist you with claim status.

Can I make changes to my membership?

You may make changes to your membership during your 30 day free look period, on your annual anniversary or if you experience a Qualifying Event.

What is a Qualifying Event?

Qualifying Events allow you to make changes to your membership outside of your annual anniversary date:

- **Change in legal marital status** – marriage, divorce, annulment, death of a spouse or legal separation
- **Change in dependent children** – birth, adoption, legal guardianship or death of a child
- **Dependent children "age out"** – child's age exceeds the age limitations of the membership

To make changes to your membership due to a Qualifying Event, call Health Depot Customer Service at (855) 351-7535.

I am moving, what do I need to do?

Please login to the Member Portal and change your address or you can call Health Depot Customer Service at (855) 351-7535. It is crucial that your address is correct in our system, because an incorrect address could delay your claims. Also, it is important to note that the Term Life Policy is not available in AK, CO, ME, MT, NY and OR. If you move to one of those states, the Term Life portion of your membership would terminate.

Membership Rates

Monthly Membership Rates

HD Protection Plus Monthly Membership Rates							
	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7
Member	$199	$245	$279	$298	$378	$429	$538
Member + 1	$298	$379	$419	$459	$598	$709	$878
Member + Family	$399	$499	$559	$619	$799	$989	$1,199

One-time $99 enrollment fee applies.

The Health Depot Association
healthdepotassociation.com | (855) 351-7535

V032917