



HealthDepot

Protection
Plus



Agent Training

Premier Health Solutions, LLC.

- **Industry-leading administrator and general agency**

- Innovative benefits management and administration services
- Enrollment, fulfillment and customer service
- Billing reconciliation and back-office processes
- Customized solutions

- **Work with leading agents, associations and carriers**

- **Best-in-class benefits**

- Quality health plans
- Wellness products, discount programs, and consumer benefit solutions
- Customized solutions



Training Objectives

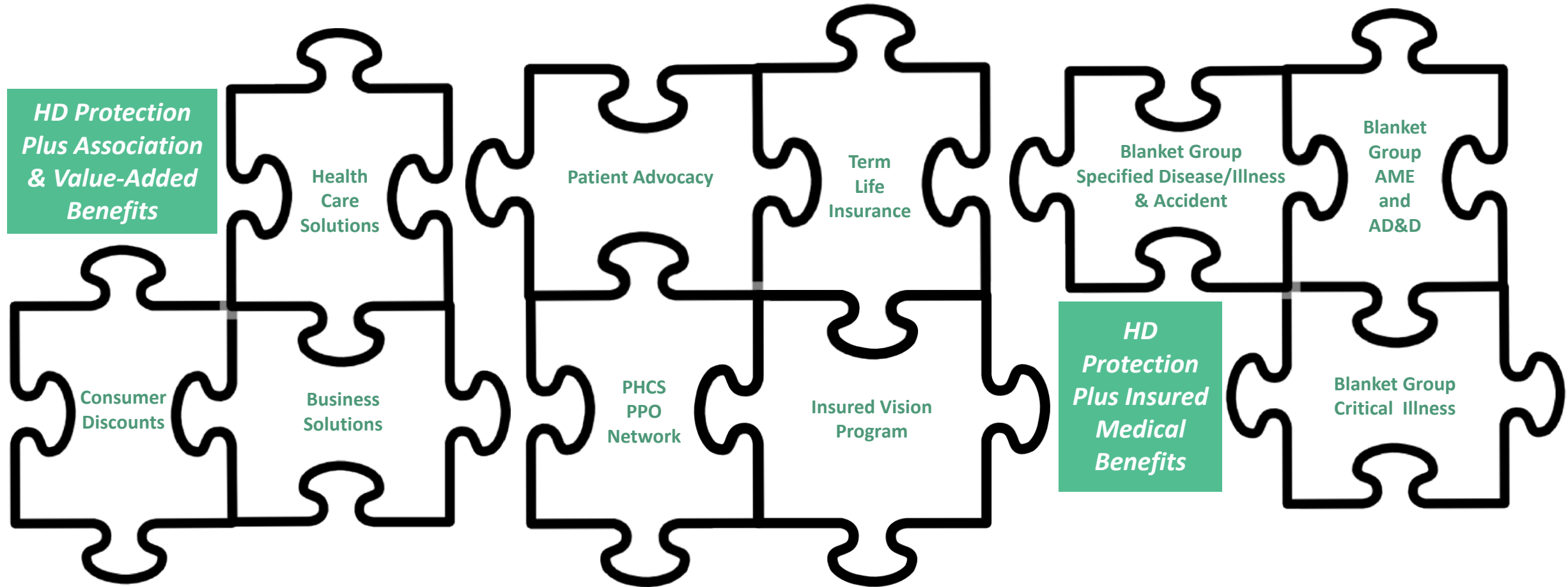
Review the following aspects of HD Protection Plus:

- ▶ Health Depot Association
- ▶ Membership Value-Added Benefits
 - Consumer
 - Business
 - Health Care
- ▶ Membership Insurance Benefits
 - Blanket Group Specified Disease & Blanket Group Accident
 - Blanket Group Critical Illness
 - Blanket Group AME and AD&D
 - Insured Prescription
 - Term Life
- ▶ Eligibility Requirements



HD Protection Plus - Overview

All the pieces work together to provide a complete solution!



HD Protection Plus – Maximize Savings

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 prescriptions? Use pharmacies in the CVS Caremark network for deep discounts
- Wear glasses or contacts? Use EyeMed Vision Savings network for discounts on exams and eyewear needs

Value-Added Benefits

- PHCS PPO Network providers/facilities offer members discounted rates
- Karis360 Patient Advocacy Service finds the top-rated in-network providers with the best rates and they will 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

HealthDepot

Association Benefits





Health Depot's mission is to expand access to affordable health and consumer benefits to the people who need these products most, and empowering members with valuable resources, information and support.

A Health Depot membership gives consumers access to:

- Best “members-only” services, discounts and benefit programs
- Innovative, top-quality solutions from trusted names
- Access to insured benefit plans



Health Depot Benefits – Consumer Discounts



Interactive Health and Fitness Programs – GymAmerica gives our members all the resources they need to develop a personalized plan for better health. You will receive 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.



Retail Benefits – Retail Benefits is an online shopping site with a wide array of offerings. Members can earn up to 40% cash back at more than 5,000 leading merchants.



Gifts and Flowers – Members will save 15% when they order flowers and gifts from 1-800-Flowers, either online or by phone.



Member Auto Buying Service – Save time and money shopping for a new or used car through True Car's network of thousands of Certified Dealers. Members receive exclusive pricing and price protection, so you will be guaranteed to receive the lowest price and will experience hassle-free buying at home and at the dealer.



Car Rental Discounts – Members can take advantage of affordable auto rental rates from Avis®, Budget® and Dollar® Rent A Car.

Health Depot Benefits – Consumer Discounts



Gym Memberships – 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.



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. That's why Health Depot has negotiated savings for our members through Massage Envy—the nation's premier provider of massage membership plans. As our valued member, you'll receive up to 20% off many of their plans and services.



Moving Services – Through our partnership with Cord northAmerican, an agent for North American Van Lines, we can give our members valuable discounts on moving and relocation services from a highly reputable and reliable company.

MAGAZINES

Magazine Discounts – Members save up to 85% off regular subscription rates on popular titles through these magazine subscription discount services.

Health Depot Benefits – Business Solutions



Payroll Processing – Through our relationship with ADP, Health Depot 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.



Web Services – Through our partnership with NAC Web Services, Health Depot members can access discounts on website development and maintenance. These professionals are extremely knowledgeable about the latest design and programming capabilities. Their websites are creative, intuitive and custom-built to your specifications. They also offer our members discounts on web hosting.



Office Supplies – Through Office Depot/Max, our members can save 15% off hundreds of brand name office supplies and 60% off printing.



FedEx Shipping – This program offers member discounts on delivery services for a variety of Standard, Priority, Express Saver, Ground and Express International shipping options.



Data, Global Phone and SIM Cards – Wireless Traveler provides low cost access to data, global phone and SIM Cards. The Wireless Traveler pocket Wi-Fi unit also offers members their own hotspot wherever they travel. This device can connect up to five devices at one time including smart phones tablets, Kindles and more. Our members have access to 30 day low cost data bundles, with no monthly fees.

Health Depot Benefits – Business Solutions



Shipping-National and Worldwide – This UPS program offers our member discounts on delivery services for a variety of next day, 2-day and 3-day shipping options.



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



Office Supplies – Through this program, we ensure that our members are receiving the guaranteed lowest prices on office supplies. Penny Wise offers a vast selection of 20,000 products and free, fast delivery within the contiguous United States. Next day shipping is also virtually guaranteed from the 40 Penny Wise distribution centers nationwide.



Paint and Accessories – Sherwin Williams offers exclusive member discounted pricing up to 40% off key product lines such as paint and accessories. Program offers Color Marketing & Design, plus field technical support including spec. writing, onsite tech assistance, Custodian Reports on products and colors used at all new, renovated, and existing properties, plus training.

Health Depot Benefits – Health Care Services



Telemedicine



Discount Dental



Discount Rx



Diabetic Savings Program



Lab Testing



Nutritional Products



MRI, PET, & CT Scans



Vision Savings Network



Hearing Network

Benefit details on the following slides

Teladoc Telemedicine Service

Teladoc is a national network of physicians, available 24/7/365, 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 Highlights:	Call Teladoc:	Teladoc Can Treat:
▶ Convenient and Fast Access	▶ When your physician is not available	▶ Cold & Flu symptoms / Ear Infection
▶ No fees for consultations	▶ For non-emergency medical care	▶ Bronchitis / Allergies / Sinus Problems
▶ Save Time and Money	▶ After normal hours of operation	▶ Poison Ivy / Pink eye
▶ Doctors live and work in U.S.	▶ When on vacation or a business trip	▶ Urinary tract & Respiratory infections
▶ 95% Member Satisfaction	▶ For second opinions	▶ and more!



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



CVS Caremark Discount Rx

Members and their family members can save an average of 20% off prescription medicines. This is NOT insurance. Rather, it is a way for members to get discounted pricing on commonly used prescription medicines at participating retail pharmacies nationwide.



Cost for medicine will be the lower of:

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

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

Features:

- ✓ Discounts on Brand Name and Generic Drugs
- ✓ Over 60,000 participating retail pharmacies across the United States
- ✓ Online pharmacy locator and drug pricing tool
- ✓ Get extra ID cards with the online card printer



MyMedLab

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%-80% less than in your doctor's office or local hospital lab.



Features:

- ✓ Testing can be purchased 24 hours a day on the MyMedLab website
- ✓ Nearly 2,000 local Patient Service Centers (PSC)
- ✓ Results are securely uploaded to member's private personal health record (PHR), most within 24-48 hours

Get Your Test Results Online in 6 Easy Steps!



Order Test
Online



Our Doctor
Approves



Print Lab
Order



Visit Local
Lab



View Results
Online



Buy Expert
Review

One Call Care

Members can save 20%-50% on MRIs, PET and CT scans when these tests are ordered by a doctor. 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. Since 1993, One Call Care has been the preferred solution for ensuring access to high-quality radiology testing at lower cost for participants.



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.

Beltone Hearing

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



Features:

- ✓ Over 1500 locations throughout the United States
- ✓ 70 years of experience, highly trained professionals and friendly service
- ✓ Beltone is the most trusted brand among adults 50+
- ✓ Revolutionary digital hearing instruments that offer clear, more comfortable hearing and a virtually invisible appearance
- ✓ Exclusive BelCare™ commitment

Neglecting, denying or ignoring hearing loss can hasten its progression.

Untreated hearing loss is also linked to depression, social isolation—even Alzheimer's disease.

Conversely, early detection can help members hear better for life.

Cigna Discount Dental

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



Features:

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

*Actual costs and savings vary by geographic area.

Diabetic Savings Program

Through this program, members can get your diabetic testing supplies shipped directly to their door each month at a savings of up to 50% less than the retail drug store prices! Monthly fees are based on the number of testing times per day and the supplies will meet the member's monthly need.



Features:

- ✓ Includes glucose meter, ultra-thin lancets, test strips and carrying case
- ✓ No inconvenient trips to the pharmacy; supplies delivered to the member's home with free shipping
- ✓ Automated shipments to ensure testing supplies never run out
- ✓ No health restrictions and no limit on the number of times a year this service can be used
- ✓ Nine Years of Experience; knowledgeable and courteous customer service representatives
- ✓ 100% satisfaction guaranteed

Reliable, affordable testing supplies for the thousands of diabetics who are uninsured, under-insured or have to pay out of pocket.

IDLife Nutrition Products

Individually Designed Nutrition Program



A systematic approach to achieving health and wellness!

IDLife products are scientifically formulated to provide therapeutic doses of specific nutrients to:

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



IDLIFE PRODUCTS:	ENERGY	MEAL REPLACEMENT
APPETITE CONTROL	PRE-WORKOUT	POST-WORKOUT
SLEEP STRIPS	HYDRATE	LEAN

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.

Vision Savings Network

Members and their dependents have 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:

- ✓ Exam with Dilation as Necessary
- ✓ Frames*, Lenses*, Len Options* and Contact Lenses
- ✓ Laser Vision Correction
- ✓ Unlimited Frequency

*Complete Pair Eyeglasses Purchase Discounts: Frame, lenses, and lens options must be purchased in same transaction to receive full discount.

THIS IS NOT INSURANCE

Not all discounts available at all providers. Members must pay for products or services at the time they are purchased. This program will provide savings over the normal cost. Limitations & Exclusions apply – see Member Guide for full details of the vision program.

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HD Protection Plus

Value-Added Benefits



PPO Network

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



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 members visit in-network providers, helping to maximize their benefits. A PHCS logo on their ID card tells the provider that a PHCS discount applies.

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

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

Insured Prescription

HD Protection Plus includes an expense-incurred, insured prescription benefit. Each plan level has a specified benefit maximum and yearly maximum.



CVS Caremark 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.

Outpatient Prescription Drug Benefit (varies by plan level) (see slide 41)



Generic up to a maximum of \$5-\$10

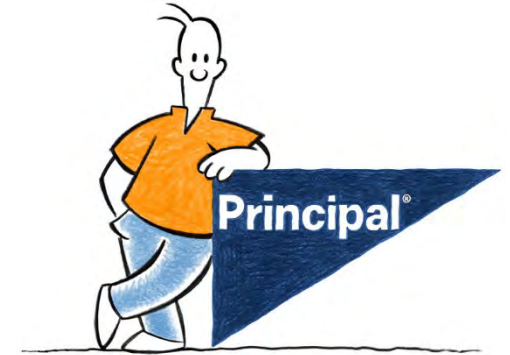
Brand up to a maximum of \$10-\$25

Membership Year maximum up to \$300-\$1,000

Members can visit www.cvshdrx.com to locate participating pharmacies and access the online drug pricing tool. The drug pricing tool assists in anticipating potential drug costs. Each membership level has its own drug pricing tool that corresponds with the prescription drug benefit amount and calendar year maximum.

About The Carrier

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.



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.

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.

Term Life Benefit

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.
Benefits Waiting Period	There is a 60 day waiting period before any benefits will be paid.

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

Certain Terms and Conditions apply. See Member Guide for full details.

Group Term Life Benefits 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.

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 Benefits Summary

Termination of Coverage

Your Life Insurance Benefits end 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.

Term Life – Disclaimers

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.

This coverage has a 60 day waiting period. No benefits will be paid during the first 60 days of coverage.

Note: Principal Life underwrites or provides administrative services for this coverage. Because the material is a summary of your group voluntary term life coverage, it does not state all contract provisions, restrictions of coverage, benefits by conditions or limitations, or provisions required by state or federal law. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. The group contract or policy determines all rights, benefits, exclusions and limitations of the coverage described here.

Group Term Life coverage is not available for residents of Alaska, Colorado, Maine, Montana, New York and Oregon. If an active member moves to one of those six states, the Principal Term Life portion of their membership will terminate.

Patient Advocacy

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.



Healthcare Navigator

- ✓ Locate a Physician or Hospital
- ✓ Help find Alternative Treatments
- ✓ Provide Health Cost Estimates
- ✓ Organize Transfer of Medical Records
- ✓ Insurance Policy Assistance
- ✓ Schedule Appointments

Bill Negotiator¹

- ✓ Work with healthcare provider to help reduce medical bills
- ✓ Negotiate potential medical costs before a procedure
- ✓ Members see up to 65% average savings

Surgery Saver

- ✓ Experienced on-site Advisor researches up to five surgical facilities for non-emergency procedures with information regarding cost, quality, availability and physician privileges
- ✓ Advisors have found a 66% difference between the highest and lowest quoted surgery costs between facilities

¹All bills must be related to a single medical incident and out-of-pocket medical services must exceed \$2,000.

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

HealthDepot

HD Protection Plus Membership Blanket Group Specified Disease/Illness & Blanket Group Accident Health Insurance Overview



Overview of HD Protection Plus Membership

As a member of the Health Depot Association, the member may choose between seven (7) membership levels that include blanket group insurance benefits for Blanket Group Specified Disease/Illness, Blanket Group Accident, Blanket Group Excess Medical Expense & AD&D, and Blanket Group Critical Illness.


Blanket Group Specified Disease/Illness and Blanket Group Accident Benefits Inpatient Benefits	Blanket Group Specified Disease/Illness and Blanket Group Accident Benefits Outpatient Benefits	Blanket Group Excess Medical Expense and AD&D and Blanket Group Critical Illness Benefits
Hospital Room & Board	Doctor Office Visits	Accidental Death & Dismemberment
Intensive Care Unit (ICU)	Prescription Drug (Rx)	Excess Medical Expense Benefit (AME)
Hospital Surgeon	Emergency Room	Critical Illness Lump Sum Benefit
Anesthesiologist	Surgery Facility	
Hospital Miscellaneous Expenses	Surgeon	
	Anesthesiologist	
	Laboratory & X-Ray Services	
	CAT Scan & MRI	
	Emergency Air & Ground Ambulance Transport	
	Urgent Care Facility	

HD Protection Plus Membership Highlights

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. These memberships are offered year round versus short enrollment periods. Whatever your member's circumstance, HD Protection Plus may be the solution they are looking for.

Advantages of an HD Protection Plus membership:

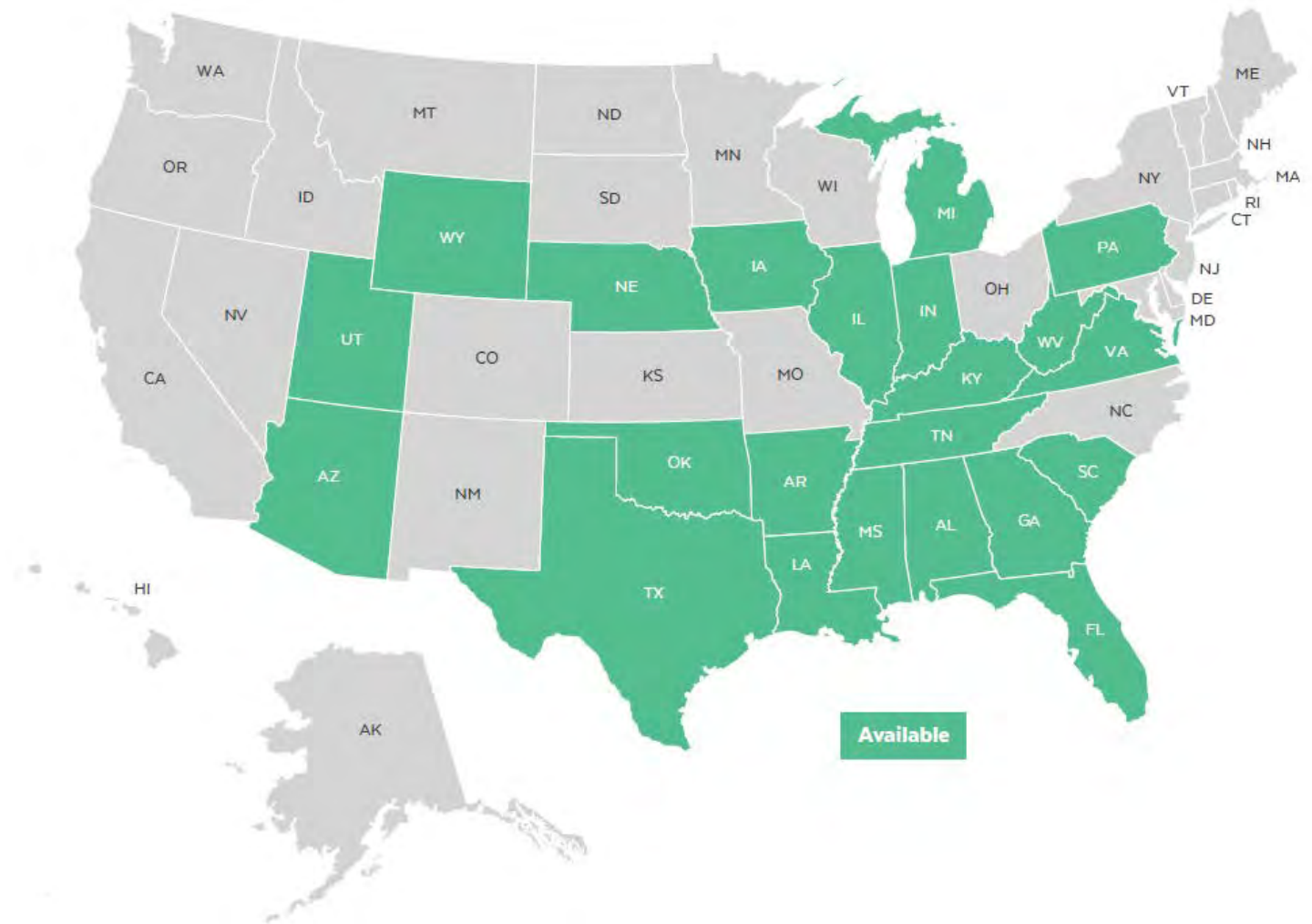
- ✓ The Blanket Group Specified Disease/Illness and Blanket Group Accident benefits for Inpatient and Outpatient services are payable based on expenses incurred, up to the amount shown
- ✓ Blanket Group Critical Illness, Blanket Group AD&D and Blanket Group Excess Medical Expense benefits
- ✓ Access 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 and Insured Rx Insurance included
- ✓ Telemedicine and Patient Advocacy services help members save money

Each benefit has coverage for sickness and accidents, as notated by the check mark . For example: The Outpatient Doctor Office Visit Benefit for level 6 provides 4 visits at up to \$100 each. There is a check mark under Sickness and a check mark under Accident. That means the member gets **4 visits for sickness AND 4 visits for accidents**, for a **total of 8 visits**.

State Availability

Health Depot Protection Plus is available in the following states:

Alabama	Nebraska
Oklahoma	Oklahoma
Arkansas	Pennsylvania
Florida	South Carolina
Georgia	Tennessee
Illinois	Texas
Iowa	Utah
Kentucky	Virginia
Louisiana	West Virginia
Michigan	Wyoming
Mississippi	



HealthDepot

HD Protection Plus

Blanket Group Specified Disease/Illness & Blanket Group Accident Health Insurance

Underwritten by Freedom Life Insurance Company of America



Inpatient Hospital Benefits

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
✓	✓	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 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

Inpatient Hospital benefits help members with the burden of unexpected medical expenses due to a covered Specified Disease/Illness or Accident. The benefits work in conjunction with one another and will pay out concurrently with one another.

Inpatient Hospital Benefits – EXAMPLE

Example assumes member has a HD Protection Plus Membership Level 7

These examples and the examples follow this slide are based on the Blanket Group Specified Disease/Illness and Blanket Group Accident benefits and the discounts, all provided by the HD Protection Plus Membership Levels.



karis 360

- John enrolled in the HD Protection Plus Membership Level 7.
- A couple of months later he was in a car accident and admitted to the ICU.
- He stayed in ICU for 2 days before he was moved to a regular hospital room, where he stayed for an additional 3 days.
- His total hospital stay was 5 days.
- Therefore, he would receive up to \$1,500 per day for 5 days of Hospital Room & Board, up to \$1,500 per day for 2 days of Hospital ICU and up to \$250 per day for 5 days of Hospital Miscellaneous Expenses, up to membership year maximums per membership level.
- He also receives pre-negotiated discounted rates by going to a hospital in the **PHCS PPO Network**, helping to further to reduce his out-of-pocket expenses.
- After he is discharged from the hospital, he contacts **Karis360 Patient Advocacy Services** to review his charges and help him resolve any balance billings.

Inpatient Surgery Benefits

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
✓	✓	Hospital Surgeon Benefits							
		Benefit varies by procedure, max range 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							
		Up to a Calendar Day maximum of	N/A	\$250	\$250	\$250	\$375	\$375	\$375
		Surgeries per Membership Year	N/A	1	1	1	1	1	1

Hospital Surgeon and Hospital Anesthesia benefits provide additional coverage if a member requires a surgical procedure due to a covered Specified Disease/Illness or Accident. Hospital Surgeon Benefit amounts are based on a Schedule Of Operations specified for each plan level. The Hospital Anesthesiologist Surgery Benefit pays up to a maximum of 25% of the maximum daily amount shown for the applicable surgery in the Schedule Of Operations. These benefits also pay in addition to the hospitalization benefits.

Inpatient Surgery Benefits - EXAMPLE

Example assumes member has a HD Protection Plus Membership Level 7



- In the previous scenario, John was enrolled in a HD Protection Plus Membership Level 7 and he would receive benefits for 5 days of Hospital Room & Board, 2 days of Hospital ICU and 5 days of Hospital Miscellaneous Expenses.
- If a surgery was required during his stay, he would also receive up to \$1,500 for the Hospital Surgeon Benefit and up to a maximum of 25% of the maximum daily amount shown for the applicable surgery in the Schedule Of Operations in addition to the hospitalization benefits.
- He also receives pre-negotiated discounted rates by using providers in the **PHCS PPO network**, helping to further to reduce his out-of-pocket expenses.
- After he is discharged from the hospital, he contacts **Karis360 Patient Advocacy Services** to help him find a top quality physical therapist in his network for follow up care.
- He also goes to a pharmacy in the **CVS Caremark** network to fill his prescription.

Outpatient Dr. Office & Prescription Drug Benefits

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
✓	✓	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 Name 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

The Outpatient Doctor Office Visit benefit provides coverage if a member needs to see a doctor due to a covered Specified Disease/Illness or Accident. If medication is required, the Outpatient Prescription Drug benefit provides a benefit amount towards the cost of generic and brand name drugs, as well as discounted pricing.

Outpatient Dr. Office & Rx Benefits - EXAMPLE

Example assumes member has a HD Protection Plus Membership Level 6

karis 360



CVS/caremark™

- Jane enrolled in the HD Protection Plus Membership Level 6.
- She needed to go to the doctor for a sinus infection. She contacted **Karis360 Patient Advocacy Services** to find an in-network ENT doctor.
- Her doctor prescribed Amoxicillin 500 mg, three times a day for 10 days.
- Jane's doctor is in the **PHCS PPO network**, so she received his discounted office visit rate of \$125.
- Her HD Protection Plus plan paid \$100 towards that cost, leaving Jane with a \$25 charge for the visit.
- On her way home, Jane stopped at a pharmacy in the **CVS Caremark** network to fill her prescription.
- Thirty capsules of Amoxicillin 500 mg costs \$11.31, and Jane's HD Protection Plus generic drug benefit pays \$10, reducing the cost of her prescription to \$1.31.

Outpatient Lab & X-Ray Benefits

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
✓	✓	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

These benefits provide coverage when a member receives an Outpatient X-Ray and/or an Outpatient Laboratory Service at an Outpatient facility due to a covered Specified Disease/Illness or Accident.

Outpatient Lab & X-Ray Benefits - EXAMPLE

Example assumes member has a HD Protection Plus Membership Level 5.



- Tom enrolled in a HD Protection Plus Membership Level 5.
- Tom injured his wrist. His doctor sent him to get an x-ray to determine if it was fractured or just badly sprained.
- Tom scheduled his x-ray through the **One Call Care** benefit in his Health Depot membership and received a significant savings on the cost of the x-ray.
- Upon confirmation that his wrist was fractured, Tom's doctor also requested lab work in preparation for surgery.
- Tom went to a lab in the **MyMedLab** network and received his lab results in 24-48 hours at a deeply discounted rate.
- Tom is enrolled in HD Protection Plus level 5, so his plan paid \$50 towards his x-ray and another \$50 towards his lab testing, for a total benefit of \$100.
- With all of the membership benefits and services available in his HD Protection Plus Membership Level 5, his out-of-pocket costs were greatly reduced!

Outpatient Surgery Benefits

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
✓	✓	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 Benefits							
		Benefit varies by procedure, max range 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
✓	✓	Outpatient Anesthesiologist Benefits							
		Up to a Calendar Day maximum of	N/A	\$250	\$250	\$250	\$375	\$375	\$375
		Up to a Membership Year maximum of	N/A	1	1	1	1	1	1

The Outpatient Surgeon and Outpatient Anesthesiologist benefits provide coverage if a member requires a day surgery performed at an outpatient facility due to a covered Specified Disease/Illness or Accident. The Outpatient Anesthesiologist Surgery Benefit pays up to a maximum of 25% of the maximum daily amount shown for the applicable surgery in the Schedule Of Operations. These benefits pay in addition to the Outpatient Surgery Facility Benefit.

Outpatient Surgery Benefits - EXAMPLE

Example assumes member has a HD Protection Plus Membership Level 5.



- Continuing the previous example, Tom's fractured wrist required surgery.
- He went to a local Outpatient facility in the **PHCS network** for the procedure.
- His HD Protection Plus Membership Level 5 pays up to \$1,500 for the Outpatient Surgeon Benefit and up to a maximum of 25% of the maximum daily amount shown for the applicable surgery in the Schedule Of Operations, as well as up to \$500 for the Outpatient Surgery Facility Benefit.
- He also receives pre-negotiated reduced rates by using in-network providers, helping to further to reduce his out-of-pocket expenses.
- After his procedure, he contacts **Karis360 Patient Advocacy Services** to help him find a top quality physical therapist in his network for follow up care.
- When his bills start coming in, he contacts **Karis360 Patient Advocacy Services** to review his charges and help him with balance billing.

Outpatient MRI & CAT Scan Benefits

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
✓	✓	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

These benefits provide coverage when a member receives a MRI or CAT Scan at an Outpatient imaging facility due to a covered Specified Disease/Illness or Accident. Outpatient MRI and Outpatient CAT Scan Benefits are included on HD Protection Plus plan levels 3-7.

Outpatient MRI & CAT Scan Benefits - EXAMPLE



- Members receive significant savings on the cost of imaging when they utilize the **One Call Care** benefit included in the Health Depot membership



- Members also receive significant savings on the cost of imaging by visiting an imaging center in the **PHCS PPO Network**.

The HD Protection Plus benefits work together, offering members maximum savings!

Outpatient Emergency Ambulance Benefits

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 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	\$100	\$250	\$250
		Up to a Membership Year maximum of	N/A	N/A	\$100	\$100	\$100	\$250	\$250

These benefits provide coverage when a member requires transportation in an ambulance due to a covered Specified Disease/Illness or Accident. Ambulance benefits are included on HD Protection Plus plan levels 3-7 and provide coverage for Emergency Ground and Emergency Air Ambulance Transport services.



Members receive significant savings on the cost of services when they utilize providers in the **PHCS PPO Network.**

Outpatient Emergency Room & Urgent Care Benefits

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 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 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

These benefits provide coverage when a member receives treatment due to a covered Specified Disease/Illness or Accident in an Emergency room or Outpatient Urgent Care Facility. The Emergency Ground or Emergency Air Ambulance Transport benefit pays in addition to these benefits if emergency transportation is required.



Members receive significant savings on the cost of services when they utilize providers in the **PHCS PPO Network.**

Blanket Group Specified Disease/Illness, Blanket Group Accident Disclaimer

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, 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.

Blanket Group Specified Disease/Illness, Blanket Group Accident Disclaimer (cont)

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 next slide 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 next slide 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.

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 Specified Disease/Illness Benefits - Limitations

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

Blanket Group Specified Disease/Illness Benefits - Exclusions

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 Specified Disease/Illness 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;

Blanket Group Specified Disease/Illness Benefits – Exclusions (cont)

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, life threatening 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;

Blanket Group Specified Disease/Illness Benefits – Exclusions (cont)

- 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;

Blanket Group Specified Disease/Illness Benefits – Exclusions (cont)

- 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.

Blanket Group Specified Disease/Illness Benefits – Non-Waiver

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.

Blanket Group Accident Benefits - Limitations

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
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.

Blanket Group Accident Benefits - Exclusions

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;

Blanket Group Accident Benefits – Exclusions (cont)

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, life threatening 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;

Blanket Group Accident Benefits – Exclusions (cont)

- 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;

Blanket Group Accident Benefits – Exclusions (cont)

- 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.

Blanket Group Accident Benefits – Non-Waiver

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.

HealthDepot

HD Protection Plus

Blanket Group Critical Illness

Underwritten by Freedom Life Insurance Company of America



Blanket Group Critical Illness Benefit

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
Blanket Group 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%

This benefit provides a lump-sum cash benefit when a member has a first-time occurrence of a covered Critical Illness.

Blanket Group Critical Illness Benefit – Disclaimers & Limitations

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.

Blanket Group Critical Illness Benefit – Exclusions

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.

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HD Protection Plus

Blanket Group Accidental Death & Dismemberment and Excess Medical Expense

Underwritten by Freedom Life Insurance Company of America



Blanket Group Accidental Death & Dismemberment and AME Benefits

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							
<u>Loss of</u> : Life; Two or More Limbs; Speech and Loss of Hearing (both ears); Sight (both eyes)	100%	100%	100%	100%	100%	100%	100%
<u>Loss of</u> : One Limb; Speech; Hearing (both ears); Sight (one eye); One Hand; One Foot	50%	50%	50%	50%	50%	50%	50%
<u>Loss of</u> : Hearing (one ear); Thumb and Index Finger of Same Hand	25%	25%	25%	25%	25%	25%	25%
Excess Medical Expense 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; Spouse and Child(ren) of Primary Insured receive 50% of the Maximum Benefit.

The Blanket Group AD&D benefit provides a cash benefit when a member suffers death or dismemberment due to a covered accident.

The Blanket Group Excess Medical Expense benefit is the only benefit that has a deductible, however, there are no limits on occurrences per year. It pays in excess of any other valid coverage health plan, automobile medical payments coverage, government provided coverage, workers compensation coverage or any other employer/employee liability coverage.

Blanket Group AD&D and AME Benefits – Disclaimers & Limitations

*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 are 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 Specified Critical Illness and Specified Critical Illness Surgery 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.

Blanket Group AD&D and AME Benefits – Exclusions

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.

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.

**THIS PLAN DOES NOT MEET THE MINIMUM ESSENTIAL HEALTH BENEFIT REQUIREMENTS
AS REQUIRED UNDER THE FEDERAL AFFORDABLE CARE ACT.**

HealthDepot Eligibility



Eligibility Requirements

Health Depot Protection Plus Eligibility Requirements:

- Must be a U.S. citizen or lawful permanent resident
- Must be between the ages of 18 and 64 years old at the time of enrollment
- Dependent Children to age 19; 24 if a Full-Time Student
- Must not be eligible for Medicare or Medicaid
- Currently not receiving Disability income
- Must have the ability to work at least part-time



Overview

- A \$99 enrollment fee is collected with the first month's dues.
- After enrolling, members receive:
 - Welcome email including Member ID and access to Member Portal
 - Access to fulfillment materials at members.healthdepotassociation.com (Member Portal)
 - Health Depot Association ID cards, within 7-10 days via mail
- Members have a 30 day free-look period to review all membership materials.
 - The free-look period begins on the on the member's effective date.
 - If a member chooses to cancel the policy within the free-look period, they will receive a full refund of monthly membership dues only.





Thank you for your participation at today's Agent Training

HealthDepot

Protection
Plus

For more information, including
Member Guide, please visit:
healthdepotassociation.com