



Prime Care Plan Underwritten by National Guardian Life Insurance Company

National Small Business Association Membership Benefits with Limited Benefit Medical Plan underwritten by National Guardian Life Insurance Company (NGL)

THIS PLAN PROVIDES LIMITED MEDICAL BENEFITS. PrimeCare Limited Benefit Medical Plans are issued as association group plans and are only available to members of NSBA. PrimeCare Plans are fixed-indemnity insurance plans that pay limited benefits. This coverage does not constitute comprehensive health insurance coverage (often referred to as major medical coverage) and does not satisfy the requirement of Minimum Essential Coverage (MEC) under the Affordable Care Act. Some states may impose a tax penalty if you do not have MEC.

National Guardian Life Insurance Company (NGL) is consecutively rated A- (Excellent) from A.M. Best Company, the world's oldest and most authoritative insurance rating information source. The A- (Excellent) rating further attests to NGL's financial strength and ability to meet policyholder obligations. Since 1910, NGL has been one of America's most successful and highly rated independent mutual life insurance companies.

NGL specializes in providing individual and group insurance products in the health insurance marketplace. Dedicated to the highest standards of quality and integrity, NGL offers products that are among the safest and most stable in the industry. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of New York, aka The Guardian or Guardian Life.



PrimeCare Plan Underwritten by National Guardian Life Insurance Company

Accidents and illnesses are a part of life, but they don't have to leave you in a dire financial situation.

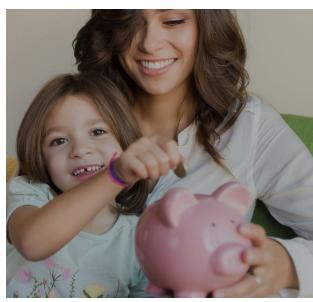
Even if you have health insurance, there are sure to be gaps in your insurance coverage leaving you to face significant out-of-pocket costs.

While you are recovering, you may not be able to work, and without income even small financial obligations become burdensome.

When a serious illness or injury strikes, it's a relief knowing you've got a back-up plan with help from your PrimeCare Limited Benefit Medical Plan so that you can focus on getting better, not on the bills.

PrimeCare Limited Benefit Medical Plans, available through your membership in the NSBA, are designed to reduce members' exposure to unexpected out-of-pocket healthcare expenses not covered by other insurance.

These plans also provide basic protection for people who are temporarily without major medical insurance.



PrimeCare Limited Benefit Medical Plans

Benefits		Standard	Select	Premium
Hospital	Non-Critical Care Unit daily benefit – Maximum benefit for non-Critical Care Unit per Coverage Year	\$600 – 90 Days	\$800 – 90 Days	\$1,200 – 90 Days
Confinement Daily Income Benefit ¹	Critical Care Unit daily benefit – Maximum benefit for Critical Care Unit per Coverage Year	\$1,500 - 15	\$2,000 - 15	\$2,500 - 15
Currer Deposit	For Surgery performed as an Inpatient per surgery benefit limit – Maximum number per Coverage Year	Up to \$1,250 ² - 1	Up to \$1,500 ² - 1	Up to \$2,000 ² - 1
Surgery Benefit	For Surgery performed as an Outpatient per surgery benefit limit – Maximum number per Coverage Year	Up to $$1,250^{2}$	Up to \$1,500 ² - 1	Up to \$2,000 ² - 1
	For anesthesia performed as an Inpatient per administration amount	20% of the corresponding surgery benefit		
Administration of	– Maximum benefit per administration	- \$200	- \$200	- \$200
Anesthesia Benefit	For anesthesia performed as an Outpatient	20% of the	corresponding su	rgery benefit
	– Maximum benefit per administration	- \$200	- \$200	- \$200
Outpatient Doctor Visits Benefit	Established Patient per visit amount – Established Patient maximum visits per Coverage Year	\$75 -7	\$75 - 7	\$75 - 8
	Consultation per visit amount – Consultation maximum visits per Coverage Year	\$100 - 1	\$100 - 1	\$100 - 1
Emergency Room	For the treatment of a Sickness per visit benefit – Maximum number of visits per Coverage Year	\$50 - 3	\$50 - 3	\$50 - 3
Benefit	For the treatment of an Accident per visit benefit – Maximum number of visits per Coverage Year	\$500 - 2	\$500 - 2	\$500 - 2
Diagnostic X-Ray & Laboratory Tests Benefit	Per day benefit –Maximum number of days per Coverage Year	\$75 -6	\$75 -6	\$75 - 6
Specialty Diagnostic Radiology Tests Benefit	Specialty radiology - MRI per visit benefit – Maximum number of visits per Coverage Year	\$1,000 -1	\$1,000 — 1	\$1,000 — 1
	Specialty radiology - CT scan per visit benefit – Maximum number of visits per Coverage Year	\$300 - 1	\$300 - 1	\$400 - 1
Denem	All other Specialty radiology per visit benefit – Maximum number of visits per Coverage Year	\$50 - 1	\$50 - 1	\$100 - 1
Ambulance Benefit	Ground Ambulance per trip benefit – Maximum number of trips per Coverage Year	N/A	\$300 - 1	\$300 - 1
	Air Ambulance per trip benefit – Maximum number of trips per Coverage Year	N/A	\$300 - 1	\$300 - 1
Therapeutic and Rehabilitative Care Visits Benefit	Per visit benefit – Maximum number of visits per Coverage Year	\$50 -6	\$50 - 6	\$50 - 6
Home Health Care Benefit	Per visit benefit – Maximum number of visits per Coverage Year	\$100 - 5	\$100 - 5	\$100 - 5
Wellness Care Visits Benefit	Annual physical per visit benefit — Maximum number of visits per Coverage Year	\$100 - 1	\$100 - 1	\$100 - 1
	Electrocardiogram Per visit benefit – Maximum number of visits per Coverage Year	\$50 - 1	\$50 - 1	\$50 - 1
	Stress Test per visit benefit – Maximum number of visits per Coverage Year	\$200 - 1	\$200 - 1	\$300 - 1
	Mammogram per visit benefit – Maximum number of visits per Coverage Year	\$75 - 1	\$75 - 1	\$75 - 1
	Routine Immunization benefit per visit benefit – Maximum number of visits per Coverage Year	\$50 - 5	\$50 - 5	\$50 - 5

¹Confinements for mental illness, alcoholism, and substance abuse are limited as shown in Description of Coverage

²\$1 multiplied by the relative value unit for the specific Surgery noted on the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value

For a full and complete description of your benefits, limitations and exclusions please refer to your Schedule of Benefits and Certificate of Coverage. Benefits may vary by state.

Limitations and Exclusions



Pre-existing conditions:

No benefits are payable for Pre-Existing Conditions until the date the Covered Person has been covered under this policy for 12 consecutive months.

Exclusions:

No benefits will be paid for loss caused by or resulting from:

- a) intentionally self-inflicted injuries, suicide or any attempt thereat while sane or insane;
- b) declared or undeclared war or any act thereof;
- c) the Covered Person's commission of a felony;
- d) work-related Injury or Sickness;
- e) mental or nervous disorders, except as noted in Hospital Confinement Daily Income Benefit;
- f) alcoholism or substance abuse, except as noted in Hospital Confinement Daily Income Benefit.
- g) Pre-Existing Conditions.

In addition to the above exclusions:

No benefits will be paid for:

- a) eye examinations for glasses; any kind of eyeglasses, or prescriptions for any eyeglasses;
- b) hearing examinations or hearing aids;
- c) dental care or treatment other than covered services rendered in connection with the care of sound, natural teeth and gums required on account of Injury to the Covered Person resulting from an Accident that happens while covered under the policy, and rendered within 6 months of the Accident;
- d) reading or interpreting the results of any diagnostic laboratory, radiology, or cardiovascular tests;
- e) services rendered in connection with cosmetic surgery, except covered services rendered in connection with cosmetic surgery the Covered Person needs for breast reconstruction following a mastectomy or as a result of an Accident that happens while covered under the policy. Cosmetic surgery for an accidental Injury must be performed within 90 days of the Accident causing the Injury and while such person's coverage is in force;
- f) care or treatment rendered to a Covered Person while outside the United States of America;
- g) services provided by a member of the Covered Person's immediate family or services provided by the Policyholder

This Coverage Is Not Required To Comply With Certain Federal Market Requirements For Health Insurance, Principally Those Contained In The Affordable Care Act. Be Sure To Check The Certificate Carefully To Make Sure You Are Aware Of Any Exclusions Or Limitations Regarding Coverage Of Pre-existing Conditions Or Health Benefits (Such As Hospitalization, Emergency Services, Maternity Care, Preventive Care, Prescription Drugs, And Mental Health And Substance Use Disorder Services). Your Coverage Also Has Lifetime And/or Annual Dollar Limits On Health Benefits. If This Coverage Expires Or The Insured Loses Eligibility For This Coverage, They Might Have To Wait Until An Open Enrollment Period To Get Other Health Insurance Coverage.





Get the most from your benefits with First Health Network and First Access

The PrimeCare Limited Benefit Medical Plans include two provider networks to help you minimize your out-of-pocket costs when care is needed. This gives you access to a national network of hospitals and doctors with great savings. You can get the most out of your insurance benefits by going to network doctors and hospitals.

Use network doctors and hospitals to stretch your benefit dollars

The PrimeCare Limited Benefit Medical Plan permits you to go to any physician or healthcare facility and still receive benefits. However, network doctors and hospitals have agreed to provide services to members for discounted fees. Non-network doctors and hospitals don't have to provide a discount. While your insurance benefits remain the same, your benefits go farther when you go to network doctors and hospitals. And, your out-ofpocket costs will be less.

Your out-of-pocket costs are less with network providers

This example below shows how using a network doctor can cost you less money.*

Doctor Office Visit Example					
	Network Doctor	Non-network Doctor			
Your office visit	\$125.00	\$125.00			
Provider discount	\$50.00	\$0.00			
Total charge with discount applied	\$75.00	\$125.00			
Plan pays	\$75.00	\$75.00			
Your total responsibility	\$0.00	\$50.00			
*This is an example only. It may not be specific to your plan of benefits.					





Your out-of-pocket costs are less with network providers

This example below shows how using a network hospital can cost you less money.*

Hospital Stay Example						
	Network Hospital	Non-network Hospital				
Your hospital visit	\$ 7,500.00	\$7,500.00				
Provider discount	\$2,800.00	\$0.00				
Total charge with discount applied	\$4,700.00	\$7,500.00				
Plan pays	\$4,600.00	\$4,600.00				
Your total responsibility	\$100.00	\$2,900.00				
*This is an example only. It may not be specific to your	plan of benefits.					

Provider networks help in other ways

Your medical identification (ID) card has the First Health Network and First Access logos. This tells the doctor or hospital that you are an insured network member. When you use network doctors and hospitals, you'll also get:

- Access to more than 6,400 hospitals, over 154,000 ancillary facilities and more than 1 million physicians and health care professionals with locations across all 50 states.
- Network doctors that are carefully selected to promote quality outcomes.
- No paperwork because network doctors and hospitals file claims for you.

It's easy to find a network doctor or hospital

To locate a network doctor, hospital or other health care professional, visit the online provider directory at **pcproviderlookup.com** It's available 24 hours a day, 7 days a week. It includes the most detailed provider information available and it's kept up-to-date. Or you can call **866-531-4449** for personal assistance.



Since 1990, the National Small Business Association, Inc. (NSBA) has provided small business owners, their employees, and retirees access to innovative services, resources, and benefits. The NSBA is committed to small business advocacy and public awareness.

In addition to access to affordable insurance benefits, your membership in the NSBA provides extra money-saving benefits for you and your business. The benefits listed below will help you reduce the costs of many everyday activities. In order to take advantage of all that is available to you, please take a moment to familiarize yourself with these quality products and services. For A Full List of Benefits, visit https://nsba.net/

NSBA Membership

Vision Care, Rx Drugs & Hearing

Outlook Vision discount products started in 1990 with a discount vision plan. Recognizing our members needed to lower their out of pocket costs, we expanded our benefits to include discount pharmacy and discounts on hearing aids. Outlook Vision and Outlook Rx is available throughout the country with attractive discounts for the entire family. Simply pay the discounted amount at the time of service from a participating provider.



Non-Insured Benefits

Outlook Vision

A discount vision program with over 11,500 optical centers offering average discounts of 10% to 50% off the regular retail price of eyeglasses, and sunglasses. Eye exams, contact lenses, corrective surgery including Lasik and RPK are also discounted at select areas where approved.

Outlook Rx

A discount program for prescription medications and medical supplies such as diabetic test strips and syringes. Members purchase medications at participating pharmacies and receive an average discount of 10% to 50% off the pharmacy's standard price. The discount varies depending on type of medication, brand or generic, and location.

Beltone Hearing

A value-added program available to any Outlook Vision or Outlook Rx member. Simply show your OUTLOOK Vision or OUTLOOK Rx membership ID card to any Beltone Hearing center for a 15% discount.



Enjoy a Multitude of Perks!

BenefitHub offers a members-only suite of discounts and rewards, voluntary benefits, health and well-being benefits, plus more! When you become a member of NSBA, you are provided access to the benefits portal where you can start saving and earning rewards.

Within your NSBA benefits portal, you can find ways to stay healthy and enjoy thousands of specially negotiated ways to shop, travel, entertain and improve your quality of life.

The Member Benefits Center includes discounts and rewards for:

- Restaurants, events, and more
- Auto Insurance
- Home Insurance
- Health Insurance
- Dental Insurance

- Vision Insurance
- Pet Insurance
- Investment Apps
- Budgeting tools
- And much more!

Enjoy a Multitude of Perks!



Members and immediate family members receive a free hearing test plus 15% savings on hearing aids from participating Beltone hearing providers nationwide.

Epic plans feature brand name technology by the following major manufacturers: Phonak, Unitron, GN Resound, Starkey, Widex, Siemens, Oticon and Lyric.

Advantages of participating in the EPIC Hearing Service Plan:

- You receive qualified hearing aid referrals
- No costs to acquire new incremental patients
- No sign-up fees
- You select the products
- You have no paperwork, administration, billing or collections

O Consumer Medical Bill Solutions

The fastest, easiest way to lower your medical bills.

Consumer Medical bill negotiation company providing you direct support in negotiating discounts on your unpaid medical bills. With typical savings of 25-45% of your medical bill.

Consumer Medical Bill Solutions leverages several data factors, including our proprietary usual and customary data, to determine a fair price for services that were rendered and negotiate on your behalf. We can assist you in negotiating an equitable settlement after services have been rendered. The process is simple and completely RISK FREE!

All you need to do is register on our website, upload your medical bill and execute a HIPAA release form allowing us to speak to your provider about your medical bill. All of your data is protected following industry standard security measures.

As part of the GFAR Health Services organization, we have a negotiation team of experts with 12 years of experience aggressively negotiating out of network claims obtaining deep discounts from health care providers.

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