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

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

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

Vision & Values

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

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

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



Health Depot Association Benefits



Vision Service	Participating Provider Benefit Amount Covered by the Plan	Non-Participating Provider Benefit Amount Reimbursed by the Plan
Annual Eye Exam	Covered in Full after \$20 deductible	\$20

Vision Benefits

The Discount Vision Program has been developed to provide affordable eye examinations and eyewear for Members. Members receive one comprehensive vision examination every 12 months, after a \$20 exam deductible has been paid to the participating provider. If you go to a non-participating provider, you will pay for the exam at the time of service and then file a claim to receive a \$20 reimbursement.

Discount Program Benefits

Members and their families also receive a 20% discount¹ off the usual and customary charges for eyewear at any of the participating providers at the time of service. There are no authorizations or claim forms required. In order to receive the discount benefit, members identify themselves as Discount Vision Program members at time services are rendered. There are no limits to the number of times the discount can be used.

The discount may be applied to:

- Lenses (single vision, bifocal, trifocal, hi-index, progressive, etc.)
- Contact Lenses (Exclusions apply) - **Use MES Vision Optics** (see below)
- Photochromic Lenses
- Frames
- Tints and Coatings

The 20% discount also applies to additional pairs of glasses and/or pairs of standard contact lenses.

Discounts are available through TLCVision for conventional and custom LASIK procedures² with the TLCVision Advantage Program.

EXCLUSIONS

¹The discount does not apply to disposable, extended wear or frequent replacement contact lenses; frame repairs; promotional eye care or eyewear offers; medical/surgical treatment of the eyes; and services or materials provided by non-participating providers. There are no retroactive discounts allowed.

²LASIK vision correction is an elective procedure performed by specially trained providers, therefore, this discount may not always be available from a provider in your immediate area.

Underwritten by:



Gerber Life Insurance Company
A separate subsidiary of Gerber Products
Home Office: White Plains, NY 10605

MES Vision Optics - Discounted Contact Lenses available through mail order

You can now use your eligible MESVision plan benefits to buy contact lenses online! MESVision Optics stocks all major brands and types of contact lenses at a reduced price from other online retail sellers. Every lens is shipped in safe, sealed containers and is guaranteed to be the exact lens prescribed by your doctor. It's easy to get your contacts ordered and delivered directly to your door, with Free Regular Ground Shipping on orders of \$50 or more. Reading Glasses, Sunglasses and Eyecare Accessories are also available at discounted prices.



The ScriptSave Prescription Savings Card provides you access to discounted prescription drug prices. All household members can use the same card – including pets, if the pet medication is a common drug that is also used by people. There are no limits on how many times members and their family can use the card. Locate participating pharmacies and look up drug pricing at www.hdarx.com.

Features

- Save between 15% to 75%, with average savings of 44% (based on 2014 national program savings data)
- Accepted at over 62,000 participating pharmacies nationwide, including major chains and independent pharmacies
- Can be used for all prescription drugs, both brand-name drugs and generics
- Members will always receive the lowest price available on your prescription purchase

Savings

- **FAMILIES WITH LIMITED OR NO PRESCRIPTION COVERAGE** can reduce out of pocket costs
- **INDIVIDUALS WITH PRESCRIPTION COVERAGE** can reduce the cost of medications that are not covered
- **SENIORS WITH MEDICARE PART D** can save on prescriptions that are EXCLUDED from coverage

Honored at Over 62,000 Participating Pharmacies, Including:



Plus Thousands of Additional Chains and Independent Pharmacies Nationwide.

DISCOUNT ONLY – NOT INSURANCE. Discounts are available exclusively through participating pharmacies. The range of the discount will vary depending on the pharmacy or provider chosen and services rendered. The program does not make payments directly to the pharmacies or providers. Members are required to pay for all health care services.




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

Benefit Summary

Founded in 2002, Teladoc is a national network of physicians who use electronic health records, telephone consultations and online video consultations to diagnose, recommend treatment and write short-term, non-DEA-controlled prescriptions, when appropriate. Teladoc doctors have an average of 15 years of practice experience and are board-certified in internal medicine, pediatrics and family medicine. Consultations are available 24/7/365 with no fees and no time limit, allowing members to access quality care from wherever they are as opposed to more traditional and expensive settings like the doctor's office, urgent care or emergency room.

From your home, office, hotel room, or vacation campsite, simply make a phone call, and in most cases, speak to a doctor in less than 30 minutes, with an average call back time of less than 10 minutes. When you call Teladoc, you will always speak to a doctor who lives and works in the United States and is licensed to practice medicine in your state. Teladoc is also the only telemedicine provider able to treat children from 0-17¹. It's health care that fits in the palm of your hand.

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

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

Call Teladoc:

- When your physician is not available
- For non-emergent medical care
- After normal hours of operation
- When on vacation or a business trip
- For second opinions
- To avoid germ filled waiting rooms
- Instead of missing work

Teladoc Treats Non-Emergency Medical Issues such as:

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

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

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

Current State Restrictions:

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

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

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

Disclosures for pages 8-10: The discount medical, health, and drug benefits of this Plan (The Plan) are NOT insurance, a health insurance policy, a Medicare Prescription Drug Plan or a qualified health plan under the Affordable Care Act. The Plan provides discounts for certain medical services, pharmaceutical supplies, prescription drugs or medical equipment and supplies offered by providers who have agreed to participate in The Plan. The range of discounts for medical, pharmacy or ancillary services offered under The Plan will vary depending on the type of provider and products or services received. The Plan does not make and is prohibited from making members' payments to providers for products or services received under The Plan. The Plan member is required and obligated to pay for all discounted prescription drugs, medical and pharmaceutical supplies, services and equipment received under The Plan, but will receive a discount on certain identified medical, pharmaceutical supplies, prescription drugs, medical equipment and supplies from providers in The Plan. The Discount Medical Plan Organization is Alliance HealthCard of Florida, Inc., P.O. Box 630858, Irving, TX 75063. Members may call (888) 650-5285 for more information or visit www.healthdepotassociation.com for a list of providers. The Plan will make available before purchase and upon request, a list of program providers and the providers' city, state and specialty, located in the member's service area. Any complaints should be directed to Alliance HealthCard of Florida, Inc. at the address or phone number above. Upon receipt of the complaint, member will receive confirmation of receipt within 5 business days. After investigation of the complaint, Alliance HealthCard of Florida, Inc. will provide member with the results and a proposed resolution no later than 30 days after receipt of the complaint. **Note to DE, IL, LA, NE, NH, OH, RI, SD, TX, and WV consumers:** If member remains dissatisfied after completing the complaint system, they may contact their state department of insurance.

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



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

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

Get Your Test Results Online in 6 Easy Steps!



Order Test Online

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



Our Doctor Approves

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



Print Lab Order

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



Visit Local Lab

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



View Results Online

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



Buy Expert Review

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



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

One Call Care's Specialty Network Solution

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

Savings Benefit

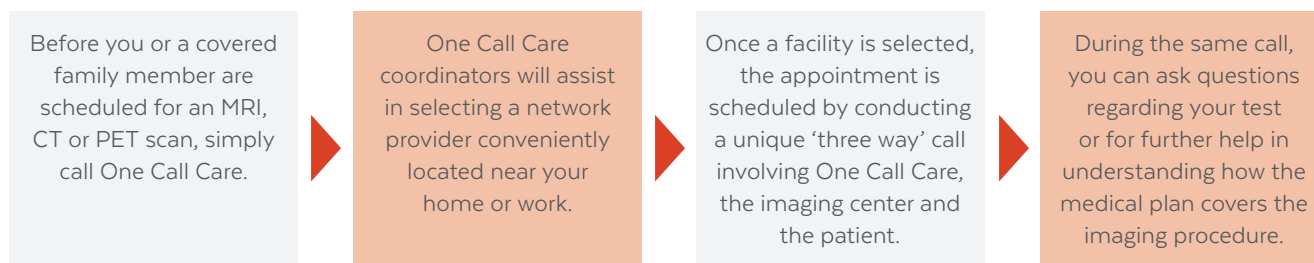
Our network providers typically average 20% to 50% less than the usual costs for radiology testing. That means reduced out-of-pocket costs and significantly lower claims expenses for participants and covered dependents. In an ongoing effort to maximize your healthcare dollars, One Call Care ensures these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

Savings Example*

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

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

Convenient Scheduling Service



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



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

Your Hearing Health

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

Did you know?



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

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

Preventing Hearing Loss

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

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

Styles and Features

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

Follow-up Care

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

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

Consumer Solutions

You, your spouse and dependent children (whether traveling together or separately) have access to travel assistance services provided by AXA Assistance (travel, medical, legal and financial assistance plus emergency medical evacuation benefits) when traveling domestically or internationally 100 or more miles away from home for up to 120 consecutive days.

Information and Assistance

Pre-trip and Cultural Information Services	Personal Assistance Services	Medical Assistance Services
<ul style="list-style-type: none"> • Visa and passport requirements • Travel advisories and customs information • Immunization/inoculation requirements and insect precautions • Cultural information • Consular/embassy locations and referrals • Currency exchange rates • Local voltage information 	<ul style="list-style-type: none"> • Lost/stolen documents (passports, driver's license, credit cards, etc.) • Lost luggage • Emergency telephone interpretation • Urgent message relay • Emergency cash and bail assistance • Legal referrals • Political evacuation 	<ul style="list-style-type: none"> • Medical/dental referrals • Hospital admission guarantee and discharge planning • Medical pre-certification and referral management • Lost prescription and eyeglass/contact assistance • Medical monitoring • Replacement of medical devices • Shipment of medication • Pet housing and return

AXA Assistance arranges for these services for free. The participant is responsible for any fees incurred.

Emergency Medical Transportation Services

- Emergency medical transportation to a different facility if medically necessary
- Medically supervised repatriation
- Return of dependent child(ren)
- Transportation of a family member to join patient
- Transportation for traveling companion following an evacuation or repatriation
- Return of mortal remains

AXA Assistance will pay up to \$200,000 per person per trip to provide emergency medical transportation or return of mortal remains, including equipment and personnel. The participant is responsible for any medical expenses incurred.

There are no registration or enrollment forms to fill out. Travel assistance is available 24 hours a day, 365 days a year by calling AXA Assistance's highly trained staff who will ensure that your call is handled promptly.

Treatment must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for services under this program. No claims for reimbursement will be accepted. Limitations may apply.

Exclusions

Services will not be provided or available for any loss or injury that is caused by, or results from:

1. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only)
2. Act of declared or undeclared war; political evacuation not subject to this exclusion
3. Participating in, or practicing for, professional sports
4. Piloting or learning to pilot or acting as a member of the crew of any aircraft
5. Contributory cause was the commission of or attempt to commit a felony by the insured person or the insured person's being engaged in an illegal occupation
6. Normal childbirth, normal pregnancy (except complications of pregnancy) or voluntary induced abortion
7. Mental or nervous condition, unless hospitalized
8. Participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard

Participants are responsible for any incurred fees or expenses. Insured transportation services are administered by AXA Assistance USA, Inc., and underwritten by a third party licensed insurance company. This service is not part of any Principal Life insurance contract and may be changed or discontinued at any time. The Principal Financial Group® is not responsible for any loss, injury, claim, liability or damages related to the use of the AXA Assistance service. AXA Assistance is not a member of the Principal Financial Group.

If you were to die without a Will or an up-to-date one, would your loved ones know your wishes? If you fell ill unexpectedly, is there someone who can make medical decisions for you? Are your legal and financial documents all in one place?

Now you have help. As a member covered by group term or voluntary term life insurance from Principal Life Insurance Company, you have free access to resources from the Will & Legal Document Center provided by ARAG® Services, LLC.

Legal Documents

Without a Will, dividing up assets or designating a custodian for minor children can fall to the mercy of your state's laws. With ARAG's free online resources, you or your spouse can draft a:

Will - Specifies what happens to your property when you die and who executes your estate. Also lets you name a custodian for your minor children, saving you approximately \$558.¹

Living Will - Informs health care providers and your family about your desires for medical treatment if you are unable to speak for yourself.

Healthcare Power of Attorney - Grants someone permission to make medical decisions if you can't make them yourself.

Durable Power of Attorney - Grants someone permission to make financial decisions if you can't make them yourself.

Medical Treatment Authorization for Minors - Grants parental consent to treat a child in the event a parent isn't present.

You also have access to:

Personal Information Organizer - Creates a one-step directory of personal and financial information as well as funeral arrangements.

Estate planning education and tools - View a variety of articles and links to legal information.

Protection From Identity Theft

Identity thieves can steal your identity, wreaking havoc on your credit rating and finances. In fact, the Federal Trade Commission estimates that as many as 9 million Americans have their identities stolen each year.²

With ARAG's free online resources, you can download:

- **An Identity Theft Prevention Kit to help protect you from becoming a victim of identity theft.**
- **An Identity Theft Victim Action Kit to help speed your recovery should you become a victim of identity theft.**

¹ Based on average attorney hours to prepare a Will (ARAG Network Attorney estimates) and average U.S. attorney rate of \$284/hour for attorneys with 11-15 years of experience (Survey of Law Firm Economics, 2009).

² www.ftc.gov/bcp/edu/microsites/idtheft/consumers/about-identity-theft.html.



Coping with loss and grieving can be very difficult. Unfortunately, it's also a time when you must make important decisions in a short amount of time. As a beneficiary of a life insurance policy from Principal Life Insurance Company, you have access to services, information and support to help you.

Grief Support

It's important to take care of yourself and find ways to cope with your loss. With Grief Support Services, provided by Magellan Health Services, you can talk to a professional 24/7 for confidential guidance and coping strategies, get referrals to local legal services¹, get referrals to community resources, and conduct a private self-screening for depression – all at no cost to you.

In addition, you have access to information (paper or online) regarding wellness and health topics, legal tools and forms², grief and loss, depression, stress and sleep-loss self-assessments, talking to children about death and parenting and eldercare concerns.

If you need assistance beyond the scope of the service, a counselor can help you find an affordable solution. You're responsible for any fees resulting from referrals outside of Grief Support Services.

Financial Services

The money you receive can impact your financial future. Experienced financial professionals from The Principal® can offer a variety of products and services to help you plan your future.

Legal Documents

Your loss may result in the need to take a closer look at your own legal documents. To help, Principal Life has arranged for online access to a Will & Legal Document Center provided by ARAG®. This service is free and available to you for three months to create the following legal documents:

Will – Specifies what happens to your property when you die and who executes your estate. Also lets you name a custodian for your minor children.

Living Will – Informs health care providers and your family about your desires for medical treatment if you are unable to speak for yourself.

Healthcare Power of Attorney – Grants someone permission to make medical decisions if you can't make them yourself.

Durable Power of Attorney – Grants someone permission to make financial decisions if you can't make them yourself.

¹ Participants are referred to a local lawyer. A consultation is available by phone or in person, and there is no charge for up to one one-hour consultation per topic per year. Additional legal services are available at discounted rates.

² Only available online.



Magellan is committed to helping people resolve work and personal issues. With a nationwide network of clinical providers, Magellan specializes in managed mental health and substance abuse services, as well as employee assistance/work-life programs.



ARAG offers a comprehensive suite of legal and financial solutions that provide smart and trusted resources to educate, prevent and resolve legal and financial matters. This empowers people to protect their families, finances and future.

These value-added services are not a part of the insurance contract and may be changed or discontinued at any time. Principal Life has arranged with Magellan Health Services to make grief support services available to life insurance beneficiaries. Magellan Health Services is solely responsible for the services they provide. The use of the services provided by ARAG® Services, LLC should not be considered as a substitute for consultation with an attorney. Principal Life Insurance Company is not responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG legal document service. Magellan Health Services and ARAG Services, LLC are not members of the Principal Financial Group®.

HD SecureShield Plan Benefits

Accidents can happen anytime, anywhere – and today’s active lifestyles may make you more susceptible. And when accidents happen, they’re often followed by an onslaught of medical bills. Depending on the severity of the accident, you could face a series of out-of-pocket expenses, from ambulance charges and emergency room fees to lost wages or even final expenses. You can’t plan for accidents, but a HD SecureShield plan can help you can be better prepared to handle them when they do occur.

Disability Income*

In the U.S., a disabling injury occurs every second¹. In today’s economy, losing just one paycheck can be difficult, but a disability could have you out of work for an extended period of time. HD SecureShield’s disability income insurance helps you replace a portion of your income if you become disabled from a covered accident. ***Disability Income is not available in California. Members residing in CA will not have access to the Disability benefit.**

Term Life

A fatal injury occurs every four minutes in the U.S.¹. Nothing can prepare your family should the unthinkable happen to you. However, HD SecureShield provides Term Life and Accidental Death Insurance that can help your family during an otherwise difficult time.

Critical Illness

A critical illness can have a huge impact on more than just your health – it can also hurt your bottom line. The financial consequences of surviving a critical illness are something few people are prepared for. HD SecureShield can help lessen the potential strain by providing a lump-sum benefit if you have a heart attack, stroke or other covered critical illness.

HD SecureShield Plan Highlights
Up to \$500 per week of Accident Disability Income
\$25,000 or \$50,000 of Term Life Insurance
\$50,000 of Group Accidental Death & Dismemberment Insurance
\$2,500 of Group Critical Illness Insurance

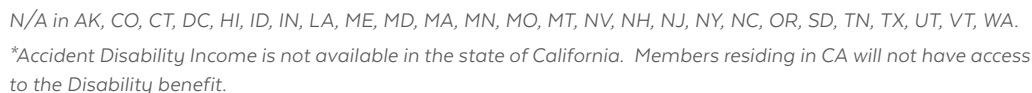
Having supplemental insurance can help in the event of an unexpected accident or critical illness.

Please refer to your certificate to review the specific exclusions and limitations which are applicable in your state.

¹ National Safety Council, Injury Facts®, 2012 Edition



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





XL Catlin, through the insurance subsidiaries of XL Group plc, is a global insurance and reinsurance company providing property, casualty and specialty products to industrial, commercial and professional firms, insurance companies and other enterprises on a worldwide basis. With enhanced product development capability, XL Catlin can offer larger policies on larger risks and writes more than 30 lines of business. Our underwriters work in parallel with clients and their brokers to develop imaginative and effective risk management solutions.

XL Catlin brings an incredible blend of people, products, services and technology to help businesses and people move forward. From insurance to reinsurance, XL Catlin can help you find innovative answers for a changing world.

XL Catlin is the global brand used by XL Group plc's insurance companies, including Catlin Insurance Company, Inc.

Financial Ratings

XL Group plc's core operating subsidiaries receive consistently high ratings for financial strength from A.M. Best and Standard & Poor's, the leading independent analysts for the insurance industry.



SecureShield Membership Plans		
SECURESHIELD INSURANCE PLANS Underwritten by Catlin Insurance Company, Inc. 3340 Peachtree Rd, NE, Suite 2950, Atlanta, GA 30326. Policy Form Series: AHAG 051 (In LA, AHAG AS050) and Rider Form Series AHAG 402, AHAG 405 and AHAG 407.		
Benefit Description	Level 1	Level 2
Accident Disability ¹ (Not Available in CA)		
Maximum Benefit per Covered Accident	50% of salary, up to \$500 per week	50% of salary, up to \$500 per week
Maximum Benefit Period	26 weeks	26 weeks
Elimination Period Before Eligible for Benefits	90 days	90 days
Critical Illness Insurance ² (Excludes Pre-Existing Conditions as defined in the Certificate)		
Maximum Benefit Amount	\$2,500	\$2,500
Invasive Cancer	100%	100%
Heart Attack (Myocardial Infarction)		
Kidney (Renal) Failure		
Stroke		
Burns Insurance ³		
Lifetime Maximum Benefit payable for all Burns (per Covered Person)	\$2,500	\$2,500
Severe Burn (Second Degree or Third Degree)	100%	100%
Accidental Death & Dismemberment Insurance ⁴		
Principal Sum	\$1,000	\$1,000
Schedule of Covered Losses		
Covered Loss	Benefit	
Life	100%	100%
Two or More Hands or Feet		
Sight of Both Eyes		
Speech and Hearing (in both ears)		
One Hand or Foot	50%	50%
Sight in One Eye		
Severance and Reattachment of One Hand or Foot		
Speech		
Hearing (in both ears)	25%	25%
Thumb and Index Finger of the Same Hand		
All Four Fingers of the Same Hand		
Loss of all the Toes of the Same Foot	20%	20%

SecureShield Plan Disclaimers

Health Depot Association is a membership organization organized under the nonprofit corporations laws of the State of Arizona. These benefits are provided under a group accident insurance policy underwritten by Catlin Insurance Company, Inc. under Policy Form Series: AHAG 051 (In LA, AHAG AS050) and Rider Form Series AHAG 402, AHAG 405 and AHAG 407 and issued to Health Depot Association as the group master policyholder. You must be a member of **Health Depot Association** to access these benefits. **This insurance is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage.** This brochure contains only a brief description of coverage and is not a contract. All benefits provided by this insurance are subject to the terms, definitions, exclusions and limitations of the group policy and any riders. In some circumstances benefits provided will vary as required by state law and the insurance may not be available in all states. The insurer has the right to increase premium rates and has the option to cancel coverage. **This insurance is not available in AK, CO, CT, DC, HI, ID, IN, LA, ME, MD, MA, MN, MO, MT, NV, NH, NJ, NY, NC, OR, SD, TN, TX, UT, VT, WA.**

HD Secure Shield offers Primary Member coverage only. A Spouse may enroll in a separate HD SecureShield Membership as the Primary Member.

The Group Accident, Critical Illness and Disability Insurance benefits provide off-the-job coverage only.

¹ **Accident Disability Income is not available in the state of California. Members residing in CA will not have access to the Disability benefit.** We will pay weekly benefits, up to 50% of the Covered Person's Base Annual Earnings shown in the Schedule of Benefits, subject to the conditions and exclusions described below, to the Covered Person whose Total Disability results: directly and independently of all other causes from; and within 31 days of; a Covered Accident. Weekly disability benefits will begin when the Totally Disabled Covered Person satisfies the Benefit Waiting Period shown in the Schedule of Benefits and will end on the earliest of the date he:

1. dies;
2. is no longer Totally Disabled;
3. fails to provide certification by a Physician that he remains Totally Disabled;
4. is eligible to receive Accidental Death and Dismemberment benefits for the same Covered Accident;
5. reaches the end of the Maximum Benefit Period shown in the Schedule of Benefits.

For purposes of this benefit: **Base Annual Earnings** means the Covered Person's base annual earnings excluding: overtime; bonuses; tips; commission; and special compensation.

² **Group Critical Illness Insurance contains a Pre-Existing Condition limitation. Please read your Certificate carefully for full details.**

We will pay the benefit shown in the Schedule of Benefits:

1. if the Covered Person is diagnosed for the first time by a Physician as having a Covered Condition and the diagnosis is made while the Coverage is in force; and
 2. if the Covered Condition is not a Pre-Existing Condition; and
 3. if the Covered Condition is first diagnosed after 90 days from the Covered Person's effective date;
 4. if none of the exclusions or limitations described in the Coverage or Policy apply; and
 5. if the Covered Person survives for a period of not less than 30 days after the first diagnosis of a covered Critical Illness.
6. if the Covered Person signs up for coverage prior to Age 65.
7. if the Covered Person is less than Age 70.

The benefit amount will be reduced by 50% when the Covered Person reaches Age 65.

Only the conditions listed are payable under this benefit rider. If a condition is not shown, no benefits will be paid for that illness.

³ If a Covered Person suffers a Covered Injury that results in Diagnosis and treatment by a Physician for a Second Degree Burn or Third Degree Burn, the Company will pay the Benefit Amount listed in the Burn Table of Benefits.

We have a right, at Our own expense, to have the Physician's determination verified by a Physician of Our choice.

In the event a Covered Person can get paid under more than one Burn Category, We will only pay one Benefit Amount, the largest.

For purposes of this benefit:

Second Degree Burn means a burn marked by pain, blistering and superficial destruction of the dermis.

Third Degree Burn means a burn that causes damage to subcutaneous tissue.

⁴ **Accidental Death and Dismemberment** benefits are provided under the coverages listed. Any benefits payable under them are as shown in the Schedule of Covered Losses and are not paid in addition to any other Accidental Death and Dismemberment benefits.

Exclusions & Limitations

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section:

1. Intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in: a riot; insurrection; or Terrorist Act;
4. Bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. Declared or undeclared war or act of war;
6. Terrorism or Terrorist Acts;
7. Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as:
 - A. A fare-paying passenger on a regularly scheduled commercial or charter airline;
 - B. A passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
 - C. Passenger in a military Aircraft flown by the Air Mobility Command or its foreign equivalent;
8. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
9. Participation in any motorized race or contest of speed;
10. An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education Program;
11. Sickness; disease; bodily or mental infirmity; bacterial or viral infection or medical or surgical treatment thereof; except for any bacterial infection resulting from: an accidental external cut or wound; or accidental ingestion of contaminated food;
12. Medical or surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap or negligence, including malpractice;
13. Travel in any Aircraft owned; leased; or controlled by the Policyholder; or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
14. The Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
15. Voluntary ingestion of any narcotic; drug; poison; gas; or fumes; unless: prescribed or taken under the direction of a Physician; and taken in accordance with the prescribed dosage;
16. Injuries compensable under: Workers' Compensation law; or any similar law;
17. A Covered Accident that occurs while on active duty service in: the military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.

Critical Illness Coverage Rider Exclusions

In addition to the Common Exclusions listed in the Policy, no benefits will be paid for:

1. Benign tumors or polyps that are histological described as non-malignant, pre-malignant or non-invasive.
2. All tumors, benign or malignant, in the presence of HIV infection.
3. All skin cancers with the exception of invasive melanoma classified as Clark level II or higher or having a thickness measured in excess of 0.75 mm.
4. All tumors of the prostate, unless having progressed to at least TNM classification T2NOMO or histological classified as having a Gleason score greater than 6.
5. Chronic Lymphocytic Leukemia (CLL) unless Rai Stage 3 or greater.
6. Papillary micro invasive cancer of the thyroid, bladder, cervix or breast.
7. Participation in the commission or attempted commission of a felony.
8. Voluntary participation in a riot or insurrection.
9. Refusing certain types of recommended medical treatment as follows:
 - A. A Physician has recommended treatment with angioplasty or coronary artery bypass graft for coronary artery disease, the Covered Person refuses this treatment, and the Covered Person suffers a heart attack.
 - B. A Physician has recommended treatment for a brain aneurysm or carotid artery stenosis, the Covered Person refuses treatment, and the Covered Person suffers a stroke.
 - C. A Physician has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancerous, the Covered Person refuses, and the Covered Person develops cancer.
10. Conditions that have not been Diagnosed by a Physician.
11. Conditions that were diagnosed after the benefit rider has been terminated.
12. If the Covered Person's date of birth or age was misstated on the application and, using the correct date of birth or age, the benefit would not have become effective or would have terminated prior to Diagnosis of a listed condition.
13. Pre-existing Conditions.

Burns Benefit Rider Exclusions

In addition to the Common Exclusions listed in the Policy, no benefits will be paid for:

1. Conditions that have not been diagnosed by a Physician.
2. Conditions that were diagnosed after the benefit rider has been terminated.

CLAIMS ASSISTANCE

Insurance Administrative Services, Inc.
 ATTN: Claims Department
 P.O. Box 1017
 Minneapolis, MN 55440
 (855) 401-2641



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

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

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

Principal Life Insurance Company

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



GROUP TERM LIFE INSURANCE PLANS | Underwritten by Principal Life Insurance Company, Inc.

Benefit Description	Level 1	Level 2
Term Life Insurance Benefit	\$25,000	\$50,000
Accidental Death & Dismemberment Benefit	\$50,000	\$50,000
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 you are eligible for benefits.	

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.

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. The charge for this benefit is included in your premium.

Coverage Outside United States

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

Accidental Death & Dismemberment

100% of the benefit amount is paid when you lose:

- your life
- both hands
- both feet
- sight of both eyes
- one hand and sight of one eye
- one foot and sight of one eye
- one hand and one foot

50% of the benefit amount is paid when you lose:

- one hand
- one foot
- sight of one eye

25% of the benefit amount is paid when you lose:

- the thumb and index finger on the same hand



Additional Benefits Included with AD&D

Seatbelt/Airbag

If an insured dies in an automobile accident, AD&D pays an additional \$10,000 if the insured was wearing a seatbelt or was protected by an airbag.

Repatriation

If an insured dies at least 100 miles from their permanent residence, AD&D pays up to \$2,000 for preparation and transportation of the body.

Loss of Use/Paralysis

AD&D pays a benefit as follows: 100% for quadriplegia; 50% for paraplegia, hemiplegia, loss of use of both hands or both feet, or loss of use of one hand and one foot; or 25% for loss of use of one arm, one leg, one hand or one foot. Loss of use means the total and irrevocable loss of voluntary movement for 12 consecutive months. Paralysis must be permanent, complete and irreversible.

Loss of Speech and/or Hearing

AD&D pays a benefit of 100% for loss of both speech and hearing; 50% for loss of speech or hearing; 25% for loss of hearing in one ear. Loss must be irrevocable and continue for 12 consecutive months.

Public Transportation

AD&D pays an additional 100% benefit for covered losses that occur while an insured is a passenger on a common carrier, such as an airplane, ship, train, subway, bus, taxi or trolley.

Exposure

Exposure to the elements is considered an accidental injury if you incur a covered loss within one year of exposure resulting from an accidental injury.

Disappearance

AD&D will pay for loss of life if you disappear while you were a passenger in a conveyance involved in an accidental wrecking or sinking and your body is not found within one year of the accident.

Accidental Death & Dismemberment Coverage pays the benefit specified above when the loss occurs within 365 days of an accident.

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.

AD&D Exclusions

Coverage does not include payment for more than the benefit stated in the schedule for losses resulting from a single accident. Benefits are not paid for losses resulting from:

1. Any accident and/or death occurring during the first 60 days of coverage under the Voluntary Term Life Insurance;
2. Willful self-injury of self-destruction while sane or insane;
3. Disease or treatment of disease or complications following the surgical treatment of disease;
4. Voluntary participation in an assault, felony, criminal activity, insurrection or riot;
5. Participation in flying, ballooning, parachuting, parasailing, bungee jumping, or other aeronautic activities, except as a passenger on a commercial aircraft or as a passenger or crew member on a company owned or leased aircraft on company business.6. if the Covered Person signs up for coverage prior to Age 65.
7. War or act of war.
8. Duty as a member of a military organization.
9. Injury arising from or during employment for wage or profit.
10. The insured's use of alcohol if, at the time of the injury, the alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs.
11. The insured's operation of a motor vehicle or motor boat if, at the time of the injury, the insured's alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs.
12. The insured's use of any drug, narcotic, or hallucinogen not prescribed by a licensed physician.

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

CLAIMS ASSISTANCE

Group Life & Disability Claims Dept.
Des Moines, IA 50392-0002
(800) 245-1522

Frequently Asked Questions

FAQs

Does the HD SecureShield plan cover pre-existing conditions?

The Critical Illness Insurance Coverage Rider does not cover pre-existing conditions. The standard definition of Pre-Existing Condition is a condition for which a Covered Person received any: diagnosis; medical advice; care; or treatment was received or recommended within the 6 month period immediately preceding the effective date of the Covered Person's coverage. As this definition may vary by state, please refer to your certificate for language specific to your state. There are no pre-existing Condition exclusions on the Accidental Death & Dismemberment Policy, the Disability Income Insurance or the Term Life Insurance.

Is there a waiting period before I can use the benefits in my HD SecureShield plan?

Yes. The Term Life and Accidental Death & Dismemberment Insurance underwritten by Principal Life Insurance Company have a 60 day waiting period. No Term Life or Principal AD&D benefits will be paid during the first 60 days of coverage. The Accident Disability Income and Critical Illness Insurance underwritten by Catlin Insurance Company, Inc. have a 90 day waiting period. No Disability or Critical Illness benefits will be paid during the first 90 days of coverage. However, there is no waiting period for the Accidental Death & Dismemberment Insurance underwritten by Catlin Insurance Company, Inc.; those benefits are available on your effective date.

Is there a co-pay or deductible on my HD SecureShield plan benefits?

There are no co-pays or deductibles.

How do I receive my HD SecureShield plan materials?

You will receive plastic ID cards in the mail from The Health Depot Association. You will also receive a "welcome" email from Health Depot which contains login instructions for our secure, online member website. On the website, you can manage your account and access your plan information, including Membership Guide, Insurance Certificate, ID Card and more. You should read through all of your materials carefully, and you can contact Customer Service if you have any questions.

If I move to another state, will I still be covered under my HD SecureShield plan?

The Principal Term Life and AD&D insurance is not available in Alaska, Colorado, Maine, Montana, New York and Oregon. If you move to one of those six (6) states, the Term Life and Principal AD&D insurance portion of your membership will terminate. The Accident Disability Insurance is not available in California; members residing in CA will not have access to the Disability benefit.

How do I file claims for the Accident Disability Income, Critical Illness Insurance or AD&D Insurance underwritten by Catlin Insurance Company, Inc.?

You must provide written or authorized electronic/telephonic notice of claim to Catlin Insurance Company, Inc. within 20 days after a Covered Loss or Covered Injury occurs or begins; or as soon as reasonably possible. You will find the claim forms in the "Important Documents" section of the member website.

How do I file claims for the Term Life or AD&D Insurance underwritten by Principal Life Insurance Company?

Your beneficiary needs to call Principal Life's Group Life and Disability Claims department at (800) 245-1522 to start the process. Eligible claims are referred directly to a claim examiner who proactively gathers the information necessary to process the claim by telephone.

Who do I contact if I have additional questions about my membership plan benefits?

You can contact Health Depot's Customer Service at (855) 351-7535 and one of our friendly representatives will be glad to help you!

Membership Rates

SecureShield Monthly Membership Rates		
	Level 1	Level 2
Member Only Coverage	\$89	\$119

One-time \$50 enrollment fee applies. Fee is waived when SecureShield is added to an active Health Depot membership. Rates include a \$7.50 monthly association fee.

N/A in AK, CO, CT, DC, HI, ID, IN, LA, ME, MD, MA, MN, MO, MT, NV, NH, NJ, NY, NC, OR, SD, TN, TX, UT, VT, WA.
Accident Disability Insurance is not available in the state of California.



The Health Depot Association

healthdepotassociation.com | (855) 351-7535