

Your Advantage Protector for members and their families

MD Hotline, Your 24/7 Healthcare Concierge Service NO co-pays & NO out of pocket expense!



Common health conditions treated by MD Hotline doctors:

- ✓ Fever / sore throat
- ✓ Nasal congestion / cough
- ✓ Ear ache / Bronchitis
- ✓ Allergies & Diabetes

MD Hotline physicians provide medical advice, diagnosis & treatments in one-on-one video or teleconference consultations 24 hours a day, 7 days a week!

70%
of all ER Visits
can be treated
with
MD Hotline!



M.D. hotline™
Your Health Concierge



Instant Access App!

Use the app to access all your membership has to offer

- MD Hotline Video & Teleconference Doctor Consultations
- Need a Prescription? Have it called into your local pharmacy*

Members receive UNLIMITED MD Hotline calls per year / per family!

The objectives and purposes of National Employers Association are:

- To promote and develop better relations between employers and employees
- To help promote and perpetuate a better understanding between employers and employees for the mutual benefit of both
- To help increase the productivity of all employees by education, social contact between employers and employees, and by the general discussion of the problems relation for both and to offer solutions

Also in your membership, plus much more!

Over
175,000
DENTAL
Locations
Nationwide!

NEA Membership also includes MD Hotline & this GREAT savings program

*The Enhanced
Benefits Card*

EBCcard.com

Rx Prescription
Savings up to 65%

Hearing
Savings up to 15%

Dental Savings
Savings of 15% - 40%

X-Rays & Imaging
Savings of 10% - 50%

Diabetic Supplies
Savings of 15% - 50%

Vision & Lasik
Savings of 10% - 50%

Lab Tests
Savings of 10% - 50%

Start Saving Immediately!

**Save on Most Prescriptions
Not Covered By Insurance,
Medicare, or Medicaid. Over
70,000 Pharmacy Locations
Nationwide!**

Instant Access App!

Use the MD Hotline app
for instant access to all
your membership has to
offer! Explore EBC & Dividend Rewards
Savings, get medical treatment via video
or teleconference consultation and more!



The Enhanced Benefits Card's discounts and savings are available to anyone - member or non-member

Also, Dividend Club Rewards include savings on home furnishings, electronics, clothing and accessories, office supplies and much, much more. As part of your NEA membership, you also enjoy savings on printing, shipping, car rental and dining rewards. To sign up and start using your discounts and savings, simply use the MD Hotline app, or go to:

www.neamemberonline.com

ALSO INCLUDES LIFE INSURANCE

**After 6 months of membership,
you & your covered dependents receive*;**

\$10,000 Life Insurance for covered member

\$10,000 Life Insurance for covered spouse

\$3,000 Life Insurance for each covered child
(child coverage is from age 6 months to age 21)

*In most states, pending state approval. Only those members working at least 25 hours a week are eligible for this life insurance.

Group Term Life Insurance to age 65 Underwritten by Investors Heritage Life Insurance Frankfort, KY - Policy Number 4G0403

National Employers Association - 800-366-2467

FORM NEA-YAP 06/2015

Accident & Sickness Limited Benefit Cash Insurance

✓ NO reduction of benefits to age 70

✓ Dependent child coverage up to age 26

✓ NO deductibles or co-pays

✓ Available for members to age 65

✓ QUALITY coverage available for all family members

✓ List bill for 5 or more employees

Cash Insurance Benefits - Paid Directly to YOU

BENEFITS SCHEDULE * <i>For each covered family member</i>	PLAN #1	PLAN #2
Hospital Admission Benefit - first day⁽¹⁾	\$1,500	\$3,000
In Hospital Indemnity - from the first day⁽²⁾ <i>plus</i>	\$50 per Day	\$100 per Day
In Hospital Surgical Benefit⁽³⁾ <i>plus</i>	\$1,000 (MAJOR) (MINOR) \$250	\$2,000 (MAJOR) (MINOR) \$500
Outpatient Surgical Benefit⁽⁴⁾	\$1,000 (MAJOR) (MINOR) \$250	\$2,000 (MAJOR) (MINOR) \$500
Ground Ambulance⁽⁵⁾	\$250	\$250
ER Visits⁽⁶⁾	\$250	\$250

PAYS IN ADDITION TO ANY OTHER COVERAGE

Accident & Sickness Limited Benefit Cash Insurance

***Sickness & Accident benefits are limited as follows:**

¹**Hospital Admission Indemnity Benefit** - one benefit for each covered person per Plan Year: Pays a benefit if a Covered Person is admitted to a hospital due to a sickness or as the result of an accident.

²**In-Hospital Indemnity Benefit** - 10 days for each covered person per Plan Year: Pays a benefit for each day a Covered Person is confined in the hospital due to a sickness or as the result of an accident.

³**In Hospital Surgical Indemnity Benefit** - one benefit for each covered person per Plan Year: Pays a benefit if a Covered Person has Major or Minor surgical procedure performed while In Hospital.

⁴**Outpatient Surgical Indemnity Benefit** - one benefit for each covered person per Plan Year: Pays a benefit if a Covered Person has Major or Minor surgical procedure performed in an Outpatient Unit.

⁵**Ground Ambulance** - one benefit for each covered person per Plan Year: Pays a benefit if a Covered Person requires the use of an ambulance service by ground transportation to or from a hospital or from one hospital to another for care and treatment of an accident or sickness.

⁶**Emergency Room Indemnity Benefit** - two benefits for each covered person per Plan Year: Pays a benefit if a sickness or accident causes the Covered Person to require and receive emergency medical care in an emergency room of a hospital.

Major Surgical Procedure means a surgical procedure required to treat an injury caused by an Accident or a Sickness that requires general anesthesia with respiratory assistance.

Minor Surgical Procedure - means a surgical procedure required to treat an injury caused by an Accident or a Sickness that is not considered a Major Surgical Procedure.

Pre-existing Condition: This insurance does not pay any benefits for sickness caused by or resulting from a Covered Person's Pre-existing Condition if the sickness occurs during the first 12 months that a Covered Person is insured under the policy. Pre-existing Condition means an Accident or Sickness for which, in the 12* months before the Covered Person becomes insured under the policy, medical advice, treatment or care was sought by a Covered Person, or was recommended by, prescribed by or received from a Physician.

*The time period is 6 months for residents of FL, ID, IN, KY and NV.

National Employers Association - 8700 E. Vista Bonita Dr. #174, Scottsdale, AZ 85255

Insurance on this page is underwritten by Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies.

The coverage described in this literature may not be available in all jurisdictions. This literature is descriptive only. Actual coverage is subject to the language of the policies as issued (9907-57-74, 9907-57-75, 9907-68-08, 9907-68-09, 9907-68-10, 9907-68-11). Exclusions and limitations apply. Chubb, Box 1615, Warren, N.J. 07061-1615.

FORM NEA-YAP 06/2015

Details

Important Notice - Please Read Carefully

What is not covered?

This insurance does not apply to:

(1) voluntary abortion, except with respect to the insured person, or his or her covered spouse or Domestic Partner where such person's life would be endangered if the fetus were carried to term. (2) cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from an Accident if initial treatment of the Covered Person is begun within 12 months of the date of the Accident or to treat congenital defects in covered newborns. (3) any Accident or Sickness caused by or resulting from war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss. (4) Any service, supply or care that is Experimental or Investigational. (5) Any rest care or custodial care or treatment for any Accident or Sickness. (6) any Accident or Sickness caused by or resulting from the Covered Person's commission or attempted commission of a felony or being engaged in an illegal occupation. (7) any Accident caused by or resulting from the Covered Person being intoxicated, at the time of an Accident. (8) Alcoholism or drug or substance abuse. (9) any Accident or Sickness caused by or resulting from the Covered Person being under the influence of any narcotic or other controlled substance at the time of the loss. Does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.** (10) pregnancy, except a Complication of Pregnancy*** (11) any Accident or Sickness caused by or resulting from the Covered Person participating in military action while in active military service with the armed forces of any country or established international authority. (12) The Covered Person's suicide, attempted suicide or intentionally self-inflicted injury. (13) routine newborn well baby care, including routine nursery charges. (14) sex changes or the reversal of tubal ligation and vasectomies, artificial insemination, in vitro fertilization, test tube fertilization, including any related testing, medications, or Physician's services, unless required by law.

**This exclusion does not apply to residents of FL, ID, IN, KY and NV

***This exclusion does not apply to residents of MT

Your Advantage Protector Rates

MEMBERSHIP MONTHLY RATES

WORKING**

NOT WORKING

PLAN 1

PLAN 2

PLAN 1

PLAN 2

INDIVIDUAL

\$37

\$57

\$52

\$84

INDIVIDUAL & SPOUSE

\$58

\$94

\$84

\$140

INDIVIDUAL & CHILDREN

\$60

\$97

\$88

\$145

FAMILY

\$78

\$129

\$116

\$195

**If employed 25 hours per week at time of enrollment

Rates include a \$10 per month administrative fee charged by NEA
Approximately fifty percent of the membership fee applies to insurance benefits

Eligibility & Effective Dates

National Employers Association membership eligibility includes single individuals or married couples ages 18 - 64 years of age with a social security number and their covered dependent children to age 26. Qualified Membership effective date is on the 1st day of the next month at 12:01am if enrolled by the last day of the month. List bill is acceptable to businesses with 5 or more employees enrolled. There are no medical underwriting requirements for membership. To qualify for employed membership rate you must be working 25 hours per week.



NATIONAL EMPLOYERS ASSOCIATION ENROLLMENT FORM

Enrollment Fax Line: 800-471-7996

ENROLLMENT

MEMBER (MAXIMUM AGE 64)				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	
DOB:	/ /	SSN:	- -	HOME PHONE: ()	-
ADDRESS:				WORK PHONE: ()	-
CITY:		STATE:	ZIP CODE:	EMAIL:	
OCCUPATION:		Do you or your spouse, if enrolling, work a minimum of 25 hours per week?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
SELECT PLAN OPTION		#1 <input type="checkbox"/>	#2 <input type="checkbox"/>	Monthly Rate for Plan Selected \$ _____	
FAMILY MEMBERS <i>List spouse (maximum age 64) and dependent children to age 19 or full-time students under age 25</i>					
FIRST & LAST NAME		DATE OF BIRTH		AGE	RELATIONSHIP
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
BENEFICIARY		FIRST NAME:		LAST NAME:	
DATE OF BIRTH:		SOCIAL SECURITY NUMBER:		RELATIONSHIP:	
ADDRESS:		CITY:	STATE:	ZIP:	
CONTINGENT BENEFICIARY		FIRST NAME:		LAST NAME:	
DATE OF BIRTH:		SOCIAL SECURITY NUMBER:		RELATIONSHIP:	
ADDRESS:		CITY:	STATE:	ZIP:	

NEA TERMS & CONDITIONS

1. Member understands that NEA is not an insurance company or program. Accident or Sickness Insurance Benefit Payments are made by the insurance company issuing the group policy to NEA. 2. NEA provides savings to its members on services through a number of sources. The current list of benefits may be modified through additions or deletions. A newsletter, posted on our web site or sent via e-mail, will keep Members up to date on benefits and other pertinent information. 3. Payments for the NEA Program are due in advance. Payments will be drafted on or about 15 days before the due date. If you choose to cancel your program, it is your responsibility to call customer service at 1-800-457-3405 and make sure that your membership card and a written request for cancellation are sent to NEA at least 15 days prior to the anniversary of your effective date in order for your account not to be charged for additional fees. 4. Member hereby appoints the Secretary of NEA in office at any particular time as member's proxy to receive notice of and attend all meetings of the members and vote on member's behalf and to otherwise act for member in the same manner and with the same effect as if member were personally present. This proxy shall be valid until revoked at any time prior to voting at any meeting by executing and delivering a written notice of revocation to the Secretary of NEA, by executing and delivering a subsequently dated proxy to the Secretary of NEA, or by voting in person. Member understands that annual meetings of members are held at the principal office of NEA in Arizona the second Tuesday in August at 10am Arizona Time. 5. NEA reserves the right to terminate any enrollment or deny eligibility in the program for lack of payment to NEA. Returned checks, insufficient notices on bank drafts or denial by the member's credit card company for payment of the membership fee is deemed to be evidence of non-payment by a member. There will be a \$10.00 charge by NEA to be reinstated in the program after such denial. If reinstatement for non-payment happens more than once, a \$20.00 reinstatement fee charged by NEA will apply. 6. In the event of any dispute with NEA concerning your membership other than the insurance, member agrees to resolve said dispute solely by binding arbitration that shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County. 7. Membership canceled within the first 30 days of the enrollment date may be eligible for refund if the membership card and written cancellation request are sent to NEA. The administrative fee is not refundable. Approved refunds will be processed approximately 30 days after the cancellation. 8. Membership is effective on the 1st of the month following enrollment acceptance by NEA. Member Agreement: By signing your enrollment form, Member expresses desire to become a member of National Employers Association. Member acknowledges that the discount plans ARE NOT INSURANCE, but membership includes certain limited supplemental insured coverages. Membership benefits are not a replacement for health insurance coverage nor are they intended as a substitute for health insurance coverage. Membership fees may change for all members, but not individually, with notification.



NATIONAL EMPLOYERS ASSOCIATION ENROLLMENT FORM

Enrollment Fax Line: 800-471-7996

INSURANCE ENROLLMENT

INSURANCE ELIGIBILITY QUESTION

Do you and all other individuals to be covered under this policy have other health coverage that is minimum essential coverage within the meaning of Section 5000A(f) of the Internal Revenue Code and which is required under the Affordable Care Act? ☐ YES ☐ NO

If the answer to the above question is "No," please do not submit this enrollment form as the Company is prohibited by law from issuing this insurance policy.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

INSURANCE ACCEPTANCE:

The undersigned represents to the best of his or her knowledge and belief that all information provided in this enrollment and any attachments hereto is true and correct. The undersigned understands that all information provided in this enrollment form and any attachments hereto is material to the Company's decision to provide this insurance, and that insurance will be provided in reliance upon the truth of such information. It is hereby agreed and understood this insurance is provided by the Company in consideration of payment of the required premium. The insurance begins on the later of: 1) on the date the policy is effective which is April 1, 2015; or 2) when We accept the eligible person's enrollment form. If premiums are to be paid by payroll or account deduction, the undersigned authorizes such deduction by signing below. I also understand that Federal Insurance Company will not pay benefits for any medical condition or illness due to a Pre-existing Condition. Preexisting Condition means an Accident or a Sickness for which, in the 12 months before the Covered Person becomes insured under the policy, medical advice, treatment or care was sought by a Covered Person, or was recommended by, prescribed by or received from a Physician. A condition shall no longer be considered a Pre-Existing Condition after the date a person has been covered under the Policy for 12 consecutive months.

THE POLICY CONTAINS LIMITED BENEFITS. REVIEW THE POLICY AND YOUR DESCRIPTION OF COVERAGE CAREFULLY

FRAUD WARNING NOTICES:

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the enrollee or Insured Person.

ENROLEE NAME: _____

SIGNATURE: _____

DATE: ____ / ____ / ____

SPOUSE NAME: _____

SIGNATURE: _____

DATE: ____ / ____ / ____

AUTHORIZATION

NEA MEMBERSHIP AUTHORIZATION TO HONOR CHECKS, SHARE DRAFTS, OR ACCOUNT DEBITS

☐ MONTHLY BANK DRAFT

AUTOMATIC BANK DRAFT AUTHORIZATION:

DEPOSITOR NAME (AS IT APPEARS ON BANK RECORDS):

DEPOSITOR SIGNATURE:

DATE: ____ / ____ / ____

(IF JOINT ACCOUNT) ADDT'L SIGNATURE:

DATE: ____ / ____ / ____

BANK NAME:

CITY:

STATE:

ZIP:

ROUTING NUMBER:

ACCOUNT NUMBER:

As a convenience to me, I authorize you to pay and charge to my account checks, share drafts, electronic funds transfer debits made upon my account by and payable to the order of the entity designated above or by its legal representative for membership or benefits. I agree that your treatment of each check, share draft or debit, and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if my check, share draft or debit is dishonored for any reason, you will not be under any liability even though dishonor results in the forfeiture of benefits or membership. I further agree that this authorization is to remain in effect until you receive written notice from me of it's revocation unless you end it earlier.

To be completed by Agent

REPRESENTATIVE

AGENT NAME:

AGENT WRITING #:

AGENT PHONE: () -