

Limited Partnership Benefits Endorsed by:



National  
Association of  
Workplace  
Programs




America's Consumers & Affiliates

# BENEFITS

2021 Enrollment Guide

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Call 866-951-8419  
M-F, 8 AM - 7 PM EST

¡Hablamos  
Español!

# Let's Get Started



The America's Consumer's and Affiliates Limited Partnership is an opportunity for partners to earn a secondary income from online marketing programs and receive access to voluntary benefits. How it Works: Partners share specific browsing habits (Legend Browsing App for smartphones or Chrome or Firefox browsers) that are anonymous and secure that are limited to: website visited, time of visit and duration. Partners can provide 500 hours of service annually to be an active partner. In addition, your Partnership provides access to established Voluntary Insurance Benefits with National "A" Rated insurance carriers, in which you and your family may participate.

## 4 step enrollment process:

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### Choose Medical Options

**SelectMed Pro and Max:** Daily care platform for preventative & daily care for Doctor Office Visits, Blood Work and Vaccinations to keep you healthy.

**SelectMed Metallic Plans:** Choose from SelectMed Bronze or Silver plans that include daily care benefits, hospitalization, Lab Services, Surgery, RX and more.

#### Hospitalization Options

SelectMed Plan has a **Buy-up Catastrophic Hospitalization plan** with up to \$100,000 in benefits.

- Guaranteed Acceptance

#### Hospital Indemnity

Hospital Indemnity provides the hospitalization benefits not covered by the daily care plans. This coverage is paid direct to you from the provider.

- Guaranteed Acceptance

**Individual Major Medical** is available and pricing is based on your zip code, age and income. Call us today to learn if you qualify.

SelectMed.....Pg 3

- SelectMed Base
- SelectMed **Pro**
- SelectMed **Max**
- SelectMed Bronze
- SelectMed Silver

To learn more about Buy-up Catastrophic Hospitalization or Hospital Indemnity, call 866-951-8419, M-F 8am - 7pm, EST or go online at [prime.enroll1st.com](http://prime.enroll1st.com)

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### Choose Additional Health Options

Pick and choose additional coverage that compliments your medical coverage.

Dental & Vision.....Pg 5  
Disability.....Pg 6  
Accident.....Pg 7  
Critical Illness.....Pg 9  
Cancer.....Pg 10

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### Choose Life Coverage Options

Financial planning is important.

- Guaranteed Acceptance up to \$50,000 for 10 Year Term and Permanent coverage.
- Coverage available up to \$500,000.

Group Term Life.....Pg 11  
Whole Life.....Pg 12

## Become a Member!

There is an additional \$4.00 admin fee for ACH processing.



As a member of **The National Association of Workplace Programs (NAWP)** your \$10.00 membership benefits and discounts are designed to give you confidence as you plan for the future.

- ▶ Fit to Pass® coaching program for CDL Drivers
- ▶ ESPYR TalkNow® Counseling
- ▶ \$10,000 Term Life Coverage
- ▶ Sleep Apnea Testing
- ▶ 24-Hour Nurse Line & more!
- ▶ Exclusive 401K(i) Retirement Plan
- ▶ Identity Theft Protection
- ▶ Discounts on Diabetic Supplies and Prescriptions

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### NAWP Membership Benefits

Your NAWP Member includes additional benefits to protect your vision and protect you financially.

401K(i) - Call 866-951-8419 to setup! Minimum Contribution of \$50/month.

# 1. SelectMed Plan Options

Medical Plan Options	SelectMed Pro	SelectMed Max	SelectMed Bronze	SelectMed Silver
Evidence of insurability	Guaranteed Acceptance			
PPO Network	First Health®		PHCS Practitioner and Ancillary	
Deductible	In-Network Provider (No Out of Network Coverage)			
Individual/ Family	\$0	\$2,000/\$4,000	\$0	\$0
Out-of-Pocket Max	In-Network Provider (No Out of Network Coverage)			
Individual/ Family	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$5,000/\$10,000
Medical Services	In-Network Provider (No Out of Network Coverage)			
Preventive & Wellness Services	\$0 Copay (Plan pays 100% of covered preventive and wellness services)			
Primary Care Office Visit (Non-Hospital Based)	\$25 Copay (Max 5 Visits Per Calendar Year <sup>1</sup> )	\$25 Copay/visit	\$25 Copay (Limited to 8 visits/ calendar yr)	\$15 Copay (Limited to 10 visits/ calendar yr)
Specialist Office Visit (Non-Hospital Based)	\$25 Copay (Max 5 Visits Per Calendar Year <sup>1</sup> )	\$50 Copay/visit	\$50 Copay (Limited to 8 visits/ calendar yr)	\$25 Copay (Limited to 10 visits/ calendar yr)
Urgent Care	\$25 Copay (Max 5 Visits Per Calendar Year <sup>1</sup> )	\$50 Copay/visit	\$50 Copay (Limited to 2 visits/ calendar yr)	\$35 Copay (Limited to 3 visits/ calendar yr)
Telemedicine Services	MedCall Now <sup>2</sup> - Included (No Copay)		\$0	\$0
Inpatient Hospitalization	Buy-Up Coverage Available: \$50,000 or \$100,000, \$5,000 Deductible, 12 Month Pre-Ex (PRICING NOT IN PREMIUM BELOW)		\$350 Copay per admission <sup>5</sup> (Limited to 5 days/calendar yr) <sup>4</sup>	\$350 Copay per admission <sup>5</sup> (Limited to 7 days/calendar yr) <sup>4</sup>
Inpatient Surgery	Not Covered		Included in Inpatient Hospitalization Copay <sup>5</sup> (Second surgical opinion may be required; Limited to 2 surgeries/calendar yr) <sup>4</sup>	Included in Inpatient Hospitalization Copay <sup>5</sup> (Second surgical opinion may be required; Limited to 3 surgeries/calendar yr) <sup>4</sup>
Outpatient Hospital or Free Standing Facility Services and Surgery			\$350 Copay <sup>5</sup> (Limited to 1 visit/ calendar yr) <sup>4</sup>	\$350 Copay <sup>5</sup> (Limited to 2 visit/ calendar yr) <sup>4</sup>
Emergency Room Services			\$350 Copay <sup>5</sup> (Limited to 1 visit/calendar yr)	
Diagnostic Services (Non-Hospital Based for Pro, Bronze, and Silver Plans)				
Laboratory Services	\$25 Copay (Combined limit of 5 visits /calendar yr with Radiology)	\$50 Copay (Unlimited)	\$50 Copay (Combined limit of 3 visits /calendar yr with Radiology)	
Radiology	\$25 Copay Outpatient Basic X-Ray. (Combined limit of 5 visits /calendar yr with Laboratory Services)	\$50 Copay Outpatient Basic X-Ray (Unlimited)	\$50 Copay (Combined limit of 3 visits /calendar yr with Laboratory Services)	
Outpatient: CT/MRI/PET Scan	Not Covered	50% Coinsurance per test; After Deductible. <sup>4</sup>	\$350 Copay (Max of 1/calendar yr) <sup>4</sup>	\$350 Copay (Max of 2/calendar yr) <sup>4</sup>
Pregnancy Benefits: Childbirth/Delivery (Considered Inpatient Hospital Stay)	Not Covered			\$350 Copay per admission <sup>5</sup>
Allergy Services <sup>6</sup>	Not Covered		\$25 Copay	
Home Health Care			\$25 Copay (Limited to 10 visits/ calendar yr)	\$25 Copay (Limited to 15 visits/ calendar yr)
Treatment for Chemical Abuse & Dependency	Not Covered	Out-Patient Only: \$50 Copay/visit	In-Patient: \$250 Copay per day <sup>5</sup> (Limited to 5 days/calendar yr) <sup>4</sup>	In-Patient: \$250 Copay per day <sup>5</sup> (Limited to 7 days/calendar yr) <sup>4</sup>
Rehabilitation/Habilitation Services		\$50 Copay/visit; (Combined limit for all therapies of 20 visits/calendar yr)	Not Covered - 100% paid by Member	
Emergency Medical Transportation	Not Covered		\$250 Copay <sup>5</sup> (By land only; Limited to 1 transport/calendar yr)	
Prescription Benefit <sup>7</sup>	No Copay for ACA Compliant covered prescription drugs			
	20% Copay-Generic Only; 12 Prescriptions Max; 30 day supply Max;	Brand/Generic, \$10 Formulary Generic / \$50 Formulary Brand; Mail \$30 Formulary Generic / \$150 Formulary Brand, \$750 Per Primary / \$1,500 Per Family Annual Max <sup>3</sup>		
Monthly Rates	SelectMed Pro	SelectMed Max	SelectMed Bronze	SelectMed Silver
Individual	\$116.71	\$207.25	\$487.89	\$589.48
Individual + Spouse	\$183.85	\$346.11	\$853.26	\$1,016.37
Individual + Child	\$176.99	\$354.87	\$880.90	\$1,047.49
Family	\$237.98	\$516.17	\$1,308.36	\$1,588.64

Not available in Alaska, Hawaii, Massachusetts, and New Hampshire.

1. Combined 5 visits per year includes Primary Care Visit to Treat Injury or Illness, Specialist Visit and Urgent Care Visit.

2. MedCall Now State Exclusions: SC and TX.

3. The prescription provided by DataRx is not available in NY, SD, and WA. For the SelectMed Max plan only: In the states noted, \$20 co-pay generic only, 30 day supply max.

4. Pre-authorization required.

5. Subject to Reference Based Pricing

6. Included in Primary Care Office Visit or Specialist Office Visit limits. The copay applies to the administration of the allergy service and is separate from the copay for the office visit

7. Prescription Discount card included in SelectMed Bronze and Silver Plans. Learn more: <https://www.truscript.com/>

Reinsurance coverage is provided through Providence Insurance Company II

First Health is a brand name of First Health Group Corp., an indirect, wholly-owned subsidiary of Aetna Inc.

Bronze and Silver plans only: To find a provider through the PHCS Practitioner and Ancillary.

<https://www.multiplan.com/webcenter/portal/ProviderSearch>

For additional information reference the Summary Plan Document for a list of services offered In-Network.

LP SelectMed and B&S-3-24-21

Questions? Call 866-951-8419

Monday - Friday, 8AM - 7PM EST

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# 1. SelectMed



## Preventive Health Services: Limitations, Intervals, and Requirements<sup>1</sup>

The following table represents the preventive services currently covered under the SelectMed Pro, Max, Bronze and Silver Plans as well as the permitted interval and any requirements of such preventive services.

Benefits are automatically subject to 29 CFR § 2590.715 -2713(a). Amendments to this section through legislative act or regulation are automatically incorporated into this document by reference. Preventive Services covered in this section are explained in more detail through the following official resources:

- Medical services with a rating of "A" or "B" from the current recommendations of the United States Preventive Services Task Force. See <https://www.uspreventiveservicestaskforce.org>
- Preventive care and screenings for infants, children, and adolescents provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. Guidelines can be found in <https://www.hrsa.gov>
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only. See <https://www.cdc.gov/vaccines/acip>

## Preventative and Wellness Services - Covered Benefits

<b>Adults</b> <ul style="list-style-type: none"> <li>• Adult Annual Standard Physical</li> <li>• Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling</li> <li>• Aspirin: Preventive Medication</li> <li>• Blood pressure screening</li> <li>• Breastfeeding interventions</li> <li>• Chlamydia screening</li> <li>• Colorectal Cancer Screening</li> <li>• Dental cavities prevention: infants and children up to age 5 years</li> <li>• Depression Screening</li> <li>• Diabetes Screening</li> <li>• Fall Prevention: Older Adults</li> <li>• Healthy Diet and Physical Activity Counseling to Prevent Cardiovascular Disease</li> <li>• Hemoglobinopathies screening</li> <li>• Hepatitis B screening</li> <li>• Hepatitis C virus (HCV) infection screening: born between 1945 and 1965.</li> <li>• High Blood Pressure Screening</li> <li>• HIV Preeposure Prophylaxis for the Prevention of HIV Infection</li> <li>• HIV Screening</li> <li>• Hypothyroidism screening</li> <li>• Lung Cancer Screening</li> <li>• Obesity screening and Counseling</li> <li>• Sexually Transmitted Infections Counseling</li> <li>• Skin Cancer Behavioral Counseling</li> <li>• Statin Preventive Medication</li> <li>• Tobacco Use Counseling and Interventions</li> <li>• Syphilis Screening</li> </ul>	<b>Men</b> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> </ul> <b>Women</b> <ul style="list-style-type: none"> <li>• Aspirin: Preventive Medication</li> <li>• BRCA risk assessment and genetic counseling/testing</li> <li>• Breast Cancer Preventive Medications</li> <li>• Breast Cancer Screening</li> <li>• Cervical Cancer Screening: with Cytology (Pap Smear) Lung cancer screening</li> <li>• Chlamydia Screening</li> <li>• Contraceptive Methods and Counseling</li> <li>• Folic Acid Supplementation</li> <li>• Gonorrhea Screening</li> <li>• Intimate Partner Violence Screening</li> <li>• Osteoporosis Screening</li> <li>• Well-Woman Visits</li> </ul> <b>Pregnant Women</b> <ul style="list-style-type: none"> <li>• Bacteriuria Screening</li> <li>• Breastfeeding Support, Supplies and Counseling</li> <li>• Depression Screening</li> <li>• Gestational Diabetes Mellitus Screening</li> <li>• Hepatitis B Screening</li> <li>• HIV Screening</li> <li>• Preeclampsia Screening</li> <li>• Rh Incompatibility Screening: First Pregnancy Visit</li> <li>• RH Incompatibility Screening: 24–28 Weeks' Gestation</li> <li>• Syphilis Screening</li> <li>• Tobacco Use Counseling and Interventions</li> </ul>	<b>Newborns</b> <ul style="list-style-type: none"> <li>• Gonorrhea Prophylactic Medication</li> <li>• Hemoglobinopathies Screening</li> <li>• Hypothyroidism Screening</li> <li>• Phenylketonuria Screening</li> </ul> <b>Infants</b> <ul style="list-style-type: none"> <li>• Dental Caries Prevention: Infants and Children Up to Age 5</li> </ul> <b>Children</b> <ul style="list-style-type: none"> <li>• Dental Caries Prevention: Infants and Children Up to Age 5</li> <li>• Obesity screening and Counseling</li> <li>• Skin Cancer Behavioral Counseling</li> <li>• Tobacco Use Counseling and Interventions</li> <li>• Vision Screening: Age 3 to 5</li> <li>• Well-Child Visits</li> </ul> <b>Adolescents</b> <ul style="list-style-type: none"> <li>• Depression Screening</li> <li>• Hepatitis B Screening</li> <li>• HIV Screening</li> <li>• Obesity screening and Counseling</li> <li>• Sexually Transmitted Infections Counseling</li> <li>• Skin Cancer Behavioral Counseling</li> <li>• Tobacco Use Counseling and Interventions</li> </ul> <b>Multiple Populations</b> <ul style="list-style-type: none"> <li>• Tuberculosis Screening: all populations at risk</li> <li>• Skin Cancer Behavioral Counseling: young adults, adolescents, children, and parents of young children</li> </ul>
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\*See Schedule of Benefits for Limitations, Intervals and Requirements.

## Vaccines

**IMMUNIZATIONS - recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for routine use in children, adolescents, or adults\***

Adults 19 Years or Older	Children From 7 Through 18 Years Old	Birth Through 6 Years Old
<ul style="list-style-type: none"> <li>• IIV</li> <li>• RIV</li> <li>• LAIV</li> <li>• Tdap</li> <li>• MMR</li> <li>• VAR</li> <li>• RZV</li> <li>• ZVL</li> <li>• HPV - Female</li> <li>• HPV- Male</li> <li>• PCV13</li> <li>• PPSV23</li> </ul>	<ul style="list-style-type: none"> <li>• Flu</li> <li>• Tdap</li> <li>• HPV</li> <li>• MenACWY</li> <li>• MenACWY</li> </ul>	<ul style="list-style-type: none"> <li>• HepB</li> <li>• DTaP</li> <li>• Hib</li> <li>• PCV13</li> <li>• IPV</li> <li>• Flu</li> <li>• MMR</li> <li>• VAR</li> <li>• HepA</li> <li>• RV</li> </ul>

1. None of the Preventive Health Services are covered if they are provided at a hospital.

\* Immunization illustrations listed herein are based upon CDC recommendations contained in the following schedules: (i) Recommended Child and Adolescent Immunization Schedule (available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>), and (ii) Recommended Adult Immunization Schedule (available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>). Additional immunization scenarios not included in the aforementioned illustrations (such as catch-up immunization recommendations, immunization recommendations for certain high-risk groups, and immunization recommendations subject to individual clinical decision-making) may also be covered under this Plan pursuant to CDC recommendation. Information concerning these additional covered immunization scenarios (including vaccine type, age requirements, and frequency) is available online under the CDC schedule links listed above. Paper copies of these CDC schedules can also be obtained free of charge by written request to the Plan Administrator.

This plan is ACA Compliant. For additional information, visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/> as benefits are subject to change. Or reference the Summary Plan Document for a list of Wellness & Preventative services offered In-Network.

## 2. Dental and Vision



### Dental Coverage

Plan Details		Basic	Preferred
Annual Maximum		\$500/yr	\$1,000/yr
Deductible		\$50 Annual	\$50 Annual
Deductible Limit		Max 3 per family	Max 3 per family
Services*		Basic	Preferred
Diagnostic & Preventative	Cleanings, Exams, Oral Cancer Screening (age 40+), Radiographs - Bitewings, Radiographs - FMX, Fluoride (under age 16), Sealants (under age 16), Space Maintainers (under age 16)	Plan Pays 100% Deductible Waived	Plan Pays 100% Deductible Waived
Basic	Emergency Pain, Restorations (Amalgams & Anterior Resin), Restorations (Posterior Resin), Crown Repairs, Bridge Repairs, Denture Repairs	Plan Pays 80%	Plan Pays 80%
Major <sup>1</sup>	Simple Extractions, Surgical Extractions, Oral Surgery, Endodontics, Periodontal Maintenance, Non-Surgical Periodontics, Surgical Periodontics, Inlays, Onlays, Crowns, Bridges, Dentures, Implants, Anesthesia	Plan Pays 0%	Plan Pays 50%



Plan Tier	Primary	Primary + Spouse	Primary + Child(ren)	Family
Basic	\$15.89/mo	\$27.97/mo	\$34.12/mo	\$49.58/mo
Preferred	\$22.30/mo	\$40.79/mo	\$42.77/mo	\$65.06/mo

1. 12 month waiting period on Major services

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The information on this sheet is a brief summary of your dental plan and the services it covers. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions, or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact BrightBenefits.

### Vision Coverage

Benefit	Description	Copay	Frequency
Eye Exam	Focuses on your eyes, vision and wellness	\$10	Every 12 months
Frame	Pay no more than \$25 for Exclusive Collection frames at participating locations or \$130 frame allowance at network locations or \$180 frame allowance at Visionworks <sup>1</sup> Plus 20% off any amount over your allowance <sup>2</sup>	Included	Every 24 months
Lenses and enhancements <sup>3</sup>	Clear plastic single -vision, bifocal, trifocal or lenticular lenses   Polycarbonate Lenses for dependent children   Tinting of Plastic Lenses   Scratch-Resistant Coating	\$25	Every 12 months
Lens upgrades <sup>3</sup>	Polycarbonate lenses for adults High-Index Lenses 1.67 High-Index Lenses 1.74 Polarized Lenses Progressive Lenses (Standard / Premium / Ultra / Ultimate) Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate) Ultraviolet Coating Plastic Photochromic Lenses (Transitions® Signature™) Premium Scratch -Resistant Coating Scratch-Protection Plan (Single -Vision / Multifocal) Digital Single Vision Lenses Trivex Lenses Blue Light Filtering	\$30 \$55 \$120 \$75 \$50 / \$90 / \$140 / \$175 \$35 / \$48 / \$60 / \$85 \$12 \$65 \$30 \$20 / \$40 \$30 \$50 \$15	Every 12 months
Prescription contacts <sup>4</sup> (instead of glasses)	15% off fitting, evaluation and follow-up   \$130 allowance for contacts   Plus 15% off any amount over your allowance <sup>2</sup>		Every 12 months

#### Extra member savings (not insured benefits)

- 15% off standard laser vision correction or 5% off promotional prices at LasikPlus® locations nationwide.
- No more than \$39 on routine retinal imaging as an enhancement to an eye exam
- 30% off additional pairs of eye glasses.<sup>2</sup>
- Free 1-yr. breakage warranty on your glasses - limitations apply.

#### Out-of-network coverage

Exam.....	\$40	Trifocal lenses.....	\$80
Frame.....	\$50	Lenticular lenses.....	\$100
Single vision lenses.....	\$40	Elective contacts.....	\$105
Bifocal/Progressive lenses.....	\$60	Visually required contacts.....	\$225



Vision Rates			
Primary	Primary + Spouse	Primary + Child(ren)	Family
\$10.22/mo	\$16.76/mo	\$18.42/mo	\$25.22/mo

1. Excludes Maui Jim® eyewear.

2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers.

3. Spectacle lens options may not be available at all locations.

4. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail. Products may vary by state.

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Eligible partners must be working a minimum of 20 hours per week to qualify for insurance. Rates include insurance premiums and administrative fees for continuation, enrollment and marketing.

## 2. Short-Term Disability

**GUARANTEED ISSUE UP TO \$3,500!  
SIMPLIFIED ISSUE \$5,000!**



### The More You Know

How would you and your family make it with no paycheck? Short-term disability income insurance helps protect your income if you ever get sick or hurt and can't work, so you can focus on getting better.

Policy Highlights	Benefits
Evidence of Insurability	Guaranteed Issue up to \$3,500 per month
Insurance For	Primary Only
Benefit Levels	Up to \$5,000 per month (Simplified Issue). Not to exceed 60% of monthly earnings.
Benefit Period	6 Months
Waiting Period	14 days accident/14 days sickness
Tax-Free Benefit	No taxes due on cash benefits



Short-Term Disability Income Insurance	
Benefit	Ages 18-69
\$500 Monthly Benefit	\$32.00
\$1,000 Monthly Benefit	\$59.00
\$1,500 Monthly Benefit	\$86.00
\$2,000 Monthly Benefit	\$113.00
\$2,500+ Monthly Benefit	Call for Pricing
MONTHLY	

This is a brief summary of short-term disability income insurance. This plan is available in the following jurisdictions: AL, AZ, CO, DC, DE, GA, GU, HI, IA, ID, IL, IN, KS, KY, MA, MS, MO, NE, ND, NJ, OH, OK, PR, TN, RI, VA, VI, WI, WV, WY. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

Eligible partners must be working a minimum of 20 hours per week to qualify for insurance. Rates include insurance premiums and administrative fees for continuation, enrollment and marketing.

## 2. Accident Insurance



Eligibility And Key Features	
Coverage	Off the Job Accidents
Eligibility	All partners ages 18-70 and working a minimum of 20 hours a week are eligible for participation in the Accident Insurance plan; an enrolled partner may also insure their spouse (ages 18-70). Children under the age of 26 are also eligible regardless of marital or dependency status.
Guaranteed Renewable	Coverage is guaranteed renewable for life as long as premiums are paid.
Policy Benefits	All benefits are limited to one benefit per covered accident, per insured, and are paid independently of one another unless specifically noted otherwise.
Portability	This policy is fully portable at the same rate and can be paid for directly if employment changes.
Policy Highlights	Benefits
Ambulance	<b>\$500 benefit</b> for Air Ambulance: Within 48 hours after the covered accident. <b>\$100 benefit</b> for Ground Ambulance: Within 90 days after the covered accident.
Appliance	<b>\$100 benefit</b> within 90 days after the covered accident. For personal locomotion or mobility.
Blood, Plasma, Platelets	<b>\$300 benefit</b> within 90 days after the covered accident.
Burns	<b>\$750 to \$10,000 benefit</b> when treated by a physician within 72 hours after the covered accident. Scheduled amount based on degree of burn. Skin grafts are 25% of the burn benefit.
Concussion	<b>\$100 benefit</b> if diagnosed by a physician within 72 hours after the covered accident.
Dislocations (Separated Joint)	<b>\$50 to \$8,000 benefit</b> based on the type of surgery and joint involved.
Emergency Dental Work	<b>\$50 to 150 benefit</b> based on whether tooth is extracted or crowned.
Emergency Room Treatment	<b>\$50 benefit</b> if examination and treatment within 72 hours after the covered accident.
Eye Injury	<b>\$200 benefit</b> for eye injury within 90 days after the covered accident.
Follow-Up Physician Treatment	<b>\$50 benefit</b> within 90 days of the covered accident.
Fractures	<b>\$25 to \$10,000 benefit</b> based on the type of surgery and bone involved.
Hospital Admission	<b>\$1,000 benefit</b> within 6 months after the covered accident. (\$2,000 if immediately admitted into Intensive Care Unit)
Hospital Confinement	<b>\$250 per day</b> up to 365 days within 6 months after the covered accident.
Hospital Intensive Care	<b>\$500 per day</b> up to 30 days. The confinement must begin within 30 days after the covered accident.
Initial Physician's Office/ Urgent Care Visit	<b>\$50 benefit</b> within 60 days after the covered accident.
Laceration	<b>\$25 to \$400 benefit</b> if repaired by a physician within 72 hours after the covered accident. Paid based on the total length of all lacerations received in any one covered accident.
Lodging	<b>\$100 per night</b> up to 30 days per covered accident. Hospital must be more than 100 miles from the insured person's residence.
Major Diagnostic Exams	<b>\$150 benefit</b> per calendar year for CT scan, MRI or EEG as the result of a covered accident.
Physical Therapy	<b>\$25 per day</b> with a maximum of 6 days. Within 6 months of covered accident.
Prosthetic Device/Artificial Limb	<b>\$500 to \$1,000 benefit</b> within 1 year of the covered accident.
Rehabilitation Unit	<b>\$150 per day</b> when confined in a rehab unit following hospitalization. Up to 30 days.
Ruptured Disc	<b>\$400 benefit</b> when treated by a physician within 60 days after the covered accident and repaired through surgery within 1 year after the covered accident.
Surgery (Abdominal or thoracic)	<b>\$1,000 benefit</b> within 72 hours after the covered accident. Benefit is \$100 if exploratory surgery with no repair. Hernia repair will not be covered.
Tendon, Ligament, Rotator Cuff	<b>\$150, \$600 or \$900 benefit</b> when repaired within 90 days after the covered accident. The benefit is based on the number of repairs needed and repaired through surgery.
Torn Knee Cartilage	<b>\$750 benefit</b> when treated by a physician within 60 days and repaired through surgery within 6 months after the covered accident. Benefit is \$150 if exploratory arthroscopic surgery with no repair.
Transportation	<b>\$300 benefit per round trip</b> up to 3 round trips per covered accident. For treatment more than 100 miles round-trip from your home.

## 2. Accident Insurance



### Accidental Death and Dismemberment

Accidental Death	<p>Within 90 days from the date of a covered accident.</p> <ul style="list-style-type: none"> <li>• <b>\$100,000</b> for Partner</li> <li>• <b>\$100,000</b> for Spouse</li> <li>• <b>\$20,000</b> for Children</li> </ul>
Dismemberment Benefit	<p>Benefit is paid based on the number of limbs lost and/or the specific limb(s) lost.</p> <ul style="list-style-type: none"> <li>• <b>\$1,500 to \$30,000 benefit</b> for Loss of Finger, Toe, Hand, Foot or Sight of Eye (schedule amount depending on loss)</li> </ul>

### Included Benefit Riders

Enhanced Emergency Room Benefit Rider	We will pay an additional \$100 benefit amount when an insured person is treated in a hospital emergency room within 72 hours after the covered incident. This amount is paid in addition to the base policy Emergency Room benefit of \$50.	
Wellness Benefit Rider	We will pay \$50 for any one of the following health screening tests listed below performed by a Physician more than 30 days after the Rider Effective Date. Payable only once per calendar year per insured person. This benefit is not payable for health screening tests performed in the Emergency Room of a hospital. (Missouri - the 30 days does not apply) (District of Columbia - This Rider is not available)	
	<ul style="list-style-type: none"><li>•Blood test for triglycerides</li><li>•Bone marrow testing</li><li>•Breast ultrasound</li><li>•C-Reactive Protein</li><li>•CA 15-3 (blood test for breast cancer)</li><li>•CA 125 (blood test for ovarian cancer)</li><li>•CEA (blood test for colon cancer)</li><li>•Chest X-ray</li><li>•Colonoscopy</li><li>•Electron Beam Tomography</li><li>•Fasting blood glucose test</li></ul>	<ul style="list-style-type: none"><li>•Flexible Sigmoidoscopy</li><li>•Hemocult stool analysis</li><li>•Homocysteine level</li><li>•Mammography</li><li>•PSA (blood test for prostate cancer)</li><li>•Pap Smear</li><li>•Serum cholesterol test to determine level of HDL/LDL</li><li>•Serum Protein Electrophoresis (blood test for myeloma)</li><li>•Stress test on a bicycle or treadmill</li><li>•Thermography</li></ul>
	Wellness Benefit Rider Exclusions: CT, DC, GA, MA, NH, NY, OR, PA, VT, VA, WA.	

**Call for a personalized quote!**

This plan is not available in the following jurisdictions: AK, HI, MN, and PR. The benefits in this plan may vary by state.

Eligible partners must be working a minimum of 20 hours per week to qualify for insurance. Rates include insurance premiums and administrative fees for continuation, enrollment and marketing.

LP AC&A Accident 3/21



## 2. Critical Illness Insurance

**GUARANTEED ISSUE UP TO \$25,000!  
\$50,000 MAX!**



### What Is It?

Concentrate on your recovery, not your finances. Critical illness insurance provides a single cash benefit paid directly to you if you're diagnosed or treated for a covered critical illness -- giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses, such as car payments, the mortgage, groceries, or utility bills. Consider how you would manage if you were unable to work due to an illness.

#### Critical Illness

<b>Critical Illness Benefit</b>	Critical illness insurance provides a lump-sum cash benefit which the primary can use however they wish. After the critical illness diagnosis, the insured person will receive a lump-sum percentage of the elected benefit amount. The diagnosis must be made after the effective date of the certificate.
<b>Recurrent Critical Illness Benefit Rider</b>	This benefit provides each insured person with an opportunity to receive an additional payment for the same critical illness. The Recurrence Benefit is a percentage of the Critical Illness Benefit amount and the percentage is selected by the association. A recurrence of the same critical illness must be separated by a 12 month waiting period. Only one Recurrence Benefit will be paid for each critical illness.
<b>Wellness Indemnity Benefit Rider</b>	This benefit can help pay the costs for a screening test for early disease signs and lead to earlier intervention, better outcomes and healthier primaries. The benefit is payable once per calendar year per insured person.
<b>First Occurrence</b>	First occurrence after effective date
<b>Rate Structure</b>	Voluntary - Issue Age

#### Covered Critical Illnesses

Illness covered under policy	Percentage of Benefit Amount
Heart Attack	100%
Stroke	100%
Life Threatening Cancer	100%
Major Organ Transplants	100%
End Stage Renal Failure	100%
Blindness and/or Deafness	100%
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	100%
Coronary Artery Bypass Surgery	25%
Carcinoma In Situ	25%
Prostate Cancer with TNM Classification of T1	25%
Angioplasty	5%
Skin Cancer	5%

Additional Benefit	Benefit Amount
Wellness Indemnity Benefit	\$50
Recurrent Critical Illness Benefit Rider	50%



### Sample Premiums for Primary - Non-Tobacco Rates



Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	Age	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000
18-29	\$13.90	\$16.85	\$19.80	\$22.75	\$25.70	\$28.65	50-59	\$35.10	\$48.65	\$62.20	\$75.75	\$89.30	\$102.85
30-39	\$15.10	\$18.65	\$22.20	\$25.75	\$29.30	\$32.85	60-64	\$66.50	\$95.75	\$125.00	\$154.25	\$183.50	\$212.75
40-49	\$22.30	\$29.45	\$36.60	\$43.75	\$50.90	\$58.05	65+	\$77.20	\$111.80	\$146.40	\$181.00	\$215.60	\$250.20
MONTHLY							MONTHLY						

This is a brief summary of critical illness insurance. This plan is available in the following jurisdictions: AL, AZ, DE, DC, GA, GU, HI, IA, IL, IN, KS, KY, MI, MO, MS, NE, NJ, OH, OK, PR, TN, VA, VI, WI, WV. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

Eligible partners must be working a minimum of 20 hours per week to qualify for insurance. Rates include insurance premiums and administrative fees for continuation, enrollment and marketing.

**Questions? Call 866-951-8419**

Monday - Friday, 8AM - 7PM EST

## 2. Cancer Insurance



### What Is It?

Cancer insurance is designed to provide benefits to help with the cost of cancer treatment. Benefits are paid directly to you and are paid in addition to any other insurance you may have. This policy can also help protect your income from out-of-pocket expenses that aren't covered by your major medical coverage including:

- Travel and lodging
- Out-of-pocket medical expenses
- Child care and household help
- Out-of-network specialists
- Normal living expenses - such as your car payment, mortgage, rent, and utility bills

#### Policy Highlights

- Individual and family insurance available
- Fully portable

#### Hospital Benefits

Hospital Confinement & Extended Benefits	\$200 per day of covered confinement; \$400 per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	\$40 per day while hospital confined; one visit per 24-hour period
Inpatient Drugs & Medicines	\$30 per day while hospital confined
Ambulance	\$200 for service by a licensed ambulance service for transportation to a hospital; admittance required
Additional Hospital Benefits	Up \$200 per day for: <ul style="list-style-type: none"> <li>• Private Duty Nurse</li> <li>• Government or Charity Hospital</li> <li>• Extended Care Facility</li> <li>• Hospice Care</li> </ul>

#### Surgery Benefits

Surgery	Inpatient-\$3,000; Outpatient-\$4,500 Maximum benefit; actual benefit is determined by the surgery schedule in the contract; for multiple procedures in same incision only the highest benefit is paid; for multiple procedures in separate incisions will pay highest benefit and then 50% for each lesser procedure
Anesthesia	25% of covered surgery benefit
Prosthesis	\$1,500 maximum benefit; pays actual charges per device requiring implantation; \$150 maximum benefit; pays actual charges for wig to cover hair loss from cancer treatment
Additional Surgery Benefits	<ul style="list-style-type: none"> <li>• Reconstructive Surgery</li> <li>• Ambulatory Surgical Center</li> <li>• Second Surgical Opinion</li> <li>• Skin Cancer Surgery</li> </ul>

#### Radiation and Chemotherapy Benefits

Radiation & Chemotherapy and Related Expenses	\$15,000 maximum benefit per 12-month period; pays actual charges; \$750 maximum benefit per 12-month period; pays actual charges for treatment consultations and planning, adjunctive therapy, radiation management, chemotherapy administration, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
Blood, Plasma, Blood Components, Bone Marrow & Stem Cell Transplant and Associated Blood & Plasma Expenses	\$15,000 maximum benefit per 12-month period; pays actual charges; \$750 maximum benefit per 12-month period; pays actual charges for administration of blood, plasma and blood components, transfusions, processing and procurement, or cross-matching, treatment consultations and planning, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses
New or Experimental Treatment	\$15,000 maximum benefit per 12-month period; pays actual charges for drugs or chemical substances approved by the FDA for experimental use on humans or surgery or therapy endorsed by either the NCI or ACS for experimental studies received in the US or its territories

#### Wellness & Non-Medical Benefits

Annual Cancer Screening Benefit	\$100 per calendar year for cancer screening tests: mammogram, pap smear, flexible sigmoidoscopy, prostate-specific antigen test, chest x-ray, hemocult stool specimen, ultrasound, CEA, CA125, biopsy, thermography, colonoscopy, serum protein electrophoresis bone marrow testing, and blood screening
Additional Wellness & Non-Medical Benefits	<ul style="list-style-type: none"> <li>• Non-Local Transportation</li> <li>• Physical Therapy &amp; Speech Therapy</li> <li>• Family Primary Lodging</li> <li>• At-Home Nursing</li> <li>• Outpatient Lodging</li> <li>• MRI Scan</li> </ul>
Waiver of Premium	Waives premium for total disability due to cancer after 60 consecutive days of total disability; total disability must begin prior to the insured person's 70th birthday

#### Cancer Maintenance Therapy Benefit

Cancer Suppressive Therapy, Hematological Drugs, Anti-Nausea Drugs, and Motility Drugs	\$1,000 maximum benefit per 12-month period; pays actual charges
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#### Rates for Cancer Insurance

Primary	Primary + Child(ren)	Family
\$27.51	\$31.02	\$47.76
MONTHLY		

This is a brief summary of Cancer Insurance. This plan is available in the following jurisdictions: AL, AZ, CO, DE, DC, GA, GU, HI, IA, IL, IN, KS, KY, MI, MO, MS, NE, NJ, OH, OK, PR, RI, TN, VA, VI, WI, WV. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

Eligible partners must be working a minimum of 20 hours per week to qualify for insurance. Rates include insurance premiums and administrative fees for continuation, enrollment and marketing.

### 3. 10 Year Term Life Insurance

**GUARANTEED ISSUE UP TO \$100,000!  
\$500,000 MAX!**



#### What Is It?

Life insurance helps provide immediate and future financial security for your family following your death. Term life insurance gives you coverage for a specified period of time, or "term" such as 10 years.

Policy Highlights	Benefits
Benefit Levels	<ul style="list-style-type: none"> <li>- Guaranteed issue up to \$100,000 not to exceed 5 times annual salary.</li> <li>- Spouse guaranteed issue up to \$15,000.</li> <li>- Eligible dependent children issue is up to \$10,000; minimum is \$5,000</li> </ul>
Evidence of Insurability	Guaranteed Issue
Portable	If an insured leaves the group for any reason, he or she may be able to continue this Voluntary Group Term Life Insurance coverage on a direct basis.
Convertible to Whole Life Policy	Opportunity to convert to permanent <sup>1</sup> life insurance upon termination of insurance.
Accelerated Death Benefit for Critical Care Condition Rider	Benefit amount is 25% of the life insurance death benefit. Allows the insured to receive an early payout of the life insurance death benefit in the event of these critical care conditions: cancer, heart attack, major organ transplant surgery, renal failure or stroke.
Accelerated Death Benefit for Living Benefit Rider	Accelerates 4% for monthly benefit or 20% of the death benefit amount as a one-time lump sum payment. Accelerates a portion of the life insurance death benefit if the insured person is diagnosed with a covered chronic illness and in the best medical judgment is unable to perform daily activities for a period of at least 90 days without human assistance; or has a severe cognitive impairment that is expected to be permanent or requires supervision to protect the insured's health or safety.
Extension of Benefits Rider	Accelerates 4% for monthly benefit or 5% of one-time lump sum payment/Paid-up benefit of 25% of face amount
Accelerated Death Benefit for Terminal Illness Rider	Accelerates up to the lesser of \$100,000 or 50%. Accelerates a portion of the death benefit amount if a covered person is first diagnosed with a terminal illness which, in the best medical judgment, will result in death within 12 months.
Waiver of Premium Due to Layoff or Strike Rider	Waives the premium for up to six months in the event of involuntary layoff or strike. Waiver is limited to three layoffs/strikes, not to exceed a total of six months, per 12-month period. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals.



#### Sample Primary Premiums\* - Non-Tobacco

Age	Amount You Will Pay	Amount Of Death Benefit
Age 25	\$16.38	\$50,000
Age 30	\$18.46	\$50,000
Age 35	\$22.17	\$50,000
Age 40	\$29.29	\$50,000
Age 45	\$39.00	\$50,000
Age 50	\$50.71	\$50,000

Issue ages are 16-75 for Primary and 16-65 for spouse. \*Rates are based upon age and tobacco usage. 1 Coverage could lapse prior to the maturity for non-payment of premiums. You must speak with a benefits counselor to receive your applicable rate.

**MONTHLY**

This is a brief summary of Group Term Life Insurance. Premiums are scheduled to remain level for five years and are guaranteed level for the first five years. **Premiums may actually increase annually starting in year 6.** This plan is available in the following jurisdictions: AL, AZ, CA, CO, DC, DE, GA, GU, HI, IA, ID, IL, KY, KS, MI, MO, NE, NH, NJ, ND, OK, PR, RI, TN, VI, WI, WV, WY, MS. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

Eligible partners must be working a minimum of 20 hours per week to qualify for insurance. Rates include insurance premiums and administrative fees for continuation, enrollment and marketing.

**Questions? Call 866-951-8419**

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### 3. Whole Life Insurance

**GUARANTEED ISSUE UP TO \$100,000!**



Policy Highlights	Permanent Whole Life Insurance Policy	
Whole Life is more than just life insurance at an affordable price. It combines the guaranteed premiums, coverage and values that have always been so attractive in whole life insurance with the advantages of cash accumulation at current interest rates. This coverage is an endowment at 95 life insurance policy with coverage to age 95.		
Eligibility	<u>Age</u> Partner: Minimum age 18; Max age 70 Spouse: Minimum age 18; Max age 70 Children: Minimum age 15 days; Max age 25	Actively at work a minimum of 20 hours per week for at least 30 days following the date of employment at time of application and able to perform the duties of their occupation.
Affordable, Flexible Protection	You choose the amount of insurance that best suits your needs and budget from \$5,000 up to \$100,000. Guaranteed Issue up to \$100,000 for partner and up to \$15,000 Guaranteed Issue for spouse. Child coverage is available with the Optional Child Term Rider.	
Policy Values*	As long as premiums are paid, this coverage offers a guaranteed cash value that can grow over the years. While this value can never be less than the guaranteed 3% credited interest rate, this coverage gives the advantage of potential cash values in excess of the guaranteed amount. The current interest rate in effect when the policy is issued is guaranteed for the first year. On each policy anniversary date, the policyholder will receive an annual statement outlining the policy's accumulated value and changes in the interest rate, if any. * The actual cash value may be decreased by loans or withdrawals. Additional interest rate kickers at years 11-15 and 16+.	
Constant Coverage	Participants are protected worldwide, 24 hours a day. The policy is owned by the partner and supplements any other insurance they may have.	
Portable	The plan remains in force as long as premiums continue to be paid; and the permanent plan premiums cannot be increased. If the partner changes jobs or retires, as long as they continue to pay premiums, the insurance will remain in force without interruption.	
Accidental Death Benefit (ADB)	<ul style="list-style-type: none"><li>•The Accidental Death Benefit could double or even triple the death benefit.</li><li>•This benefit pays an additional amount equal to the basic coverage to the beneficiary if the insured is killed accidentally. If accidental death occurs while the insured is a passenger on a bus, plane, train or any other common carrier, this benefit pays the ADB as above but will also pay an additional benefit of the basic coverage (up to a maximum of \$100,000).</li><li>•Any Basic Plan participant age 5 years through age 60 is eligible for this benefit.</li></ul>	
Optional Riders		
Children's Term Rider	<ul style="list-style-type: none"><li>•Rider provides level term coverage for \$10,000 or \$25,000 for all unmarried, dependent children, ages 15 days – up to and including age 25 years.</li><li>•Future children will be automatically covered upon the attainment of 15 days with no increase in the premium.</li><li>•This benefit may be added to any policy issued to a partner or spouse ages 18 to 55.</li></ul>	

**Call for a personalized quote!**

This plan is not available in the following jurisdictions: AK, HI, NY, and PR

Eligible partners must be working a minimum of 20 hours per week to qualify for insurance.

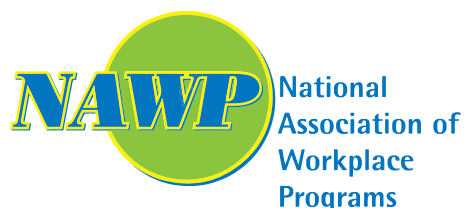
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# ATTENTION



## Exclusive Benefit Options:

### SelectMed Medical Plans

#### SelectMed Metallic Plans:

Choose a plan that include Daily care benefits, Urgent care, Hospitalization, Lab Services, Surgery, RX and more.

- Pick your plan: \$8,150 or \$5,000 Maximum out-of-pocket for individuals

**SelectMed Pro or Max:** Everyday Medical Care Package that includes: Copay Doctor Office Visits, Prescriptions, Labs, X-Rays and More!

- Add Hospitalization to SelectMed Pro or Max
- \$50,000 or \$100,000!
  - Guaranteed Acceptance
  - No Waiting Periods

### Guaranteed Issue Coverage Options

- Critical Illness
  - Up to \$25,000!
  - No Health Questions!
- Group Term Life and Universal Life
  - Up to \$100,000!
  - No Health Questions!

### Additional Health Options

Dental - Vision - Accident - Disability - Cancer - 401k(i)

## Learn more about your benefit options



Call 866-951-8419  
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