



Health & Life Benefits **PROPOSAL**

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Right To Bear Association

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WELCOME TO ENROLLMENT FIRST, INC.

A SIMPLER WAY FOR HEALTH COVERAGE



The Enrollment First Solution

All under one roof. Enrollment First, Inc. is equipped to seamlessly handle billing, eligibility, enrollment, marketing support and interactive customer service. From licensed benefit counselors who focus on guiding and educating your clients' enrollees on their benefit options to plans that fit any individual's budget. We are your benefit solutions powerhouse.



Dedicated Support:

Licensed, salaried, bilingual agents are available to assist members Monday-Friday, 11 hours a day. Agents fully educate members on their benefit selections and never subject them to a pressure sale.



Proprietary Technology:

Our online portals allows members to enroll in minutes, download their benefit guide and allows clients to access reporting on cancellations, new enrollments, and activity.



Marketing & Communications:

Our in-house marketing and design team develops branded materials and communications specifically for each client.



Billing & Eligibility:

Enrollment First offers a host of billing solutions including direct bill and group list bill options.





WELCOME TO ENROLLMENT FIRST, INC.

AN OVERVIEW OF BENEFITS



3 Step Enrollment Process

Choose Limited Partnership Plans:

1

SelectMed Pro and Max: Preventative & copay Doctor Office Visits, Blood Work and Vaccinations to keep you healthy.

SelectMed Metallic Plan: SelectMed Bronze plan includes copay benefits, hospitalization, Lab Services, Surgery, RX and more.

Additional Health Options

Pick and choose additional coverage:

2

- Dental
- Vision
- Accident
- Disability
- 401K
- TrioMED
 - ♦ Accident
 - ♦ Critical Illness
 - ♦ AD&D

3

Life Coverage Options

Financial planning is important. We have simplified issue policies for term year life insurance coverage up to \$100,000.

INDIVIDUAL MAJOR MEDICAL

2024 Open Enrollment: November 1 – December 15 for 1/1 Coverage



The More You Know

During the open enrollment window, no one can be turned down for health insurance. If an individual doesn't enroll at this time of guaranteed acceptance, qualifying for major medical coverage is ***much more difficult*** outside the Open Enrollment window. An individual would need to have a Qualifying Life Event (QLE) that triggers a 60-day enrollment window in order to receive this coverage.

WHAT COUNTS AS A QUALIFYING LIFE EVENT?



Loss of ACA
Compliant coverage



Had a baby



Recently moved to
a new state



Got Married or
Divorced



Turned 26,
Loss of Coverage
on Parents Plan

PICK A PLAN TIER LEVEL

	BRONZE	SILVER	GOLD	PLATINUM
Monthly Premium	\$	\$\$	\$\$\$	\$\$\$\$
Co-Pay	\$\$\$\$	\$\$\$	\$\$	\$
This coverage tier is for you if...	Rarely see a doctor & willing to pay a higher co-pay	Looking to balance monthly premium, co-pay and deductible costs		See doctors frequently, willing to pay higher premiums to lower co-pays



FINANCIAL ASSISTANCE?

We can consult participants to see if they would qualify for financial assistance through a subsidy (an advanced tax credit).



This product is through the
America's Consumers &
Affiliates Limited Partnership

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America's Consumers & Affiliates

LIMITED PARTNERSHIP PLANS

SelectMed Plans and Voluntary Benefits

SELECTMED PLAN OPTIONS

Medical Plan Options	SelectMed Pro	SelectMed Max	SelectMed Bronze
Evidence of insurability	Guaranteed Acceptance		
PPO Network	First Health®		MultiPlan®: PHCS; Practitioner & Ancillary
Deductible	In-Network Provider (No Out of Network Coverage)		
Individual/ Family	\$0	\$2,000/\$4,000	\$0
Out-of-Pocket Max	In-Network Provider (No Out of Network Coverage)		
Individual/ Family	\$8,150/\$16,300	\$8,150/\$16,300	\$9,450/\$18,900
Medical Services	In-Network Provider (No Out of Network Coverage)		
Preventive & Wellness Services (Non-Hospital Based)	\$0 Copay (Plan pays 100% of covered preventive and wellness services)		
Primary Care Office Visit (Non-Hospital Based)	\$25 Copay (Max 5 Visits/Cal Yr¹)	\$25 Copay/visit	\$25 Copay (Max 8 visits/cal yr)
Specialist Office Visit (Non-Hospital Based)	\$25 Copay (Max 5 Visits/Cal Yr¹)	\$50 Copay/visit	\$50 Copay (Max 8 visits/cal yr)
Urgent Care	\$25 Copay (Max 5 Visits/Cal Yr¹)	\$50 Copay/visit	\$50 Copay (Max 2 visits/cal yr)
Telemedicine Services	MedCall Now - Included (No Copay)		Not Covered
Personal Assistance Counseling⁶	Confidential counseling assistance to help balance the demands of work, family, and daily life. \$0 up to 6 visits per unique issue per year via telephone, video, or chat		
Hospitalization and Emergency Services			
Inpatient Hospitalization	Not Covered		\$350 Copay per admission² (Max 5 days/cal yr)⁴
Inpatient Surgery			Included in Inpatient Hospitalization Copay² (Second surgical opinion may be required; Max 2 surgeries/cal yr)⁴
Outpatient Hospital or Free Standing Facility Services and Surgery			\$350 Copay² (Max 1 visit/cal yr)⁴
Emergency Room Services			\$350 Copay² (Max 1 visit/cal yr)
Outpatient Diagnostic Services (Non-Hospital Based for Pro, Max and Bronze Plans)			
Laboratory Services (Non-Hospital Based)	\$25 Copay (Combined limit of 5 visits /cal yr with Radiology)	\$50 Copay (Unlimited)	\$50 Copay (Combined limit of 3 visits /cal yr with Radiology)
Radiology (Non-Hospital Based)	\$25 Copay Outpatient Basic X-Ray. (Combined limit of 5 visits /cal yr with Laboratory Services)	\$50 Copay Outpatient Basic X-Ray (Unlimited)	\$50 Copay (Combined limit of 3 visits /cal yr with Laboratory Services)
CT/MRI/PET Scan (Non-Hospital Based)	Not Covered	50% Coinsurance per test; After Deductible.⁴	\$350 Copay (Max of 1/cal yr)⁴
Other Services			
Pregnancy Benefits: Childbirth/Delivery (Considered Inpatient Hospital Stay)	Not Covered		
Allergy Services³	Not Covered		\$25 Copay
Home Health Care			\$25 Copay (Max 10 visits/cal yr)
Chiropractic Services			\$50 copay (Max 10 visits/plan yr)
Emergency Medical Transportation			\$250 Copay² (By land only; Max 1 transport/cal yr)
Treatment for Chemical Abuse & Dependency	Not Covered	Out-Patient Only: \$50 Copay/visit (Partial Hospitalization is not covered. Considered a Specialist Visit)	In-Patient: \$250 Copay per day² (Max 5 days/cal yr)⁴ Out-Patient: \$25 Copay per day (Max 5 days/cal yr)⁴
Rehabilitation/Habilitation Services (Physical, Speech, and Occupational)		\$50 copay/visit: (Physical, Speech, and Occupational; Max 20 visits/plan yr. Pre-certification is required after 6 visits)	Not Covered - 100% paid by Member
PHARMACY BENEFITS - Included in SelectMed			
Preventive Prescriptions	No Copay for ACA Compliant covered prescription drugs		
Non-Preventive Prescriptions	20% Coinsurance - Generic Only; 12 Prescriptions Max; 30 day supply Max	\$20 Copay - Generic only 30 day supply Maximum	Not Covered
PHARMACY BENEFITS - Provided by DataRX⁵			
Prescription Benefit	Not Covered	Copay: \$10 Formulary Generic; \$50 Formulary Brand Mail Copay: \$30 Formulary Generic; \$150 Formulary Brand Annual Max: \$750 Per Person; \$1500 Per Family	
Sample Monthly Rates	SelectMed Pro	SelectMed Max	SelectMed Bronze
Individual	\$164.50	\$247.57	\$579.09
Individual + Spouse	\$247.02	\$418.13	\$1,049.72
Individual + Child	\$237.30	\$429.11	\$1,080.87
Family	\$317.58	\$631.41	\$1,633.36

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. Subject to Reference Based Pricing

3. 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

4. Pre-authorization required.

5. Prescription Benefit is offered through AC&A Limited Partnership by DataRx and is not integrated with the health plan design. 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.

6. This benefit is offered through AC&A Limited Partnership by ESPYR® and is not integrated with the health plan design.

First Health is a brand name of First Health Group Corp., an indirect, wholly-owned subsidiary of Aetna Inc. Provider look-up: <http://www.myfirsthealth.com>

Bronze plan 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. Refer to the schedule of benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits will govern.

This coverage is available when you join the Limited Partnership. Partners must be active to maintain eligibility.

SELECTMED PLAN OPTIONS

Preventive Health Services: Limitations, Intervals, and Requirements¹

The following table represents the preventive services currently covered under the SelectMed Pro, Max, Essential, Bronze 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

Adults

- Adult Annual Standard Physical
- Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling
- Aspirin: Preventive Medication
- Blood pressure screening
- Breastfeeding interventions
- Chlamydia screening
- Colorectal Cancer Screening
- Dental cavities prevention: infants and children up to age 5 years
- Depression Screening
- Diabetes Screening
- Fall Prevention: Older Adults
- Healthy Diet and Physical Activity Counseling to Prevent Cardiovascular Disease
- Hemoglobinopathies screening
- Hepatitis B screening
- Hepatitis C virus (HCV) infection screening: born between 1945 and 1965.
- High Blood Pressure Screening
- HIV Preeposure Prophylaxis for the Prevention of HIV Infection
- HIV Screening
- Hypothyroidism screening
- Lung Cancer Screening
- Obesity screening and Counseling
- Sexually Transmitted Infections Counseling
- Skin Cancer Behavioral Counseling
- Statin Preventive Medication
- Tobacco Use Counseling and Interventions
- Syphilis Screening

Men

- Abdominal aortic aneurysm screening
- Aspirin: Preventive Medication
- BRCA risk assessment and genetic counseling/testing
- Breast Cancer Preventive Medications
- Breast Cancer Screening
- Cervical Cancer Screening: with Cytology (Pap Smear) Lung cancer screening
- Chlamydia Screening
- Contraceptive Methods and Counseling
- Folic Acid Supplementation
- Gonorrhea Screening
- Intimate Partner Violence Screening
- Osteoporosis Screening
- Well-Woman Visits

Pregnant Women

- Bacteriuria Screening
- Breastfeeding Support, Supplies and Counseling
- Depression Screening
- Gestational Diabetes Mellitus Screening
- Hepatitis B Screening
- HIV Screening
- Preeclampsia Screening
- Rh Incompatibility Screening: First Pregnancy Visit
- RH Incompatibility Screening: 24–28 Weeks' Gestation
- Syphilis Screening
- Tobacco Use Counseling and Interventions

Newborns

- Gonorrhea Prophylactic Medication
- Hemoglobinopathies Screening
- Hypothyroidism Screening
- Phenylketonuria Screening

Infants

- Dental Caries Prevention: Infants and Children Up to Age 5

Children

- Dental Caries Prevention: Infants and Children Up to Age 5
- Obesity screening and Counseling
- Skin Cancer Behavioral Counseling
- Tobacco Use Counseling and Interventions
- Vision Screening: Age 3 to 5
- Well-Child Visits

Adolescents

- Depression Screening
- Hepatitis B Screening
- HIV Screening
- Obesity screening and Counseling
- Sexually Transmitted Infections Counseling
- Skin Cancer Behavioral Counseling
- Tobacco Use Counseling and Interventions

Multiple Populations

- Tuberculosis Screening: all populations at risk
- Skin Cancer Behavioral Counseling: young adults, adolescents, children, and parents of young children

***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

- IIV
- RIV
- LAIV
- Tdap
- MMR
- VAR
- RZV
- ZVL
- HPV - Female
- HPV- Male
- PCV13
- PPSV23

Children From 7 Through 18 Years Old

- Flu
- Tdap
- HPV
- MenACWY
- MenACWY

Birth Through 6 Years Old

- HepB
- DTaP
- Hib
- PCV13
- IPV
- Flu
- MMR
- VAR
- HepA
- RV

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.

EXCLUSIONS

Exclusions

The following exclusions apply to the benefits offered under this Plan:

1. Office visits, physical examinations, immunizations, and tests when required solely for the following:
 - a. Sports,
 - b. Camp,
 - c. Employment,
 - d. Travel,
 - e. Insurance,
 - f. Marriage,
 - g. Legal proceedings
2. Routine foot care for treatment of the following:
 - a. Flat feet,
 - b. Corns,
 - c. Bunions,
 - d. Calluses,
 - e. Toenails,
 - f. Fallen arches,
 - g. Weak feet,
 - h. Chronic foot strain
3. Dental procedures
4. Any other medical service, treatment, or procedure not specifically listed in this Schedule of Benefits
5. Any other expense, bill, charge, or monetary obligation not covered under this Plan, including but not limited to all non-medical service expenses, bills, charges, and monetary obligations. Unless the medical service is explicitly provided by any appendix or otherwise explicitly provided in the Plan Document, this Plan does not cover the medical service or any related expense, bill, charge, or monetary obligation to the medical service
6. Claims unrelated to treatment of medical care or treatment
7. Cosmetic surgery unless authorized as medically necessary. Such authorization is based on the following causes for cosmetic surgery: accidental injury, correction of congenital deformity within six (6) years of birth, or as a treatment of a diseased condition
8. Any treatment with respect to treatment of teeth or periodontium, any treatment of periodontal or periapical disease involving teeth surrounding tissue, or structure. Exceptions to this exclusion include only malignant tumors or benefits specifically noted in the schedule of benefits to the Plan Document
9. Any claim related to an injury arising out of or in the course of any employment for wage or profit that would be covered by other coverage for which the member is eligible.
10. Claims for which a participant is not legally required to pay or claims which would not have been made if this Plan had not existed
11. Claims for services which are not medically necessary as determined by this Plan or the excess of any claim above reasonable and customary rates when a PPO network has not been contracted
12. Charges which are or could be reimbursed by any public health program irrespective of whether such coverage has been elected by a participant
13. Claims due to an act of war, declared or undeclared, not including acts of terrorism
14. Claims for eyeglasses, contacts, hearing aids (or examinations for the fitting thereof) or radial keratotomy
15. Elective voluntary abortions, except in the case of rape, incest, or congenital deformities of the fetus as determined through pre-natal testing, or when the life of the mother would be threatened if the fetus were carried to term.
16. Travel, unless specifically provided in the schedule of benefits
17. Custodial care for primarily personal, not medical, needs provided by persons with no special medical training or skill
18. Claims from any provider other than a healthcare provider as defined in the Plan Document unless explicitly permitted in the schedule of benefits
19. Investigatory or experimental treatment, services, or supplies unless specifically covered under Approved Clinical Trials
20. Services or supplies which are primarily educational
21. Claims due to attempted suicide or intentionally self-inflicted injury while sane or insane, unless the claim results from a medical condition such as depression
22. Claims resulting from, or which arise due to the attempt or commission of, an illegal act. Claims by victims of domestic violence will not be subject to this exclusion
23. Claims with respect to any treatment or procedure to change one's physical anatomy to those of the opposite sex and any other treatment or study related to sex change
24. Claims from a medical service provider who is related by blood, marriage, or legal adoption to a participant
25. Any claims for fertility or infertility treatment
26. Claims for weight control, weight reduction, or surgical treatment for obesity or morbid obesity, unless explicitly provided in the schedule of benefits
27. Claims for disability resulting from reversal of sterilization
28. Claims for the completion of forms, or failure to keep scheduled appointments
29. Recreational or diversional therapy
30. Personal hygiene or convenience items, including but not limited to air conditioning, humidifiers, hot tubs, whirlpools, or exercise equipment, irrespective of the recommendations or prescriptions of a medical service provider
31. Claims due to participation in a dangerous activity, including but not limited to sky-diving, motorcycle or automobile racing, bungee jumping, rock climbing, rappelling, or hang gliding
32. Claims that arise primarily due to medical tourism
33. Supportive devices of the foot
34. Treatments for sexual dysfunction
35. Aquatic or massage therapy
36. Biofeedback training
37. Skilled nursing facilities
38. Durable medical equipment and prosthetics
39. Hospice care, private duty nursing, or long-term care
40. Residential facility – for charges from a residential halfway house or home, or any facility which is not a health care institution licensed for the primary purpose of treatment of an illness or injury
41. Claims for temporomandibular joint syndrome
42. Claims for biotech or specialty drugs, including biologics and hemophilia drugs
43. Genetic testing unless explicitly covered in the schedule of benefits
44. Human Cell, Tissue and Organ transplantation
45. Claims for cosmetic surgery, not related to mastectomy reconstruction to produce a symmetrical appearance or prosthesis, or physical complications which result from such procedures.
46. Radiation and chemotherapy
47. Dialysis
48. Acupuncture
49. Alternative medicine/homeopathy
50. Children dental and vision
51. Neonatal intensive care (NICU)
52. Rehabilitative therapies
53. Routine eye care (Adult)
54. Pregnancy Benefits, including office visits and childbirth/delivery professional and facility services.
55. All maternity coverage for dependent children, including adult children up to age 26, and all coverage for the resultant newborn child. However, ACA mandated Preventive Health Services are not excluded.
56. Use of Emergency Room Services for non-emergency care
57. Diagnosis and treatment for sleep apnea
58. This coverage does not include benefits for grandchildren (unless they are under your legal guardianship).
59. Private room unless medically necessary or if a semi-private room is not available.
60. Emerging gene and cell therapies
61. Any claim arising from service received outside of the United States and its territories of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands
62. Inpatient facility claims for surgery after the inpatient hospital day limit per plan year has been exhausted.

"The purpose of this list of exclusions is solely to provide additional clarity regarding treatments, procedures, products, services, or any other items which are not covered under this plan. Accordingly, no exclusion shall be interpreted by negative implication, or otherwise, as evidence of the existence of coverage under this plan."



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Plans for Individuals

ADDITIONAL OPTIONS

Plans for Enhanced Coverage

BRIGHTBENEFITS DENTAL BENEFITS

Plan Maxes		Basic	Preferred
Annual Maximum		\$500/yr	\$1,000/yr
Plan Deductible		Basic	Preferred
Deductible		\$50 Annual	\$50 Annual
Deductible Limit		Max 3 per family	Max 3 per family
Services*	Plan Coverage	Basic	Preferred
Preventive Services	• 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 Services	• Emergency Pain • Restorations (Amalgams & Anterior Resin) • Restorations (Posterior Resin) • Crown Repairs • Bridge Repairs • Denture Repairs	Plan Pays 80%	Plan Pays 80%
Major Services ¹	• 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	\$19.67/mo	\$35.34/mo	\$43.31/mo	\$63.33/mo
Preferred	\$27.98/mo	\$51.94/mo	\$54.52/mo	\$83.40/mo

1. 12 month waiting period on Major services

Underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. | DENTPROP20

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.

This Insurance is unavailable to participants in the following states: AK and HI

DENTPROP20

LIMITATIONS + EXCLUSIONS

LIMITATIONS

1. Limitation for late entrants or re-enrollees: Primarys that waive coverage at initial enrollment (within thirty-one (31) days of effective date) or in the new Primary eligibility period will have a twelve (12) month waiting period applied to all basic, major, and orthodontia services upon re-applying. Coverage for a Late Entrant or a Re-enrollee will be limited to those procedures listed under Procedure Class A in the Schedule of Covered Procedures during the first six (6) months after the Late Entrant's or Re-Enrollee's Effective Date. The limited coverage also applies to the Late Entrant's or Re-Enrollee's Eligible Dependents, if enrolled.
2. Missing teeth limitation: We will not pay benefits for replacement of teeth missing on an Insured's effective date of insurance under this Certificate for the purpose of the initial placement of a full denture, partial denture fixed bridge or implant. However, expenses for the replacement of teeth missing on the effective date will be considered for payment as follows:
 - a. The initial placement of full or partial dentures, fixed bridge or implant will be considered a Covered Procedure if the placement includes the initial replacement of a functioning natural tooth extracted while the Insured is covered under the policy.
 - b. The initial placement of a fixed bridge or implant will be considered a Covered Procedure if the placement includes the initial replacement of a functioning natural tooth extracted while an Insured is covered under the policy. However, the following restrictions will apply:
 - i. Benefits will only be paid for the replacement of the teeth extracted while an Insured is covered under the policy or under the "Prior Extraction" clause;
 - ii. benefits will not be paid for the replacement of other teeth which were missing on the Insured's effective date.
 - iii. missing teeth limitation will be waived after Insured has been covered under this group's plan for three (3) continuous years unless it is a replacement of an existing unserviceable prosthesis.

Other Limitations:

- a. Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations.
- b. Coverage is limited to two prophylaxis and/or two periodontal maintenance procedures, subject to a maximum total of no more than two (2) procedures per twelve (12) month period.
- c. Coverage is limited to one (1) full mouth radiograph or panoramic film per limitation period listed in the Schedule of Covered procedures.
- d. On any given day, more than seven (7) periapical x-rays or a panoramic film in conjunction with bitewings will be paid as a full mouth radiograph.

Additional limitations are noted in the Schedule of Covered Procedures.

EXCLUSIONS

No benefits are payable under the Policy for the procedures listed below unless such procedure or service is listed as covered in the Schedule of Covered Procedures. Excluded procedures will not be recognized toward satisfaction of any Deductible amount.

1. any service or supply not shown on the Schedule of Covered Procedures;
2. any procedure begun after an Insured's insurance under the Policy terminates, or for any prosthetic dental appliance finally installed or delivered more than thirty (30) days after an Insured's insurance under the Policy terminates;
3. any procedure begun or appliance installed before an Insured became insured under the Policy;
4. any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
5. the correction of congenital malformations or congenital missing teeth;
6. the replacement of lost or discarded or stolen appliances;
7. replacement of bridges unless the bridge is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable;
8. replacement of full or partial dentures unless the prosthetic appliance is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable;
9. replacement of implants, crowns, inlays or onlays unless the prior restoration is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable;
10. appliances, services or procedures relating to: (a) the change or maintenance of vertical dimension; (b) restoration of occlusion (unless otherwise noted in the Schedule of Covered Procedures-only for occlusal guards); (c) splinting; (d) correction of attrition, abrasion, erosion or abfraction; (e) bite registration or (f) bite analysis;
11. services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
12. orthognathic surgery;
13. prescribed medications, premedication or analgesia;
14. any instruction for diet, plaque control and oral hygiene;
15. dental disease, defect or injury caused by a declared or undeclared war or any act of war;
16. charges for: implants of any type, and all related procedures, removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments;
17. cast restorations, inlays, onlays and crowns for teeth that are not broken down by extensive decay or accidental injury or for teeth that can be restored by other means (such as an amalgam or composite filling);
18. for treatment of malignancies, cysts and neoplasms;
19. for orthodontic treatment;
20. charges for failure to keep a scheduled visit or for the completion of any Claim forms;
21. any procedure We determine which is not necessary, does not offer a favorable prognosis, or does not have uniform professional endorsement or which is experimental in nature;
22. service or supply rendered by someone who is related to an Insured by blood or by law (e.g., sibling, parent, grandparent, child), marriage (e.g., spouse or in-law) or adoption or is normally a primary of the Insured's household;
23. expenses compensable under Workers' Compensation or Employers' Liability Laws or by any coverage provided or required by law (including, but not limited to, group, group-type and individual automobile "No-Fault" coverage);
24. expenses provided or paid for by any governmental program or law, except as to charges which the person is legally obligated to pay or as addressed later under the "Payment of Claims" provision;
25. procedures started but not completed;
26. any duplicate device or appliance;
27. general anesthesia and intravenous sedation except in conjunction with covered complex oral surgery procedures as defined by Us, plus the services of anesthesiologists or anesthesiologists;
28. the replacement of 3rd molars;
29. crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology.

BRIGHTBENEFITS VISION BENEFITS

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 ¹ Plus 20% off any amount over your allowance ²	Included	Every 24 months
Lenses and enhancements ³	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 ³	Polycarbonate lenses for adults	\$30	Every 12 months
	High-Index Lenses 1.67	\$55	
	High-Index Lenses 1.74	\$120	
	Polarized Lenses	\$75	
	Progressive Lenses (Standard / Premium / Ultra / Ultimate)	\$50 / \$90 / \$140 / \$175	
	Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate)	\$35 / \$48 / \$60 / \$85	
	Ultraviolet Coating	\$12	
	Plastic Photochromic Lenses (Transitions® Signature™)	\$65	
	Premium Scratch -Resistant Coating	\$30	
	Scratch-Protection Plan (Single -Vision / Multifocal)	\$20 / \$40	
	Digital Single Vision Lenses	\$30	
Prescription contacts ⁴ (instead of glasses)	Trivex Lenses	\$50	
	Blue Light Filtering	\$15	
	15% off fitting, evaluation and follow-up \$130 allowance for contacts Plus 15% off any amount over your allowance ²		

Extra primary 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.²
- Free 1-yr. breakage warranty on your glasses - limitations apply.

Out-of-network coverage

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

Underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life.

This Insurance is unavailable to participants in the following states: AK and HI

NVIGRP-DV 2019| BVPROP20

LIMITATIONS AND EXCLUSIONS

LIMITATIONS

The Contact Lenses benefit is paid in lieu of Eyeglass Lenses and Frames. An Insured is eligible to receive benefits under the Eyeglass Lenses Benefit and the Frame benefit only after the Contact Lenses benefit Frequency has ended. The Eyeglass Lenses benefit and the Eyeglass Frame benefit is paid in lieu of the Contact Lenses benefit. An Insured is eligible to receive benefits under the Contact Lenses and the Eyeglass Frame benefit only after the Eyeglass Lenses benefit Frequency has ended. A Re-Enrollee who terminates coverage voluntarily or involuntarily and then subsequently re-enrolls for coverage under this plan within a 12 month period may be subject to limited benefits corresponding with the Plan frequency. Coverage for a Late Entrant or Re-Enrollee is limited to the Vision Exam benefit during the first 12 months after such person's effective date of coverage. Dilation is covered in full under the Vision Exam benefit ONLY if done for one of the following conditions: central vision loss, photopsia, floaters, high myopia, diabetes or history of ocular surgery, ocular trauma or ocular disease. This Plan is designed to cover "standard" or "basic" eyeglass lenses and frames. Add-on charges for specialty lenses and lens applications are not covered. These extra charges are paid directly to the provider by the Primary. Some items requiring additional charges are listed below under Exclusions.

EXCLUSIONS

No benefits are payable for the any of the following conditions, procedures and/or materials, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits:

1. Corrective Eyeglass Lenses, Frames, Contact Lenses, and related materials; and services for the fitting thereof;
2. Replacement frames and/or lenses, (Including Low Vision Devices) except at normal intervals when covered services are otherwise available;
3. Plano or non-prescription lenses or sunglasses;
4. Orthoptics, vision training and any associated supplemental testing;
5. Frame cases;
6. Low (subnormal) vision aids or aniseikonic lenses;
7. Medical and surgical treatment of the eyes;
8. Charges incurred after (a) the Policy ends; or (b) the Insured's coverage under the Policy ends, except as stated in the Policy;
9. Experimental or non-conventional treatment or device;
10. Any eye examination or corrective eyewear required by an Employer as a condition of employment;
11. Services and materials provided by another vision plan;
12. Services for which benefits are paid by Worker's Compensation;
13. Benefits provided under the Insured's medical insurance ;
14. Blended bifocal lenses ;
15. Groove, Drill or Notch, and Roll and Polish;
16. Two pairs of glasses, in lieu of bifocals, trifocals or progressives;
17. Coating on lenses (Factory scratch coat, anti-reflective, sunglass colors, etc.) ;
18. Cosmetic items;
19. Faceted lenses ;
20. High-Index Lenses ;
21. Laminated Lenses ;
22. Oversize Lenses – any lens with an eye size of 61mm or greater ;
23. Photochromic (Transition) lenses ;
24. Polarized lenses ;
25. Polished bevel lenses ;
26. Polycarbonate lenses ;
27. Prism lenses;
28. Slab-off lenses ;
29. Tints (except Pink tint #1 and #2 ;
30. Ultra-violet tint or coating ;
31. Additional cost for contact lenses over the allowance ;
32. Additional cost for a frame over the allowance ;
33. Progressive Lenses.

INCOME PROTECTION

ASSURITY INDIVIDUAL DISABILITY INSURANCE

No Income Verification!
No Medical Exams!



The More You Know

If illness or injury kept you from bringing home a paycheck, how would your family make ends meet? Disability income insurance can help. It replaces some of your lost income so you can continue to pay your mortgage, utilities, childcare, and other everyday expenses.

What is Disability Income Insurance?

How It Works		Replaces a portion of your income if you become disabled from a covered disability.	
How much disability income insurance do you need?		Everyone's situation is different, but generally speaking, you should consider a monthly benefit that covers your monthly living expenses. For many, that amount is the same as their monthly take-home pay, generally 60% of their gross monthly income.	
Policy Highlights		Benefits	
Issue Ages		18 through 60; age last birthday as of issue date	
Occupation Classes	4A:	Accountant, Architect, Computer Programmer, Clinical Nurse, Pharmacist, Real Estate Agent	
	3A:	Day Care Worker, Dentist and Hygienist, Graphic Artist, Physical Therapist, Hospital/Surgical Nurse	
	2A:	Carpenter, Chef, Electrician, Farmer, Landscaper, Mechanic, Personal Trainer, Plumber	
	1A:	Construction Laborer, Cleaning and Maintenance Services, Firefighter ¹ , Police Officer ¹ , Roofer, Truck Driver	
Maximum Weekly Benefits ²		\$50 to \$600 weekly: for Self-Employed or Commissioned Salesperson \$50 to \$1,000 weekly: for W-2 Employees	
Benefit Periods		13-week, 26-week, 1-year	
Elimination Period		14 Days	
Underwriting		No income verification; No medical exams	
Renewability		Guaranteed renewable to age 65 with level premiums; conditionally renewable to age 75 if employed full time with annual premium increase.	
Plan Options		Accident and Sickness	Accident-Only
Base Benefits		- Disability Benefit - Total, Partial, & Presumptive - Waiver of Premium Benefit - Childbirth Benefit - Organ Donor Benefit	- Disability Benefit - Total, Partial, & Presumptive - Waiver of Premium Benefit
Underwriting Classes		Non-Tobacco; Tobacco	Uni-Tobacco

1. Special guidelines apply for government employees. Please refer to the underwriting guide.

2. Maximum allowable up to 60% of income.

This insurance is unavailable to participants in the following states: NY

FOR PRODUCER USE ONLY

Policy Form No. I H2016 and Rider Form Nos. R I2019, R I2020, R I2022, R I 2023, R I2024 and R I2025 are underwritten by Assurity Life Insurance Company, Lincoln, Nebraska. Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, NY. Product availability, features and rates may vary by state.

15-271-024001-22

Assurity Individual Disability Insurance



Accident: Cover what matters most

Plan for the unexpected

An accidental injury catches you off guard. An injury leads to worry, uncertainty, inconvenience, and expenses you hadn't planned for.

Accident Fixed-Benefit coverage pays cash right to you, helping you catch up financially from days off work and pay expenses other plans don't, like auto and medical deductibles. You get a set cash benefit for each covered injury or service — multiple benefits that really add up.

Accident Fixed-Benefit pays:

- Immediately — there's no waiting period
- Over and above benefits you receive from any other plan
- No matter what doctor or hospital you choose
- With no overall annual or lifetime limits, no matter how many accidents you have

Covered Treatment & Services

Benefit Amount

Hospital Room and Board	\$750 per day, subject to a 30-day maximum
Inpatient Hospital Services	\$750 per day, subject to a 15-day maximum
Ancillary Hospital Charges ¹	\$150 per treatment or services up to five treatments or services
Outpatient Surgical Expenses	\$250 per visit, subject to a five visit maximum
Physician	\$50 per visit, procedure, or consultation, subject to eight visits ¹ , procedures or consultations
Medical Equipment Rental, Services and Supplies, Artificial Instruments, and Rehabilitative Braces and Application	\$100
Dental ¹	\$200
Eyeglasses, Contact Lenses, and Hearing Aids	\$50
Rehabilitation ¹	\$150
Maximum Benefit Amount	\$15,000 per covered accident

Covered Treatment & Services

Benefit Amount

Injury - must occur within 30 days of the covered accident

Concussion	\$100
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Dislocation²:

Hip, Knee, Wrist, Elbow, Ankle, Shoulder Blade, Collarbone, or Jaw	\$500
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Fractures²:

Hip, Neck, Skull (<i>excluding nose, lower jaw, and teeth</i>)	\$2,500
Pelvis (<i>excluding coccyx and sacrum</i>)	\$1,500
Thigh, Lower Leg, Upper Arm, Forearm, Shoulder Blade	\$1,500
Elbow, Heel, Lower Jaw, Collar Bone, Wrist, Kneecap, Hand, and Foot (<i>excludes fingers, thumb, toes, heel, and ankle</i>)	\$1,000
Vertebrae — each Vertebral Arch (<i>excluding coccyx</i>)	\$1,500
Sternum — breastbone	\$1,500
Cheekbone	\$300
Coccyx	\$300
Ribs — each	\$500

Ambulance³:

Ground	\$200 per trip per Covered Accident <i>Subject to a two-trip maximum</i>
Air	\$3,000 per trip per Covered Accident <i>Subject to a one-trip maximum</i>
Maximum Benefit Amount	\$10,000 per covered accident



Covered Treatment & Services	Benefit Amount
Emergency Room Benefit Amount	\$250 per day, per Covered Accident
Maximum Benefit Amount	1 day
Covered Treatment & Services	Benefit Amount
Accidental Death and Dismemberment Benefit	Percent of \$50,000 Benefit amount
Loss of both hands, both feet, or entire sight in both eyes	100%
One hand and/or one foot	50%
One hand or one foot and entire sight in one eye	50%
Entire sight in one eye	25%
Speech or hearing in both ears	50%
Hearing in one ear	25%



CALL FOR A PERSONALIZED QUOTE!



1. Benefit amounts vary in NJ and TN. Please refer to state specific Schedule of Benefits for exact amounts.

2. Fracture and dislocation benefits vary for NH. Please refer to state specific Schedule of Benefits for exact amounts.

3. In CT, the Ambulance benefit will be paid based on the CT Department of Health's determined rate.

This is an individual policy and available to individuals outside of the America's Consumers & Affiliates Limited Partnership.

For use in the following states: AK, AL, AR, AZ, CA, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WI, WV, and WY

*In FL, GA, ID, MA, OH, and VA, this plan is available only through a membership with the LIFE Association, a non-profit, members-only organization that provides you with additional health programs to help you save, plus lifestyle-related perks and discounts on everyday services.

*Rates may vary by state.

Accident 1/24 - STND

ACCIDENT

LIMITATIONS AND EXCLUSIONS

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- Intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
- Committing or attempting to commit a felony or civil insurrection or while involved in an illegal occupation;
- Acts of war, whether declared or not;
- Traveling by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline, unless specifically provided in this Certificate;
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the loss occurs;
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Physician;
- While a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is to the extent it extends beyond 31 days;
- While flying in an ultra-light plane, hang gliding, parachuting or bungee jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere;
- Injuries sustained where a Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- Competing in motor sports races or competitions;
- Testing cars or trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Participating in a rodeo; or
- Illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except bacterial infection due to an accidental cut or wound, botulism or ptomaine poisoning.
- With respect to any period of time a Covered Person is traveling on an air conveyance, this coverage applies only with respect to Covered Injuries sustained by the person:
 - while riding as a Passenger in or on (including getting in or out of, or on or off of):
 - any scheduled commercial airline;
 - any military air transport aircraft;
- For the Accident Medical Benefit only, the Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:
- Treatment by persons employed or retained by the Policyholder, or by any Immediate Family Member or member of the Covered Person's household;
- Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, Pathological Fractures, congenital weakness, detached retina unless caused by a Covered Injury or Mental Disorder or psychological or psychiatric care/counseling or treatment (except as provided in the Policy), whether or not caused by a Covered Accident;
- Pregnancy, childbirth, miscarriage, abortion or any complication of childbirth, miscarriage or abortion unless due to a Covered Injury;
- Mental and Nervous Disorder (except as provided in the Policy);
- Charges for injuries caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets or highways;
- Participation in or practice for intercollegiate sports, semi-professional sports or professional sports (unless specifically covered under the Policy);
- Charges for which the Covered Person would not be responsible for in the absence of the Policy, except for Medicaid;
- Conditions that are not caused by a Covered Accident;

- Any elective treatment, surgery, health treatment or examination, (including any service, treatment or supplies);
- Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.);
- Cosmetic, plastic or restorative surgery except needed as a result of the Covered Injury;
- Any treatment, service or supply not specifically covered by the Policy;
- Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental or guest meals;
- Routine physical examinations and related medical services, elective treatment or surgery or investigative treatments of procedures;
- Charges for rest cures or custodial care;
- Treatment in any Veteran's Administration, Federal or state facility, unless there is a legal obligation to pay;
- Services or treatment provided by an infirmary operated by the Policyholder.

In addition to the General Exclusions stated in the Policy, We will not cover charges under this benefit for a hernia, however caused.

This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the health benefit plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions. Benefits vary by state.

Coverage is renewable to age 70; provided there is compliance with plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or National General's business operations in the state; and/or the insured has not moved to a state where this plan is not offered. National General has the right to change premium rates upon providing appropriate notice.

SUPPLEMENTAL COVERAGE PLANS PROVIDE LIMITED BENEFITS AND DO NOT SATISFY THE GOVERNMENT'S REQUIREMENTS FOR MINIMUM ESSENTIAL COVERAGE.

National General Holdings Corp. (NGHC), headquartered in New York City, is a specialty personal lines insurance holding company. National General traces its roots to 1939, has a financial strength rating of A- (excellent) from A.M. Best, and provides personal and commercial automobile, homeowners, umbrella, recreational vehicle, motorcycle, lender-placed, supplemental health and other niche insurance products.

National General Accident & Health, a division of NGHC, is focused on providing supplemental and short-term coverage options to individuals, associations and groups. Products are underwritten by National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These three companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. National Health Insurance Company, Integon National Insurance Company and Integon Indemnity Corporation have been rated as A- (Excellent) by A.M. Best. Each underwriting company is financially responsible for its respective products.



GUARANTEED ACCEPTANCE UP TO \$10,000!

TrioMED: Cover what matters most

Get three types of coverage.

TrioMED provides benefits that help cover out-of-pocket costs associated with the things in life you can't plan for, like accidents, critical-illness diagnoses, and accidental death and dismemberments. It helps you get well without worrying about medical bills piling up.

- Get coverage for accident-related health care costs and other expenses with Accident Medical Expense.
- Receive lump-sum, cash benefits to help you pay for treatment after a first, covered critical-illness diagnosis.
- Stay prepared with accidental death and dismemberment benefits.

Choose one of five available benefit levels:

Guaranteed Issue

- \$2,500
- \$5,000
- \$10,000

Simplified Issue*

- \$15,000
- \$30,000

*Simplified issue benefit levels require a health questionnaire and are medically underwritten.

Accident Medical Expense

Accident Medical Expense gives you the coverage you need to help pay the high out-of-pocket costs following an accident. Accident Medical Expense (AME) has a \$250 deductible. Following a covered accidental injury, this plan will help you cover accident-related medical costs and other expenses up to the benefit amount you choose.

- Use the cash benefits any way you choose.
- No limit on the number of covered accidents.
- Pays covered expenses up to the selected benefit amount regardless of other coverage.

How does Accident Medical Expense work? Let's do some math.

Mark was painting the living room when he fell off the ladder and broke his hand.¹ He has a primary medical plan with a \$3,000 deductible and TrioMED with a \$5,000 benefit level.

MEDICAL COST TO REPAIR BROKEN HAND	\$4,500 ²
ACCIDENT MEDICAL EXPENSE BENEFIT <i>Medical costs less the \$250 deductible.</i>	\$4,250
PRIMARY PLAN DEDUCTIBLE	\$3,000
REMAINING BENEFIT	\$1,250

1. Not an actual case. Presented for illustration only. Cost of services will vary.
2. How Much Does a Broken Hand Cost? - CostHelper.com (n.d.). Retrieved November 15, 2019, from <https://health.costhelper.com/broken-hand.html>.

After he pays his primary plan deductible, Mark has \$1,250 left to cover other medical or household expenses.

Critical Illness Coverage

In the event of the first diagnosis of a critical illness, TrioMED will provide a lump-sum, cash benefit to help you pay your out-of-pocket expenses up to the benefit level you choose. If your medical bill is less than your chosen benefit level, you can use the leftover funds in any way you like. This plan pays benefits for the first diagnosis of covered illnesses in three categories.¹ It pays one cash benefit per category, with three lump-sum payments available.

- Pays lump-sum benefit upon the first diagnosis of a covered critical illness.
- No deductible to satisfy.
- No network restrictions.
- Amount payable of primary maximum benefit is 50% for a spouse and 25% for a child.

Covered Events

CATEGORY ONE	Percentage of Benefit Level	CATEGORY THREE	Percentage of Benefit Level
Heart attack ²	100%	End stage renal failure	100%
Stroke	100%	Major organ transplant (excluding those covered in Category One)	100%
Major organ transplant (heart or combination transplant including heart)	100%	Advanced Alzheimer's Disease	100%
Coronary bypass surgery	25%	Coma	100%
Heart valve replacement or repair surgery	25%	Motor Neuron Disease / ALS	100%
CATEGORY TWO	Percentage of Benefit Level		
Invasive cancer after 90 days ³	25%	Paralysis	100%
Cancer in Situ after 90 days ⁴	25%	Severe burns	100%

1. An insured person will only be allowed one payout per category.

2. Non-ST elevation myocardial infarctions (NSTEMI) are not covered.

3. If any of the insureds are diagnosed with invasive cancer within the first 90 days of the policy effective date, the benefit amount is reduced to 10% of the maximum allowed benefit.

4. If any of the insureds are diagnosed with cancer in situ within the first 90 days of the policy effective date, the benefit amount is reduced to 10% of the maximum allowed benefit.

The maximum allowed benefit amount reduces by 50% at age 65.



Accidental Death and Dismemberment

No one wants to think about the worst actually happening. But if it does, you want to make sure that you and the ones you love have the financial coverage needed to pay medical expenses. In the unfortunate event that an insured person suffers a dismembered limb or passes away due to a covered accident, TrioMED will pay the elected benefit amount based on the schedule of benefits.¹

- Provides a benefit payout (percentage of the face amount) in the event of Accidental Dismemberment²
- Provides a benefit payout for a death resulting directly from a covered accidental injury
- Lump-sum benefit not restricted to medical expenses – use it for a wide variety of out-of-pocket costs

¹ The benefit payout for a death resulting directly from a covered accidental injury, independent of any other causes, is subject to the schedule of benefits (100% benefit to the insured; 100% benefit to a covered spouse; 50% benefit to any covered children) and the death must occur within 30 days of the covered accident. The claim must be submitted within 180 days of the covered accident. The benefit amount is paid to the listed beneficiary.

² The benefit amount for covered injuries will be a percentage (ranging from 25%-100%), depending on the specific injury.

A LIFE Association Membership

Save on your health, wellness and more!

LIFE Association is a not-for-profit, members-only association that not only provides you with access to this insurance, but also with lifestyle-related benefits and discounts on everyday services and needs. This includes things such as travel, entertainment, financial services, home protection, and more.

- WORK/LIFE BALANCE
- WELLNESS
- HEALTHCARE
- FINANCIAL SECURITY
- COMMUNITY OUTREACH

Learn more at: <https://www.lifeassociation.org/>

Telemed for LIFE	Telemedicine is a modern, easy-to-use solution for non-emergency illnesses like colds, the flu, rashes, and more. Doctors are available 24 hours a day, 365 days a year.
Personal Concierge	Get 24/7 live access to professional personal assistants who are ready to help you with anything, anytime, anywhere regarding Travel, Entertainment, City Guide, and more.
Direct Labs	Get direct access to major clinical labs across the USA for important blood tests – at a special group rate price.
Public WiFi Protection	Keep your usernames, passwords, and other private information secure when using public WiFi by encrypting your signal. Protect what you do online with bank-level security, so you can share, shop, and bank with confidence.
Wellness	Get access to the lowest rates at over 11,000 high quality fitness facilities and take the first step towards a healthier lifestyle.
Lifeline Screening	Go beyond a regular checkup with accurate, non-invasive, preventative health screenings.

¹ Standard-issue plans require a health questionnaire

LIFE Association memberships are made available through AHCP, LIFE's exclusive Program Manager. For questions call 877-228-8773.

ASK YOUR AGENT FOR A LIFE MEMBERSHIP BOOK FOR DETAILS. LIFE Association Membership benefits may vary by state. Lifestyle and wellness benefits and discounts are not insurance. Your agent and National General Accident & Health may receive financial compensation in connection with membership fees.



Sample MONTHLY Premiums Rates				Simplified Issue* Benefit Levels (Non-Tobacco)		
Samples Ages 18-64	\$2,500	\$5,000	\$10,000	Sample Ages 30-39	\$15,000	\$30,000
Primary Only	\$41.16	\$47.45	\$57.69	Primary Only	\$47.56	\$57.46
Primary + Spouse	\$52.62	\$63.54	\$80.75	Primary + Spouse	\$61.99	\$76.69
Primary + Child(ren)	\$51.06	\$60.41	\$74.50	Primary + Child(ren)	\$59.57	\$70.05
Primary + Family	\$62.53	\$76.51	\$97.55	Primary + Family	\$73.99	\$89.27

This is an individual policy and available to individuals outside of the America's Consumers & Affiliates Limited Partnership.

For use in the following states: AL, AR, AZ, CA, DC, FL, GA, ID, IL, IN, KY, LA, MA, MI, MS, NC, ND, NE, NV, OH, OK, PA, RI, SC, TN, TX, VA, WV, WY

*Rates may vary by state.

TrioMED 1/24 - STND

TRIOMED LIMITATIONS AND EXCLUSIONS

ACCIDENT MEDICAL EXPENSE

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- Intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
- Committing or attempting to commit a felony or civil insurrection or while involved in an illegal occupation;
- Acts of war, whether declared or not;
- Traveling by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline, unless specifically provided in the Certificate;
- Injuries covered by Worker's Compensation, Employer Liability Law, or Occupational Disease Act or Law;
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the loss occurs;
- Loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Physician;
- While a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is to the extent it extends beyond 31 days;
- While flying in an ultra-light plane, hang gliding, parachuting or bungee jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere;
- While driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATVs);
- Injuries sustained where a Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- Competing in motor sports races or competitions;
- Testing cars or trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Participating in a rodeo; or
- Illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except bacterial infection due to an accidental cut or wound, botulism or ptomaine poisoning.
- With respect to any period of time a Covered Person is traveling on an air conveyance, this coverage applies only with respect to Covered Injuries sustained by the person:
 - While riding as a Passenger in or on (including getting in or out of, or on or off of);
 - Any scheduled commercial airline;
 - Any military air transport aircraft

For the Accident Medical Benefit only, the Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- Intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
- Committing or attempting to commit a felony or civil insurrection or while involved in an illegal occupation;
- Acts of war, whether declared or not;
- Treatment by persons employed or retained by the Policyholder, or by any Immediate Family Member or member of the Covered Person's household;
- Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, Pathological Fractures, congenital weakness, detached retina unless caused by a Covered Injury or Mental Disorder or psychological or psychiatric care/counseling or treatment (except as provided in the Policy), whether or not caused by a Covered Accident;
- Pregnancy, childbirth, miscarriage, abortion or any complication of childbirth, miscarriage or abortion unless due to a Covered Injury;
- Mental and Nervous Disorder (except as provided in the Policy);
- Charges incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy);
- Charges for injuries caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets or highways;
- Participation in or practice for intercollegiate sports, semiprofessional sports or professional sports (unless specifically covered under the Policy);
- Charges for which the Covered Person would not be responsible for in the absence of the Policy, except for Medicaid;
- Conditions that are not caused by a Covered Accident;
- Any elective treatment, surgery, health treatment or examination, (including any service, treatment or supplies);
- Charges payable by any automobile insurance Policy without regard to fault (This exclusion does not apply in any state where prohibited);
- Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.);
- Blood, blood plasma or blood storage except charges by a Hospital for processing or administration of blood;
- Cosmetic, plastic or restorative surgery except needed as a result of the Covered Injury;
- Any treatment, service or supply not specifically covered by the Policy;
- Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental or guest meals;
- Routine physical examinations and related medical services, elective treatment or surgery or investigative treatments of procedures;
- A Medical Repatriation;
- Charges for rest cures or custodial care;
- Treatment in any Veteran's Administration, Federal or state facility, unless there is a legal obligation to pay; or
- Services or treatment provided by an infirmary operated by the Policyholder

The percentage of the face benefit amount paid for the accidental death and dismemberment

benefit varies between 25% to 100% depending on the covered condition. Covered conditions paid at 100% include the loss of:

- Both hands
- Entire sight in both eyes
- Speech and hearing in both ears

Covered conditions paid at 50% include the loss of:

- One hand and one foot
- One hand or one foot and entire sight of one eye
- One hand or one foot
- Speech or hearing in both ears

Covered conditions paid at 25% include the loss of:

- Hearing in one ear
- Thumb and index finger of same hand
- All the toes from the same foot

CRITICAL ILLNESS

We will not pay the Benefit Amount for a Covered Condition if such Covered Condition is caused by, occurs during or results from:

- Intentional and self-inflicted injuries;
- Suicide or any attempt at suicide, while sane or insane;
- Participation in the commission or attempted commission of a felony;
- Participation in a riot or insurrection;
- Alcoholism or drug addiction, or;
- Being intoxicated or under the influence of alcohol, drugs, or any narcotic (including overdose) unless administered on the advice of a Physician and taken according to the Physician's instructions. The term "intoxicated" refers to that condition as defined by law and decisions of the jurisdiction in which the accident, cause of loss or loss has occurred.

We will not pay the Benefit Amount for a Covered Condition if:

- Such Covered Condition is not covered under the Policy;
- Such Covered Condition first occurred while the Policy was not in force;
- Such Covered Condition was diagnosed by a person who is not a Physician;
- Such Covered Condition was diagnosed outside the United States, unless the Diagnosis is confirmed in the United States;
- Such Covered Condition or surgical procedure was performed outside the United States, unless on a United States military base or facility, or within another U.S. military or government building or facility; or
- The Covered Person's date of birth, age or sex was misstated on the Application and at the correct date of birth, age or sex, the Certificate or coverage under the Policy would not have become effective or would have terminated.

This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the health benefit plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions. Benefits vary by state.

Coverage is renewable to age 65 (for Accident Medical Expense) or age 70 (for Critical Illness coverage) provided there is compliance with plan provisions, including dependent eligibility requirements.

We have the right to change premium rates upon providing appropriate notice.

Accident Medical Expense plans are designed to provide extra benefits in the event of an accident and do not provide comprehensive health (major medical) insurance or satisfy the government's requirements for minimum essential coverage.

Insurance benefit payments are subject to definitions, limitations, exclusions and other provisions within the Certificate(s). May not be available in all states. Based on the state of issue, the policy will be underwritten by National Health Insurance Company, Integon National Insurance Company or Integon Indemnity Corporation. For full details, limitations, exclusions, age limits, state availability, and definitions please refer to your benefit policy package or contact your Insurance Agent.

SUPPLEMENTAL COVERAGE PLANS PROVIDE LIMITED BENEFITS AND DO NOT SATISFY THE GOVERNMENT'S REQUIREMENTS FOR MINIMUM ESSENTIAL COVERAGE.

Depending on your state, TrioMed Accident Medical Expense, Critical Illness coverage and AD&D coverage are underwritten by National Health Insurance Company, Integon Indemnity Corporation, or Integon National Insurance Company.



Reality Check

Everyone has a moment when tomorrow becomes real. When it's time to think about your retirement, our 401K policy provides the tools and resources that make it easy to plan. So you can do more than think about your future, you can plan for a brighter one. Has tomorrow become real for you?



Did you know?

Did you know? If you start saving for retirement at age 35, and earn \$40,000 per year, you will need to save at least 12.2% each year going forward to potentially achieve a fully funded retirement.¹

The 401K Retirement Solution

FEATURES

World-class investment options combined with customized participant education and state-of-the-art record keeping services for a solution that provides unsurpassed fiduciary protection.

CREATES

A coordinated, risk-controlled approach to plan management by integrating all components of the plan into one bundled model, delivering an unsurpassed level of efficiency and control.

FLEXIBILITY

You decide how much you want to save and decide how your money is invested.

CONVENIENCE

You can select from a variety of investment options to fit your needs.

TAX BENEFITS

Contributions made on a pre-tax basis reduce your current taxable income.

Helpful Tips:

- ▶ Find a way to save automatically on a regular schedule.
- ▶ Use your resources! If you need help, ask!
- ▶ Find a plan that fits you, your lifestyle and your budget.
- ▶ Reduce debt! The fewer bills you have to pay off, the more money you can save for retirement.

¹ Assumptions: Retirement at age 65, with a goal of replacing 80% of final working income for life. Source: Ibbotson et al, "National Savings Rate Guidelines for Individuals," Journal of Financial Planning, April 2007.



3

Plan for Individuals

LIFE INSURANCE

Term Life

TERM LIFE INSURANCE

SIMPLIFIED ISSUE UP TO 100,000!



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 Highlights	- Cover everyday expenses after loss of income. - Help pay off mortgage or college tuition. - Provide financial peace of mind during the child raising years. Choose coverage based on your needs and budget: ✓\$20,000 ✓\$25,000 ✓\$30,000 ✓\$50,000 ✓\$75,000 ✓\$100,000
Eligibility Age	18 through 64
Evidence of Insurability	Complete a health history questionnaire, with no medical exam required.* - Simplified issue up to \$100,000 - Spouse simplified issue up to \$100,000 must be equal to Primary benefit selected.
Benefits	Lump-sum cash benefit. The money is paid to your beneficiary and can be used as they wish.
Limitations	- Rates are guaranteed for 5 years. - Policy auto renews through age 85. (Unless death or expiration on the policy benefit schedule is met.) - Primary and Spouse coverage only. (No dependent coverage or child only policies.)



Sample Premiums: Non-Tobacco			
Age	Amount You Will Pay		Amount Of Death Benefit
	Female	Male	
Age 25	\$17.92	\$21.63	\$50,000
Age 30	\$17.92	\$21.63	\$50,000
Age 35	\$19.63	\$21.67	\$50,000
Age 40	\$22.38	\$25.54	\$50,000
Age 45	\$26.92	\$32.00	\$50,000
Age 50	\$32.92	\$41.79	\$50,000
MONTHLY			

*Product is medically underwritten.

This is an individual policy and available to individuals outside of the America's Consumers & Affiliates Limited Partnership.

For use in every state EXCEPT: AK, CO, CT, HI, NY, and VT

NATGEN Term Life 11/21 - STND



TERM LIFE INSURANCE

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for loss caused by any of the following:

- As a result of war or an act of war while the Covered Person is serving in any civilian non-combatant unit serving with the U. S. military, provided such death occurs while serving in such units or within six months after termination of service in such units, whichever is earlier.
- As a result of the special hazards incident to service in any civilian non-combatant unit serving with the U. S. military, if the cause of death occurs while the Covered Person is serving in such units and is outside the home area, provided such death occurs outside the home area or within six months after the Covered Person's return to the home area while serving in such units or within six months after the termination of service in such units, whichever is earlier.
- As a result of war or an act of war, within two years from the Effective Date of coverage, while the Covered Person is not serving in the U. S. military, if the cause of death occurs while the Covered Person is outside the home area, provided such death occurs outside the home area or within six months after the Covered Person's return to the home area.
- As a result of air travel, in any sort of vehicle, except as a fare-paying passenger traveling on a regularly scheduled flight by an airline, the death benefit will be limited to the amount of premium paid for the Covered Person and no accidental death benefit will be payable.
- Suicide within the first two years of a Covered Person's Effective Date under this Policy or the date of reinstatement with respect to a Covered Person.

For the purposes of this section, "home area" means the 50 states of the United States and its territories, the District of Columbia and Canada. "War" includes, but is not limited to, declared war, and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization. "Act of war" means any act peculiar to military, naval or air operations in time of war.

In the event of death by any of these excluded acts,

benefits will be limited to the premium paid for coverage on the Covered Person.

Term Life coverage is renewable to the earlier of the death of the Policyholder, or the first renewal after your 85th birthday, provided there is compliance with plan provisions, including dependent eligibility requirements. The policy includes an initial five year rate guarantee and National General Accident & Health has the right to change premium rates upon providing appropriate notice.

For use in every state EXCEPT: CO, CT, NY, and VT

Products or services offered under the Term Life program are not insurance and are subject to change. For more information, please contact the company at www.natgenhealth.com or via telephone at 888-781-0585.

Depending on your state, TrioMed Accident Medical Expense, Critical Illness coverage and AD&D coverage are underwritten by National Health Insurance Company, Integon Indemnity Corporation, or Integon National Insurance Company .

IMPLEMENTATION

HOW DOES IT WORK?



1 Marketing

We provide custom communication pieces branded to your business and available via print and/or digital. Our team becomes an extension of your team and helps guide the enrollment process.

2 Billing and Eligibility

Our integrated, seamless, simple proprietary software is built to collect insurance premium through either group list bill or ACH/credit card draft. Eligibility syncs weekly with insurance carriers for seamless communication.

Group List Bill Available

- Bill a Month in Advance
 - Allows the group to have a full month of deductions prior to the effective date and invoice due date. This protects the group from advancing any premium or making up any deductions.
- Example:
 - Enrollment 3/1 – 3/23 (23rd is the cut off period), any enrollments after the 23rd would be held to the following month invoice cycle and would not be included to cause confusion for deductions.
 - Invoice 3/25
 - Deductions 4/1 – 4/30
 - Effective Date 5/1
 - Invoice Due Date 5/10

3 Contact Center

Enroll by Phone

Our licensed, salaried, bilingual benefit information specialists are available Monday - Friday 8am - 7pm EST to educate individuals about coverage options and handle sensitive health issues while protecting privacy.

- E-sign law compliant - requiring voice signatures and pin codes to authorize enrollments.

Enroll Online

If Independent Contractors prefer to shop online, we offer customized private labeled technology where individuals can shop at their convenience, enroll, review and download benefit plans and access video tutorials.

Enrollment Options

We offer customized private labeled technology where individuals can shop at their convenience, enroll, review and download benefit plans and access video tutorials.



Review Online

- 24/7 at your convenience
- Educational Tutorials
- Look at Doctor Networks Online



Call Us Toll-Free

- Salaried, Licensed Benefit Counselors
- Monday - Friday, 8AM-7PM EST
- Bilingual

IMPLEMENTATION

WHAT COMES NEXT?



Your Next Steps:



Complete the included documentation



Discuss marketing strategy in implementation call.



Approve marketing



Provide contact information for open enrollment and new contractors monthly.

Our Next Steps:



Set up your coverage in our software.



Billing Call Discussion for ease of ongoing administration



Coordinate implementation call to discuss marketing strategies.



Dedicate initial open enrollment time line.



Distribute marketing items during open enrollment and provide updates of participation.



READY TO GET STARTED?

Complete the form below and email it to bhoneycutt@enrollfirst.com



I have reviewed the proposal and agree to move forward with:

- America's Consumers & Affiliates Limited Partnership Benefits
 - SelectMed Medical
- Dental
- Vision
- Disability
- Accident
- TrioMED
- 401K
- Life Insurance: Term Life
- *Assistance Shopping Federal Exchange marketplace Plans

Print Name

Signature

Date

Contact Representative:	Email Address:	Direct Number:
Mailing Address (No PO BOX)	City, State, Zip:	
Billing Representative:	Email Address:	Direct Number
Billing Preference: ____ ACH ____ Settlement Deduction	What settlement frequency: ____ Monthly ____ Bi-Weekly ____ Weekly (48) ____ Weekly (52)	
Recruiting Representative/New Contractor Listing:	Email Address:	Direct Number



Make sure you've signed the Confidentiality & Partnership Agreement. After contracts are completed, our team will reach out to set-up an implementation call, begin strategizing for marketing materials and develop a plan for open enrollment.



Confidentiality & Marketing Agreement

_____ has seen a copy of the benefits proposed and agrees to give all eligible partners an opportunity to enroll in the Enrollment First, Inc. (EFI) offering.

_____ and EFI agrees to perform the following duties including, but not limited to:

1. EFI agrees to not divulge member information, under any circumstances, with anyone outside of this agreement.
2. EFI, agrees to manage all of the following services directly with the member:
 - ☒ All communication of insurance plans to partners
 - ☒ ID card fulfillment
 - ☒ Signing up and enrolling new partners
3. _____ agrees to market EFI's Voluntary Insurance products being offered to partners. _____ is not required to contribute to the cost.
4. _____ will allow EFI to actively market the benefits to its partners by:
 - ☒ Digital Marketing:
 - a. Direct Email Campaigns
 - ☒ Direct Physical Marketing:
 - a. Direct Mailing (Open Enrollment/New Contractors)
 - b. Call Center Dial Outs
5. _____ will actively participate in the marketing and communication efforts of EFI by:
 - ☒ Providing a New Hire Report w/ Name, Telephone Number, Mailing Address and Email (if Available)
 - ☒ Marketing Efforts:
 - o Digital Marketing:
 - Social Media Messages
 - Website Marketing through Banner Advertisements
 - Payroll Announcements if Digital Only
 - o Direct Physical Marketing: Brochure
6. Every client has the opportunity to accept or decline insurance coverage and I understand every ACA LP partner has equal access to all products in the ACA LP benefit suite.
7. I will collect premium from my clients and will remit premium to Enrollment First, Inc. by the 10th of the month following the payment collection.

The term of this agreement is one (1) year beginning on the agreement execution date. Either party may terminate this agreement with or without cause by providing ninety days (90) written notice to the other party. This agreement may be renewed annually, subject to the approval of all parties.

By: Title: Date:



Confidentiality & Marketing Agreement

_____ has seen a copy of the benefits proposed and agrees to give all eligible members an opportunity to enroll in the Enrollment First, Inc. (EFI) offering.

_____ and EFI agree to perform the following duties including, but not limited to:

1. EFI agrees to not divulge member information, under any circumstances, with anyone outside of this agreement.
2. EFI, agrees to manage all of the following services directly with the member companies:
 - ☒ All communication of insurance plans to members
 - ☒ ID card fulfillment
 - ☒ Signing up and enrolling new members
3. _____ agrees to market EFI's Voluntary Insurance products being offered to members.
_____ is not required to contribute to the cost.
4. _____ will allow EFI to actively market the benefits to its members by:
 - ☒ Direct Marketing:
 - a. Email Campaigns
 - b. Text Messaging
 - ☒ Call Center Dial Outs/In-bound Calling
 - ☒ New Member Benefits Campaign:
 - a. Email
 - b. Live Outbound Calls
 - c. Text Messaging
5. _____ will actively participate in the marketing and communication efforts of EFI by:
 - ☒ Required: Providing a list of new members weekly/monthly for direct outreach.
 - ☒ E-Newsletters
 - ☒ Annual/Quarterly Communications
 - ☒ Email Campaigns
 - ☒ Technology (Application) Push Notifications (if available)
 - ☒ Invoice Notifications
 - ☒ Social Media
 - ☐ Other (listed)
 - _____
6. I will not deduct from my members. We require that Enrollment First, Inc. collect premium direct via ACH Bank Draft or Credit Card.

The term of this agreement is one (1) year beginning on the agreement execution date. Either party may terminate this agreement with or without cause by providing ninety days (90) written notice to the other party. This agreement may be renewed annually, subject to the approval of all parties.

By:

Title:

Date:

Enrollment First, Inc.

By:

Title:

Date:

