



Elective Benefits

In Partnership with





Schedule of Benefits

The Plan covers 100% of the Preventive and Wellness benefits required by PHSA § 2713(a) with no deductibles or copayments. All In-Network service will be 100% covered, Out-of-Network service will not be covered and Plan Participant will owe 100% of these preventive and wellness services.

Preventive and Wellness Services		
Annual Maximum	Unlimited	
Benefits are payable for eligible procedures incurred as part of Preventive Care Services only. Treatment of a diagnosed Illness or Injury is not cover under this benefit.		
Covered Benefits ¹	Benefit Level	Limits
<ul style="list-style-type: none"> Medical services with a rating of “A” or “B” from the current recommendations of the United States Preventive Services Task Force; Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only; Screenings for infants, children, and adolescents provided in the comprehensive guidelines of the Health Resources Administration; and Additional preventive care for women not covered in paragraph (1) but provided for in the comprehensive guidelines of the Health Resources Administration. 	100% ²	Some services are subject to age and other limitations.

Preventive and Wellness Benefits: Limitations, Intervals, and Requirements

¹ Benefits automatically subject to PHSA § 2713, Amendments to this section, through legislative act or regulation, are automatically incorporated into this document by reference.

² This Plan utilizes a Preferred Provider Organization, or “PPO” network. Preventive services accessed “In-network”, will be 100% covered.





The following table represents the type of medical services currently covered under the WellMEC™ Plan as well as the permitted interval and any requirements of such medical services. If a medical service does not have a specific interval under law or regulation, the interval for that medical service is once per year.

Preventive and Wellness Services		
Benefit	Interval	Requirements
Abdominal aortic aneurysm screening	1 per lifetime	Men aged 65-75, previous smoker
Alcohol misuse screening and counseling	1	Adults 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse
Anemia screening	1	Pregnant women
Aspirin: preventive medication	As Prescribed	Adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, not at increased risk for bleeding, with a life expectancy of at least 10 years, and willing to take low-dose aspirin daily for at least 10 years
		Pregnant women at high risk for preeclampsia
Bacteriuria screening	1	Pregnant women at 12-16 weeks' gestation or at the first prenatal visit, if later.
Blood pressure screening	1	Adults aged 18 or older
BRCA risk assessment and genetic counseling/testing	1	Women at high risk. Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Breast cancer preventive medications	1	Women at high risk for breast cancer and at low risk for adverse medication effects
Breast cancer screening	1 time every 2 years	Women aged 40 or older
Breastfeeding counseling	2 (during pregnancy and after birth)	
Cervical cancer screening: with cytology (Pap smear)	1 time every 3 years	Women aged 21 to 65
Cervical cancer screening: with cytology and human papillomavirus (HPV) testing	1 time every 5 years	Women aged 30-65 who want to lengthen the screening interval
Chlamydial screening	1	Women age 24 or younger if: <ul style="list-style-type: none"> • Pregnant, or • Sexually active increased risk of infection
		Women aged 24 or older who are at increased risk



Cholesterol abnormalities screening	1	Women aged 20-45 if at increased risk for coronary heart disease
		Women 45 and older if at increased risk for coronary heart disease
		Men aged 20-35 if at increased risk for coronary heart disease
		Men 35 and older
Colorectal cancer screening	1 time every 5 years	Aged 50-75
Contraceptive methods and counseling	As prescribed	Women with reproductive capacity; approved by FDA.
Dental caries prevention	1	Infants and children up to 5 years. Application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. Primary care clinicians may prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient.
Depression screening	1	Adolescents aged 12-18
		Adults aged 18 or older
Diabetes screening	1	Asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg
Falls prevention: exercise or physical therapy	1	Adults aged 65 years and older who are at increased risk for falls
Falls prevention: vitamin D	As prescribed	Adults aged 65 years and older who are at increased risk for falls
Folic acid supplementation	As purchased	Women planning or capable of pregnancy
Gestational diabetes screening	1	Pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
Gonorrhea prophylactic medication	1	Newborns
Gonorrhea screening	1	Sexually active women age 24 years or younger and in older women who are at increased risk for infection
Healthy diet and physical activity counseling	1	Adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors



Hearing loss screening	1	Newborns
Hemoglobinopathies screening	1	Newborns
Hepatitis B screening	1	Adolescents and adults at high risk for infection
		Pregnant women
Hepatitis C screening	1	Adolescents and adults at high risk for infection
		Adults born between 1945 and 1965
HIV screening	1	Adolescents 15 or younger at high risk
		Adolescents and adults ages 15 to 65 years
		Adults older than 65 at increased risk
		Pregnant women
Human Papillomavirus (HPV) DNA Test	1 every 3 years	Women age 30 and older with normal cytology results
Hypothyroidism screening	1	Newborns
Intimate partner violence screening	1	Women of childbearing age
Iron supplementation	As prescribed	Children aged 6-12 months who are at increased risk for iron deficiency anemia
Lung cancer screening	1	Adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years
Obesity screening and counseling	1	Children aged 6-18
		Adults with a body mass index of 30 kg/m ² or higher
Osteoporosis screening	1	Women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.
Preeclampsia screening	1	Pregnant women
Phenylketonuria screening	1	Newborns
Rh incompatibility screening: first pregnancy visit	1	Pregnant women
Rh incompatibility screening: 24–28 weeks' gestation	1	Pregnant women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative



Sexually transmitted infections counseling	1	Sexually active adolescents and adults at increased risk for sexually transmitted infections
Skin cancer behavioral counseling	1	Aged 10-24 who have fair skin
Statin preventive medication	As prescribed	Adults ages 40-75 years without a history of cardiovascular disease (CVD) when all of the following criteria are met: 1) they have 1 or more CVD risk factors; and 2) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.
Tobacco use counseling and interventions	2	Children and Adolescents
		Adults who use tobacco
		Pregnant women who smoke
Tuberculosis screening	1	Adults at high risk
Syphilis screening	1	Adolescents and adults at increased risk
		Pregnant women
Visual acuity screening	1 time every 2 years	Children aged 3-5
Well-woman visits	1	Adult women
Immunizations		
Vaccine	Interval	Requirements
HepB-1	1	Newborns
HepB-2	1	Aged 4 weeks – 2 months
HepB-3	1	Aged 24 weeks – 18 months
DTaP-1	1	Aged 6 weeks – 2 months
DTaP-2	1	Aged 10 weeks – 4 months
DTaP-3	1	Aged 14 weeks – 6 months
DTaP-4	1	Aged 12-18 months
DTaP-5	1	Aged 4-6
Hib-1	1	Aged 6 weeks – 2 months
Hib-2	1	Aged 10 weeks – 4 months
Hib-3	1	Aged 14 weeks – 6 months
Hib-4	1	Aged 12-15 months



WELLMEC™

IPV-1	1	Aged 6 weeks – 2 months
IPV-2	1	Aged 10 weeks – 4 months
IPV-3	1	Aged 14 weeks – 6 months
IPV-4	1	Aged 4-6
PCV-1	1	Aged 6 weeks – 2 months
PCV-2	1	Aged 10 weeks – 4 months
PCV-3	1	Aged 14 weeks – 6 months
PCV-4	1	Aged 12-15 months
MMR-1	1	Aged 12-15 months
MMR-2	1	Aged 13 months – 6
Vericella-1	1	Aged 12-15 months
Vericella-2	1	Aged 15 months – 6
HepA-1	1	Aged 12-23 months
HepA-2	1	Aged 18 months or older
Influenza, inactivated	1	Aged 6 months or older
LAIV (intranasal)	1	Aged 2-49
MCV4-1	1	Aged 2-12
MCV4-2	1	Aged 11 years, 8 weeks – 16
MPSV4-1	1	Aged 2 or older
MPSV4-2	1	Aged 7 or older
Td	1	Aged 7-12
Tdap	1	Aged 7 or older
PPSV-1	1	Aged 2 or older
PPSV-2	1	Aged 7 or older
HPV-1	1	Aged 9-12
HPV-2	1	Aged 9 years, 4 weeks – 12 years, 2 months
HPV-3	1	Aged 9 years, 24 weeks – 12 years, 6 months
Rotavirus-1	1	Aged 6 weeks – 2 months
Rotavirus-2	1	Aged 10 weeks – 4 months
Rotavirus-3	1	Aged 14 weeks – 6 months
Herpes Zoster	1	Aged 60 years or older





The logo for WELLMEC is displayed in large, white, bold, sans-serif capital letters on a red background. A white plus sign is positioned to the left of the letter "M".

Preventive and Wellness Benefits: Exclusions

Some health care services are not covered by the Plan. The following is an example of services that are generally not covered.

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. Rehabilitative therapies
4. Dental procedures
5. Any other medical service, treatment, or procedure not covered under this Plan
6. 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 this Schedule of Benefits or otherwise explicitly provided in the Summary Plan Description (SPD), this Plan does not cover the medical service or any related expense, bill, charge, or monetary obligation to the medical service.

Rates starting at **\$85.00**





ACCIDENT INSURANCE

Policy Series WPS-ACC 07/15 • Accident Scenario – 107511

ELIGIBILITY AND KEY FEATURES

Coverage: Off Job Gold Plan

Eligibility: All members ages 18 or above, working 20 hours per week, and who are actively at work at time of enrollment are eligible for participation. An enrolled member may also insure their spouse. Children under the age of 26 are eligible regardless of marital or dependency status. Grandchildren under age 26 for whom the member is required by a court or administrative order to provide health coverage are also eligible. No medical questions are required.

Continuation of Coverage: This coverage may be continued in the event the insured is no longer a member of the Policyholder. Coverage will be continued at the same premium and coverage amounts then in force.

Effective Date of Coverage: Coverage becomes effective at 11:59 PM on the date of the signed enrollment form.

MONTHLY PREMIUMS

Premiums are unisex, unismoke, are paid by the member. Rates are based on the Certificate Effective Date

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.

HOSPITAL CARE

Hospital Admission: Within 6 months after the covered accident. Amount will be doubled if placed in a Hospital Intensive Care Unit within the first 24 hours of admission.	\$2,000
Hospital Confinement: Per day up to 365 days. Within 6 months after the covered accident.	\$500
Hospital Intensive Care Unit Confinement: Per day up to 30 days. Within 30 days after the covered accident.	\$1,000
Lodging: Per day up to 30 days per covered accident for companion. Hospital must be more than 100 miles round trip from the residence of the insured.	\$200
Rehabilitation Unit: Per day up to 30 days. When confined in a rehab unit following hospitalization.	\$150
Transportation: Up to 3 round trips per covered accident. Insured must travel more than 100 miles round trip for treatment.	\$600





ACCIDENT INSURANCE

EMERGENCY CARE

Ambulance

- *Air: Within 48 hours after the covered accident.* \$1,000
- *Ground: Within 90 days after the covered accident.* \$200

Appliance: Within 90 days after the covered accident. For personal locomotion or mobility. \$100

Blood, Plasma, Platelets: Within 90 days after the covered accident. \$200

Physician Office/Urgent Care - Initial Visit: Within 60 days of a covered accident. \$50

Surgery

- *Outpatient Surgery Facility Service: Torn Knee Cartilage, Ruptured Disc, Tendon/Ligament/Rotator Cuff.* \$200
- *Abdominal or Thoracic with repair: Within 72 hours of a covered accident.* \$1,000
- *Abdominal or Thoracic without repair: Within 72 hours of a covered accident.* \$100
- *Hernia: Diagnosed within 30 days and repaired within 90 days of the covered accident.* \$100

EMERGENCY ROOM

Emergency Room Treatment: Within 72 hours after a covered accident. \$200 \$200

DIAGNOSTIC IMAGING

Medical Imaging: For CT scan, MRI or EEG as the result of a covered accident. \$200

X-Rays: Payable for diagnosis and treatment of injuries received as the result of a covered accident. \$50

CONTINUING CARE

Epidural Pain Management: Within 6 months after the covered accident. Payable once per 12-month period. \$100

Physician Follow-Up Care: Within 180 days of the covered accident. Payable twice per covered accident. \$100

Spinal Manipulation: Payable up to a maximum of 10 visits per covered accident. Treatment must be within 2 years after the covered accident. \$30

Therapy Services – Occupational, Physical & Speech: Maximum of 10 visits per covered accident and completed within 2 years after the covered accident. \$30

SPECIFIC LOSS

Burns: Treated by a physician within 72 hours after the covered accident.

- *2nd degree burns which cover at least 36% of the body* \$1,500
- *3rd degree burns which cover at least 9 square inches of the body but less than 35 square inches* \$3,000
- *3rd degree burns which cover 35 or more square inches of the body* \$20,000
- *Skin Grafts: 25% of the applicable burn benefit*

Concussion: Diagnosed by a physician within 72 hours after the covered accident. \$300

Emergency Dental Work

- *Broken teeth repaired with crown(s)* \$300
- *Broken teeth resulting in extraction(s)* \$100

Eye Injury: Within 90 days after the covered accident. \$500

Gunshot Wound: Treated in a hospital or by a physician as the result of a covered accident. \$2,000

Laceration: Repaired by a physician within 72 hours after the covered accident.

- *Treated without stitches, staples or glue* \$50
- *Total of all lacerations is not more than 3 inches long and repaired by stitches* \$100
- *Total of all lacerations is greater than 3 inches but not more than 5 inches and repaired by stitches* \$400
- *Total of all lacerations is over 5 inches and repaired by stitches* \$800

Organized Sports: Pays an additional 25% of the total benefit paid for the covered accident up to this amount. Payable once per 12-month period per insured. \$1,000





ACCIDENT INSURANCE

Prosthetic Device/Artificial Limb: Within 1 year of the covered accident.

- *One* \$1,000
 - *More than one* \$2,000
- Ruptured Disc:** Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident. \$1,000

Tendon, Ligament, Rotator Cuff: Within 1 year of the covered accident.

- *Repair of one* \$1,200
- *Repair of more than one* \$1,800
- *Exploratory without repair* \$300

Torn Knee Cartilage: Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident.

- *Surgery with Repair* \$1,500
- *Exploratory surgery* \$300

MAJOR INJURY

Accidental Death: Within 90 days from the date of a covered accident.

- *Individual* \$100,000
- *Spouse* \$100,000
- *Children* \$20,000

Accidental Death / Common Carrier: Within 90 days after the covered accident.

- *Individual* \$200,000
- *Spouse* \$200,000
- *Children* \$40,000

Coma: Unconscious for 30 consecutive days if as a result of a covered accident. \$10,000

Dismemberment: Within 90 days after the covered accident.

- *Loss of both hands, or both feet or the sight of both eyes or any combination of two or more listed* \$20,000
- *Loss of one hand, or one foot or sight of one eye* \$10,000
- *Loss of two or more fingers or two or more toes or any combination of two or more fingers & toes* \$2,400
- *Loss of one finger or one toe* \$1,200

Catastrophic Accident: Payable after a 365 day elimination period.

- *Individual (reduced by 50% at age 70)* \$100,000
- *Spouse (reduced by 50% at age 70)* \$100,000
- *Children* \$20,000

DISLOCATIONS: Diagnosed by a physician within 90 days after the covered accident. Closed Open

Dislocation (with Anesthesia)

- *Hip* \$4,000 \$8,000
- *Knee (except Patella)* \$2,000 \$4,000
- *Ankle – Bones or Bones of Foot (not Toes)* \$1,600 \$3,200
- *Collarbone (Sternoclavicular)* \$1,000 \$2,000
- *Lower Jaw* \$600 \$1,200
- *Shoulder (Glenohumeral)* \$600 \$1,200
- *Elbow* \$600 \$1,200
- *Wrist* \$600 \$1,200
- *Bone or Bones of the Hand (not Fingers)* \$600 \$1,200
- *Collarbone (Acromioclavicular and separation)* \$200 \$400
- *One Toe or Finger* \$200 \$400
- *Closed without Anesthesia: 25% of the closed with anesthesia benefit*





ACCIDENT INSURANCE

FRACTURES: Diagnosed by a physician within 90 days after the covered accident.	Closed	Open
• <i>Skull - depressed fracture (except Bones of Face or Nose)</i>	\$5,000	\$10,000
• <i>Skull - simple non-depressed fracture (except Bones of Face or Nose)</i>	\$2,000	\$4,000
• <i>Hip, Thigh (Femur)</i>	\$3,000	\$6,000
• <i>Vertebrae, Body of (except Vertebral processes)</i>	\$1,600	\$3,200
• <i>Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx)</i>	\$1,600	\$3,200
• <i>Leg</i>	\$1,600	\$3,200
• <i>Bones of Face or Nose (except Mandible or Maxilla)</i>	\$700	\$1,400
• <i>Upper Jaw - Maxilla (except Alveolar process)</i>	\$700	\$1,400
• <i>Upper Arm between Elbow and Shoulder</i>	\$700	\$1,400
• <i>Lower Jaw - Mandible (except Alveolar process)</i>	\$600	\$1,200
• <i>Shoulder blade or Collarbone (Scapula, Clavicle, Sternum)</i>	\$600	\$1,200
• <i>Vertebral Processes</i>	\$600	\$1,200
• <i>Forearm, Hand, Wrist (except fingers)</i>	\$600	\$1,200
• <i>Kneecap (Patella)</i>	\$600	\$1,200
• <i>Foot (except toes)</i>	\$600	\$1,200
• <i>Ankle</i>	\$600	\$1,200
• <i>Rib</i>	\$500	\$1,000
• <i>Coccyx</i>	\$400	\$800
• <i>Finger, Toe</i>	\$100	\$200
• <i>Chips; 25% of closed benefit</i>		

POLICY EXCLUSIONS – WHAT WE WILL NOT PAY FOR

We will not pay benefits for losses that are caused or contributed to by, or are the result of:

1. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
2. any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any Injury;
3. intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane;
4. war - declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
5. active service in any of the armed forces, or units auxiliary thereto, including the National Guard or any Military Reserve;
6. repetitive stress or motion disorders caused by overuse or degenerative changes;
7. driving any taxi, limousine, bus or personal vehicle of any kind when used to transport fare-paying passengers;
8. mental or nervous disorders;
9. alcoholism or drug addiction;
10. being under the influence of alcohol. Being under the influence of alcohol, for purposes of the Policy, means a blood alcohol level of 0.08 or more;
11. while incarcerated or detained in a penal institution of any kind, including house arrest and/or work furlough;
12. the commission of or an attempt to commit a felony or any loss to which a contributing cause was being engaged in an illegal occupation; and
13. the Insured working for pay or profit.





ACCIDENT INSURANCE

DISCLAIMER

Underwritten by Boston Mutual Life Insurance Company. The information provided here is a brief description of the important features of WPS-ACC 07/15 for the state of Tennessee. It is not a certificate of insurance or evidence of coverage. Any discrepancies between this proposal and the group policy will be resolved by the language issued in the Master Policy. Please refer to the Master Policy and individual Certificates of Coverage for a detailed description of the benefits, limitations, and exclusions.

If you are residing in Ohio, eligible to enroll for this coverage, and the case is not situated in their state of residence, the underwriting, rates and coverage will vary for these individuals. Please contact us if you need additional information for this state.

We believe this product is suitable for use in connection with a HSA (Health Savings Account) as permitted insurance. However, we do not give tax advice. You should consult with your tax advisor.

Rates starting at **\$8.41**





CRITICAL ILLNESS

UNISMOKE MONTHLY RATES

THE FACTS – According to Medical Statistics

- Over 1.6 million new cancer cases are expected to be diagnosed in 2012.¹
- Cancer survival rates continue to improve. The 5-year survival rate for all cancers diagnosed between 2001 and 2007 is now 67%. However, cancer is the second most common cause of death in the US, accounting for nearly 1 in every 4 deaths.¹
- Each year, 785,000 Americans will have a new coronary attack, 470,000 will have a recurrent attack.²
- On average, someone in the US has a stroke every 40 seconds.²

¹ Cancer Facts & Figures 2012 - American Cancer Society

² Heart and Stroke Statistical Update - 2012 American Heart Association

ELIGIBILITY

Individual Eligibility: Members, as defined by the master policy are eligible. If a member is eligible, his/her spouse ages 18-69, is eligible for coverage.

Spouse Coverage Available: The members may elect to apply for spouse coverage. Benefit amounts for the spouse are 50% of the member amount. If the member does not meet the underwriting requirements, the spouse may still be eligible for coverage. Spouse means a person of the opposite or same sex recognized as the insured's spouse/partner under the laws of the state. *(In Hawaii, the term also includes the insured's reciprocal beneficiary).*

Children Coverage at No Additional Charge: Each eligible child is covered at 25% of the primary insured amount at no additional charge. The definition of children may vary by state. Please review your certificate carefully.

Effective Date of Coverage: Coverage is effective on the date the application is signed, provided that the member is actively at work and premiums for the coverage are paid.

Portability: The coverage is portable providing your coverage has been in force for 1 month after your certificate date and the group contract remains in force. Coverage will be continued at the same premium and coverage amounts.

PLAN BENEFITS

Initial occurrence Benefit: Lump Sum Benefits payable upon initial diagnosis of a covered illness or condition. Member benefit amounts are available from \$5,000 to \$50,000.

Additional Occurrence Benefit: If an insured collects full benefits for a Critical Illness under the plan and later has one of the remaining covered illnesses/procedures, then we will pay the full benefit amount for each additional illness provided the occurrences are separated by at least 6 months. *(In Tennessee, the time-period between different occurrences is 30 days).*

Re-occurrence Benefit: If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again provided that the two dates of diagnosis are separated by at least 6 months. *(12 months treatment free for Cancer/Carcinoma in situ).*





CRITICAL ILLNESS

PLAN BENEFITS

Covered Specified Critical Illnesses	Percent of Benefit Amount
Cancer	100%
Carcinoma in situ	30%
Skin Cancer	\$300 one-time (lifetime)
Heart Attack (Myocardial Infarction)	100%
Coronary Artery Bypass Surgery	30%
Angioplasty & Stent Insertion	30%
Stroke (Apoplexy or Cerebral Vascular Accident)	100%
Coma	100%
Paralysis	100%
Severe Burns	100%
Major Organ Transplant	100%
Alzheimer's Disease	100%
ALS (Lou Gehrig's Disease)	100%
Loss of Sight/Speech/Hearing	100%
End Stage Renal Disease	100%
Benign Brain Tumor	100%

Eligible Children are also covered for the following childhood Specified Critical Illnesses at 25% of the member benefit amount:

- Cerebral Palsy
- Cleft Lip or Palate
- Down Syndrome
- Cystic Fibrosis
- Spina Bifida

All covered conditions are subject to the definitions found in the member's certificate.

ECIP Member CI

plus

Unismoke Monthly Premium Rates

RATES INCLUDE THE FOLLOWING: Specified Critical Illness including Cancer, Pre-Existing Condition Exclusion and the \$50 Health Screening Benefit Rider. Spouse is eligible to apply for 50% of the member amount. Includes 25% benefit for eligible children.

HEALTH SCREENING BENEFITS

We will pay a \$50 benefit if an insured has any one of the covered screening tests after the 30-day waiting period. (*Waiting period does not apply in Kansas, Indiana and Missouri.*) This benefit is paid only once per calendar year, regardless of the number of tests. This benefit is paid regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the policy remains in force. This benefit is payable for the covered member (*and spouse if spouse coverage is included*). This benefit is not paid for dependent children. The covered health screening tests include:

Health Screening Test is defined as:

- | | |
|---|--|
| 1. Stress test on a bicycle or treadmill | 11. Colonoscopy |
| 2. Fasting blood glucose test | 12. Flexible sigmoidoscopy |
| 3. Blood test for triglycerides | 13. Hemocult stool analysis |
| 4. Lipid Panel (total cholesterol count) | 14. Mammography/Breast Ultrasound |
| 5. Bone marrow testing | 15. Pap smear (including ThinPrep Pap Test) |
| 6. CA 15-3 (blood test for breast cancer) | 16. PSA (blood test for prostate cancer) |
| 7. CA 125 (blood test for ovarian cancer) | 17. Serum Protein Electrophoresis (blood test for myeloma) |
| 8. CEA (blood test for colon cancer) | 18. Thermography |
| 9. Chest X-ray | 19. Oral Cancer screening using ViziLite OraTest or other similar test |
| 10. Electrocardiogram (EKG) | 20. Biopsy for Skin Cancer |





CRITICAL ILLNESS

LIMITATIONS & EXCLUSIONS

Waiting Period

This coverage contains a Waiting Period. This means no benefits are payable for any Insured who has been diagnosed with a Specific Critical Illness during the Waiting Period. The Waiting Period starts on the Certificate Application Date. The Waiting Period is shown on the Certificate Schedule. If an Insured is first diagnosed during the Waiting Period, you may elect to void the Certificate from the beginning and receive a full refund of premium. (*Waiting Period does not apply in Kansas, Indiana and Missouri.*)

Prior History of Cancer

No benefits are payable for Cancer or Carcinoma in Situ if the Insured was previously diagnosed before this Certificate was in force and, after the previous diagnosis, the Insured has not gone 12 months without Treatment before a new diagnosis of Cancer/Carcinoma in situ is made.

Pre-Existing Conditions Limitation (*Not applicable to Insureds with a Prior History of Cancer or Carcinoma in Situ – See PRIOR HISTORY OF CANCER*)

This certificate contains a Pre-existing Condition Limitation. If a Pre-existing Condition results in a Specified Critical Illness claim during the first 180 days, starting from the Certificate Application Date, no benefits will be payable for that claim.

Pre-existing Condition means a sickness or physical condition which, within 180 days prior to the Certificate Application Date, resulted in medical advice or Treatment.

We will not pay benefits for any condition or Illness starting within the Pre-existing Condition Period from the Certificate Application Date which is caused by, contributed to, or resulting from a Pre-existing Condition. A claim for benefits for loss starting after the Pre-existing Condition Period from the Application Date of an Insured will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition Period.

Exclusions

We won't pay for a loss due to:

1. Intentionally self-inflicted injury or action while sane or insane. (*In Missouri, insane does not apply.*)
2. Suicide or attempted suicide while sane or insane. (*In Missouri, insane does not apply.*)
3. Substance Abuse, except for substance abuse innocently sustained at the hands of a Doctor. (*In Nevada, this exclusion does not apply.*)
4. War - declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence. (*In Maine, civil commotion or state of belligerence do not apply.*)

(In Oklahoma, #4 is as follows and #5 is added:

4. War - declared or undeclared or military conflicts while serving in any armed forces or an auxiliary unit thereto.
5. Participation in an insurrection or riot, civil commotion or state of belligerence.)

(In South Carolina, #3 is as follows:

3. The Insured being drunk or under the influence of any narcotic unless taken on the advice of a Physician.)

To be eligible for benefits, the date of diagnosis must be after the 30-day waiting period and while this coverage is in force.

Rates starting at **\$3.29**

Policy Series - WS-CI 4/12 335-1595 2/13 - TOBACCO / NO TOBACCO - No Age 70 Reduction \$50 HSR

Underwritten by: BOSTON MUTUAL LIFE INSURANCE COMPANY • 120 Royall Street • Canton, Massachusetts 02021 • www.bostonmutual.com
For Claims Call Toll Free: 1-800-669-2668 ext. 368 • For Customer Service Call Toll Free: 1-877-624-2249





TERM LIFE INSURANCE

Exclusive Offer for Professional Truck Drivers!

\$150,000 Term Life Insurance

Open Enrollment only lasts 30 days



3 Simple Questions to Approval *We have a 100% issue rate

No Medical Exams

No Blood Work

Call Today!

Coverage for you and your entire family

Rates starting at **\$14.33**

One Time Offer!

(844) 234-6111

www.ITGlifelineinsurance.com





MyHealth MD telemedicine

Get access to Board-Certified doctors & pediatricians 24/7/365 via phone or online. Our national network of physicians can resolve many medical issues, diagnose, treat, and prescribe medication when appropriate.



MyHealth RxAssist

Our professional healthcare advocates will help you find the lowest price on prescription drugs, saving as much as 95% off retail. Plus we can send text alerts reminding you to take your meds.



MyHealth Vitamins

At MyHealthPass we believe in keeping our members healthy and want to save them money so we are offering a continuous 30-day supply of multivitamins each month at no additional charge, exclusively for our members.



MyHealth Labs

Members can get 2 free lab tests (nearly \$500 value each), receive a Blood Spot Collection Kit which includes testing materials for Advanced Cholesterol, Complete Lipid Panel, and A1c Test. Results delivered to your home.



MyHealth GPS

Let our Advocates be your personal health concierge. Members have unlimited access to Professional Advisors to assist with healthcare related questions and concerns. We help guide you through the complex healthcare system.



MyHealth Assessment

Provides personalized results that are clinically driven, helps you identify key health risks, poor eating habits, and nutritional deficiencies. The assessment draws upon scientific data from over 6,500 clinical studies and journals.



MyHealth Diabetes

No prescription is required for OTC testing supplies and all products are shipped to your home. You get a Free Meter with your first order and with our Quarterly Re-shipment program you'll never run out of test strips.



MyHealth Back

First and Only Clinically Proven Digital Health Solution to Treat Back Health. An easy to do 8-week online physical therapy program to heal low back pain that you can do from the comfort of your own home.



MyHealth PricingTool

Our pricing tool compares hundreds of procedures by showing you the "Fair Price" of the healthcare service you need and the provider that offers you the best value nearest you.



MyHealth Coach

Access qualified health coaches by phone or email. Our Health Coaches are available to assist you in motivation, stress relief, managing health and lifestyle issues we face every day. You Get Six FREE Coaching Sessions.



MyHealth Records

Powered by ICE Tracer, is an Emergency Medical & Personal Health Record (PHR) System that allows First Responders access to a member's personal health profile and be able to contact family members.



MyHealth Pets

A simple innovative way to keep track of your pet. You can store your pet's vital information with the Pin Paws pet tag. Your pet's profile can be found on their tag and it will SMS notify you with their geolocational information.



MyHealth Rewards

You get \$100 Reward Dollars added to your account every month you're a customer. You can save on thousands of local deals, shopping, restaurants, auto, travel, and entertainment.

Rates starting at **\$34.95**

THIS IS NOT INSURANCE - The information contained herein is accurate at the time of publication. This document provides only summary information.






BrightIdea
DENTAL


Guaranteed Acceptance • Includes Implant & Denture Coverage
No Waiting Period for Preventive and Basic Services • \$25 Copay per visit

Over 600,000 Locations Nationwide

All plans contain the following services

 Preventive
Coverage 100%
<ul style="list-style-type: none"> • Routine Exam (<i>1 in 6 mo.</i>) • Cleaning (<i>1 in 6 mo.</i>) • Bitewing X-rays (<i>1 in 6 mo.</i>) • Fluoride (<i>1 in 12 mo., under age 19</i>)


No waiting period

 Basic
Coverage 80%
<ul style="list-style-type: none"> • Full Mouth/Panoramic X-rays (<i>1 in 3 years</i>) • Restorative Amalgams • Sealants for Children (<i>age 6-15, 1 in 3 years</i>) • Simple Extractions

No waiting period

 Major
Coverage 50%
<ul style="list-style-type: none"> • Space Maintainers • Onlays • Crown Repair (single restorative service) • Crowns • Denture Repair • Endodontics (nonsurgical + surgical) • Periodontics (nonsurgical + surgical) • Implants • Complex Extractions • Local Anesthesia • Prosthodontics (fixed bridge; removable complete/partial dentures)

12 mo. waiting period unless stated otherwise

 Dental Advocacy
<ul style="list-style-type: none"> • Dental Bill Saver - saves you money on dental bills you cannot afford. • Dental Locating Services - find dentists in network. • Price Comparisons - for dental necessary and/or elective procedures.

No waiting period

Rates starting at **\$39.00**

Waiting period for Major Services can be waived with proof of prior coverage. Proof of prior coverage will only be accepted from the prior carrier and showing 12 months of continuous fully insured coverage with no lapse. HMO, discount, or scheduled plan coverage will not be accepted.

Call 1 (800) 979-8266 to Learn More
www.brightideadental.com

You must join AAIC (American Association of Independent Contractors) for \$2 per month to get access to BrightIdeaDental.

Dental Underwritten by First Continental Life and Accident • Network provided through DenteMax Plus
Rates apply to DenteMax Plus network only. You will incur larger out-of-pocket expense if you visit an out-of-network provider.

All policies submitted by the end of the month will be effective at the beginning of the 1st of the next month.
DENTAL NOT AVAILABLE in MAINE or MINNESOTA

For a complete listing of benefits, exclusions and limitations, please refer to your Policy. In the event of discrepancies contained in this brochure, the terms and conditions contained in the Policy documents shall govern. The information contained herein is accurate at the time of publication. This brochure provides only summary information.





Bright Idea
VISION

Guaranteed Acceptance • No Waiting Period • Open Enrollment

Everyone deserves affordable quality vision care and now you can have it! Our Preferred Vision Insurance Plan is with one of the most comprehensive vision care networks in the country.

Lens Options

Progressive Lenses

The member is responsible for the difference between the Covered Allowance and the Progressive Lens charge.

Additional Lens Options

- Photochromatic: glass/plastic: pays up to \$30
- Progressive Lenses: pays up to \$89.50
- Polycarbonate Lenses: pays up to \$85
- Tints: Pink & Rose: covered in full

Copays

\$10 EXAMS • \$25 EYE GLASSES
(Lenses or Frames)

Lenses Coverage (per pair)

Single Vision; Bi-focal; Tri-focal; Lenticular: 100%
Progressive: See Lens Options

Contact Lenses

Elective: Up to \$150
Medically necessary: 100% covered

Frequencies (months)

Exam/Lens/Frames: 12/24/24 *based on date of service

Additional Features

Contact Lens Elective

Allowance includes fitting, exam, and lenses. The cost of the fitting and evaluation is deducted from the cost of the contact lens allowance. Allowance can be applied to disposables. Applies when contacts are chosen in lieu of glasses. Members can order contacts online at MESVisionOptics.com and apply their benefits at checkout.

Additional Glasses

20% off the retail price on additional pairs of prescription glasses (at Discount Program Provider Locations).

Frame Discount

30%-35% off the remaining balance in excess of the frame allowance of \$150 biannually (Participating Provider Directory at www.MESVision.com).

Laser Vision Care

An average discount of 20% on LASIK and PRK. For more information Please visit www.LasikPlus.com or call 1 (866) 755-2026.

Rates starting at **\$14.00**

To find a Participating Provider near you, visit MESVision.com and click on 'Search for a Provider' or call (800) 877-6372.

All policies submitted by the end of the month will be effective at the beginning of the 1st of the next month.

Underwritten by First Continental Life and Accident • Network provided through MESVision

For a complete listing of benefits, exclusions and limitations, please refer to your Policy. In the event of discrepancies contained in this document, the terms and conditions contained in the Policy documents shall govern. The information contained herein is accurate at the time of publication. This document provides only summary information.

