



Experience the Copay Advantage

Say goodbye to "Use it or Lose it" Benefits ♦ Watch Your Benefits ROLL OVER & RETURN.

These two great Copay Benefits can make Your healthcare more AFFORDABLE! Utilize one or BOTH!

Doctor Office Copay Benefit

Available on Solutions Levels I-VI

- 1 month waiting period
- No limit on number of visits!
- Covers Wellness and Chiropractic
- Includes History, Exam, Lab, X-ray, & Diagnostics performed during visit!

\$25 In-Network Copay
Out-of-Network \$65

Prescription Drugs Copay Benefit

Available on Solutions Levels I-VII

- 1 month waiting period
- Affordable In-Network Copays!
- Your choice of Generic or Brand Drugs!
- Calendar Year Deductible: \$100
- Out-of-Network Copays: Generic \$15, Brand, \$50!

\$5 Generic Drugs In-Network Copay
Brand Name In-Network Copay \$35

Five Quarterly Maximums to choose from

- \$62.50
- \$125.00
- \$250.00
- \$375.00
- \$500.00



reasons

why we have the ADVANTAGE!

Both of Our Copay Benefits are:

1. Affordable!
2. Cost doesn't increase with age!
3. Covers ALL FAMILY MEMBERS for the SAME PRICE!
4. No medical qualification!
5. Smokers don't pay a higher rate!
6. Benefit Roll Over Feature - What You don't use, You don't lose!
7. Partial Return of Unused Accumulated Benefit!
8. 2 Great Copay plans to fit in YOUR family's budget!

Others

Ours



Roll Over & Return Quarterly - *What You don't use, You don't lose!*

Example: A Member purchases the \$125 Quarterly Benefit Maximum option in January. Benefits become available in February after a one month Waiting Period and in March the Member uses \$50 of their Benefit. Starting in April, their total Quarterly Benefit Maximum now is \$200.

Partial Return of Unused Accumulated Benefit*

Members who continue coverage beyond 24 months can elect up to a 50% refund* of unused accumulated Benefits on their second and subsequent anniversary. The Claim Period For Accumulated Quarterly Benefit Maximum is 30 days past the anniversary.

*Refund payment must be at least \$100. Refund payments have a maximum payout of \$1000.

Even when a partial Benefit payout has occurred, the remaining Benefit still remains unless Membership is cancelled.

Doctor Office Copay Benefit

LIMITATIONS

In addition to any other provisions of the Policy or any Certificate issued hereunder, Benefits and coverage are limited as follows:

- Coverage for each Insured commences after expiration of the Waiting Period*;
- In the event a Primary Insured terminates coverage prior to the expiration of twenty-four (24) Months after the Insured Effective Date, the Primary Insured will not be eligible to make a claim for payment of any portion of the accumulated Quarterly Benefit Maximum under the Payment of Accumulated Quarterly Benefit Maximum section of the Policy and the Certificate; or
- Any requested payment by a Primary Insured under the Payment of Accumulated Quarterly Benefit Maximum section of the Policy and the Certificate is subject to a minimum of \$100.00.

EXCLUSIONS

Neither the Policy nor the Certificate will provide any Benefit, coverage or payment for any loss caused by, in whole or in part, contributed to or resulting from, directly or indirectly, any of the following incidents, events, occurrences or activities involving any Insured:

- Any expenses for treatments, care, procedures, services or supplies which are not Covered Expenses incurred by an Insured, and which are not specifically enumerated in the Doctor Office Visit Benefits section of the Policy and the Certificate;
- Services Provided by You or a Provider who is a member of the Insured's Family;
- Any loss caused by war or act of war, whether declared or undeclared;
- Loss incurred while engaged in military, naval or air service;
- Treatment Provided by or paid for by the United States government or any instrumentality thereof;
- Services performed in a hospital and any related expenses;
- Charges incurred by You due to broken or cancelled appointments;
- Expenses which exceed 100% of those actually incurred by the Insured;
- Expenses for which an Insured is not legally liable to pay;
- Services that are otherwise included by a plan of health insurance; or
- The amount of any professional fees or other expenses contained on a billing statement to an Insured which exceed the amount of the Maximum Allowable Charge.

Prescription Drug Copay Benefit

LIMITATIONS

In addition to any other provisions of the Policy or any Certificate issued hereunder, Benefits and coverage are limited as follows:

- Coverage for each Insured commences after expiration of the Waiting Period*;
- In the event a Primary Insured terminates coverage prior to the expiration of twenty-four (24) Months after the Insured Effective Date the Primary Insured will not be eligible to make a claim for payment of any portion of the accumulated Quarterly Benefit Maximum under the Payment Of Accumulated Quarterly Benefit Maximum section of the Policy or Certificate; or
- Any requested payment by a Primary Insured under the Payment Of Accumulated Quarterly Benefit Maximum section of the Policy and the Certificate is subject to a minimum of \$100.00.

EXCLUSIONS

Neither the Policy nor the Certificate will provide any Benefit, coverage or payment for any loss caused by, in whole or in part, contributed to or resulting from, directly or indirectly, any of the following incidents, events, occurrences or activities involving any Insured:

- Any expenses which are not Covered Expenses incurred by an Insured, and which are not specifically enumerated in the Outpatient Prescription Drug Copay Benefits section of the Policy and the Certificate;
- Services Provided by You or a Provider who is a member of the Insured's Family;
- Any loss caused by war or act of war, whether declared or undeclared;
- Loss incurred while engaged in military, naval or air service;
- Treatment Provided by or paid for by the United States government or any instrumentality thereof;
- Prescription Drugs that are dispensed by a Provider at a Providers office, hospital or other state-licensed facility;
- Expenses which exceed 100% of those actually incurred by the Insured;
- Expenses for which an Insured is not legally liable to pay;
- Services that are otherwise included by a plan of health insurance; or
- The amount of any professional fees or other expenses contained on a billing statement to an Insured which exceed the amount of the Maximum Allowable Charge.

*Coverage commences for Members 1 month following the receipt, by the association of the Membership enrollment application and the payment by the Member of the first month's dues and continues as long as dues are paid, subject to the company's rights to adjust future premiums and cancel coverage.

Coverage is underwritten and administered by National Foundation Life Insurance Company (Freedom Life Insurance Company of America in Florida and Michigan). Not available in CT, MA, NH, NY, OR, and VT. Coverage is subject to the definitions, terms, limitations and exclusions contracted in the blanket policy.