



For Plan Participants of the **Association for Better Health**

- 5 Levels of coverage to choose from
- \$0 Copay telemedicine
- No deductible
- Next day effective dates
- Affordable premiums
- Low \$10 doctor office visit prepay benefit
- First Health Network Access

NOTICE The insurance described in this proposal provides limited benefits. Limited benefit plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. This insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.



IMPORTANT CONTACT INFORMATION

Thank you for enrolling in Secure Care limited medical insurance plans as a member of the Association for Better Health. For your convenience, we have provided a list of important phone numbers and websites to help you make the most of your insurance plan and non-insurance benefits. We wish you the best of health!

Member Service

- If you have any questions about your benefits or payment information, please call: 866.414.7880
- To view and download your certificate of insurance, ABH membership brochure, temporary ID Card, and other important information, please login to your member portal at: <https://www.awisplatform.com/member/>

Claims Service

- To verify eligibility, for questions about claims, or to order a new ID Card, please call or login to your member portal at: 800.565.6053
<https://secure.visit-aci.com/insuredlogin.asp>

Medalist Prescription Drug Benefit

- 855-633-2579 Member: Option #1 Pharmacist: Option #3

MDLIVE telemedicine

- 888.976.0802 <https://members.mdlive.com/myewellness>

First Health Provider Network

- <https://www.firsthealthlbp.com>

SupportLinc Mental Health and Substance Abuse

- 888.881.5462

Association for Better Health member benefits

- <https://www.associationforbetterhealth.org/>
- Access Code: ABH18
- 602.888.8133
- hello@associationsservice.org

ABOUT ABH

The Association for Better Health (ABH) is a membership organization who serves individuals looking to improve their personal and their family's physical, mental, financial, and overall well-being.

Through the collective purchasing power of our membership, a holistic benefit program has been developed to enable our members to receive a wide variety of discounts, privileges, and services. Membership benefits are designed to provide the resources, education, and roadmap to achieve and maintain a healthy lifestyle.

The benefits of membership are specifically designed to allow ABH members to save money on a variety of goods, services, and insurance coverage. Members can take advantage of many programs that will assist with enhancing their overall quality of life.



Association for
Better Health

Questions? Go to: associationforbetterhealth.org

Click Member Access and enter the password: **ABH18**

Below are just a few of the savings and discount opportunities that you will have access as a member of ABH.

- Personalized meal plans tailored to your needs and goals
 - Interactive program that uses your entered results to keep your diet on track
 - Smart weekly grocery shopping lists
 - Convenient at-a-glance calorie, fat, carb, and protein totals
 - Customized workouts to match your fitness level
 - Access-Anywhere online workout calendar and log
 - Articles and videos
 - Visit a doctor, counselor, psychiatrist or dermatologist by mobile app, video or phone
 - Discounts for natural vitamins, nutritional supplements, and bath and personal care products
-
- Access to counselors over the phone and ability to see counselors face-to-face
 - Interactive blogs dealing with mental well-being
 - Video resource libraries
 - Audio lessons for mindfulness
-
- Federal Student Loan Concierge
 - Private Student Loan Refinancing Marketplace
 - Financial Coaching
 - Credit Repair Concierge
 - Identity Theft Protection

General Plan Characteristics

GROUP LIMITED MEDICAL PLAN OVERVIEW

- Marketed as a single plan (with 5 levels of coverage)
- Policy structure is 3 separate and non-coordinating policies
 - Group Limited Indemnity
 - Group Outpatient Accident with Inpatient Rider
 - Group Critical Illness
- Coverage Year benefits based on each member's effective date
- Benefits reset at renewal of each Coverage Year (except for Critical Illness)
- Member and enrolled dependents each receive same benefits (exception applies for AD&D)
- Excepted Benefits not subject to ACA or considered a qualified plan
- Sickness, including maternity, and accidents covered
- Wellness/preventative, physicals, and immunizations not covered
- No Pre-Ex., except for: Maternity (9 months); Critical Illness (24 months)
- Indemnity plans must pay the amount shown on the schedule of benefits regardless of the actual expense amount
- Accidents pay both indemnity and expense-incurred benefits
- Potential for split payment to a provider and member
- Potential balance bill to member for expenses above benefit amount

Physician Office Visits

LIMITED MEDICAL PLANS

Physician office visits pre-pay

Benefit amount per day

Mini	\$10	\$65 per day x 3 days
Starter	\$10	\$65 per day x 3 days
Standard	\$10	\$65 per day x 3 days
Enhanced	\$10	\$65 per day x 3 days
Enterprise	\$10	\$65 per day x 3 days

- \$10 office visits pre-pay = access to doctor and plan acceptance
 - Check-in at doctor recognizes First Health and collects copay
 - Not an insurance benefit
 - Reduces billed amount by \$10 from the provider
- 1 office visit per day allowable up to 3 days
- Specialists and Urgent Care visits allowable
- Emergency Room visits not allowable
- For sickness including maternity, and for accidents

Diagnostic, X-Ray, and Lab

LIMITED MEDICAL PLANS

Diagnostic, x-ray, lab benefit amount per day
Class I: Laboratory - Blood Work, CMP, Lipid Panel, Pap/PSA, urinalysis and all other laboratory tests

Class II: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram

Mini

N/A

N/A

Starter

\$30 per day x 2 days

\$60 per day x 2 days

Standard

\$30 per day x 2 days

\$60 per day x 2 days

Enhanced

\$30 per day x 2 days

\$60 per day x 2 days

Enterprise

\$30 per day x 2 days

\$60 per day x 2 days

- One Class I procedure per day allowable up to 2 days
- One Class II procedure per day allowable up to 2 days
- Both Class I and II allowable on same day
- Physician office visit procedure allowable
- Standalone facility procedure allowable
- Emergency Room procedure allowable
- For sickness including maternity, and for accidents

Inpatient Hospitalization

LIMITED MEDICAL PLANS

Day 1 hospital confinement
benefit amount per day

Day 2+ hospital confinement
benefit amount per day

Maximum
Benefit

Mini

\$200 per day x 1 day

\$100 thereafter

5 days per year

Starter

\$400 per day x 1 day

\$250 thereafter

5 days per year

Standard

\$400 per day x 1 day

\$400 thereafter

5 days per year

Enhanced

\$600 per day x 1 day

\$500 thereafter

5 days per year

Enterprise

\$600 per day x 1 day

\$500 thereafter

5 days per year

- Must be admitted with overnight stay (23 hours not eligible)
- All inpatient expenses not just room & board expenses
- Day 1 benefit does not count toward 5 day maximum
- Lower daily benefit amount for Days 2-6
- For sickness including maternity, and for accidents

Surgery and Anesthesia

LIMITED MEDICAL PLANS INPATIENT

Surgery benefit amount per day
(including maternity)

Anesthesia benefit amount per day

Mini

N/A

N/A

Starter

N/A

N/A

Standard

\$750 per day x 1 day

\$188 per day x 1 day

Enhanced

\$750 per day x 1 day

\$188 per day x 1 day

Enterprise

\$750 per day x 1 day

\$188 per day x 1 day

LIMITED MEDICAL PLANS OUTPATIENT

Surgery benefit amount per day

Anesthesia benefit amount per day

Mini

N/A

N/A

Starter

N/A

N/A

Standard

\$400 per day x 1 day

\$100 per day x 1 day

Enhanced

\$500 per day x 1 day

\$125 per day x 1 day

Enterprise

\$500 per day x 1 day

\$125 per day x 1 day

- Separate inpatient and outpatient surgery benefit
- For inpatient, must be admitted with overnight stay (23 hours not eligible)
- Anesthesia benefit = 25% of surgery benefit amount
- For sickness including maternity, and for accidents

Accident Medical

LIMITED MEDICAL PLANS INPATIENT

Accident maximum benefit amount
per year up to:

Benefit % payable at usual and
customary

Mini	N/A	N/A
Starter	\$2,500 per year	80%
Standard	\$2,500 per year	80%
Enhanced	\$2,500 per year	80%
Enterprise	\$5,000 per year	80%

LIMITED MEDICAL PLANS OUTPATIENT

Accident maximum benefit amount
per year up to:

Benefit % payable at usual and
customary

Mini	\$1,000 per year	80%
Starter	\$2,500 per year	80%
Standard	\$2,500 per year	80%
Enhanced	\$2,500 per year	80%
Enterprise	\$5,000 per year	80%

- Separate inpatient and outpatient accident benefit
- For inpatient, must be admitted with overnight stay (23 hours not eligible)
- For outpatient, physician's office, urgent care, emergency room, surgical center, ambulance, prescription, and durable medical equipment allowable
- Pays in-addition to indemnity benefits for: Physician Office Visit, Diagnostic, X-Ray and Lab work, Surgery, and Daily Inpatient Hospitalization
- No deductible. 80/20 coinsurance up to annual maximum.
- Treatment within 72 hours. Claims expenses up to 365 days following accident.
- Not covered if covered under Work Comp, Occupational Accident, or Auto Insurance.

Maternity Benefit

COVERED UP TO PLAN MAXIMUMS:

- 9-month waiting period
- Delivery qualifies for the Surgery benefit
- Hospital stay qualifies for the daily Inpatient Hospitalization benefit
- Doctor Visits for pre or post-natal
- Diagnostic, X-ray, and Lab work Class I and II
- Newborn receives a full set of benefits as long as enrolled within 31 days from birth

MATERNITY BUNDLE EXAMPLE - PLAN 4:

- Three office visits - \$195
- Two Class I labs - \$60
- Two Sonograms - \$120
- Mother 1st and 2nd day benefit - \$1,100
- Child second day benefit - \$500
- Delivery - \$938

TOTAL - \$2,913





FIRST HEALTH PPO NETWORK

The First Health Network is one of the nation's largest PPO networks, offering access to quality, affordable health care. First Health Network has access to more than 5,000 hospitals, over 90,000 ancillary facilities, and over 1 million health care professional service locations in the United States, including Puerto Rico. The network covers over 98% of the US population.

Your membership card will feature Network participating providers and can be searched 24 hours a day here: www.firsthealthlb.com. Members should present their ID card each time they seek services from a participating provider to ensure they receive the full value of the First Health Network.

Service provides members affordable access to physicians by allowing them to pay a \$10 office visit pre-pay before insurance benefits are applied.

SEE A NETWORK DOCTOR OR FACILITY FOR GREATER SAVINGS!

- You can see ANY doctor or hospital of your choice and the insurance plan will pay the same level of benefit – no penalties
- However, if your doctor or hospital is part of the First Health Network you may also receive discounts on their billed charges
- Find a provider near you at www.firsthealthlb.com. The network will compile a list of providers according to the criteria you chose to search:

Click the **START NOW** button to get started

Add Provider, Zip Code, and miles

Welcome, let us help you find a provider in the First Health Network

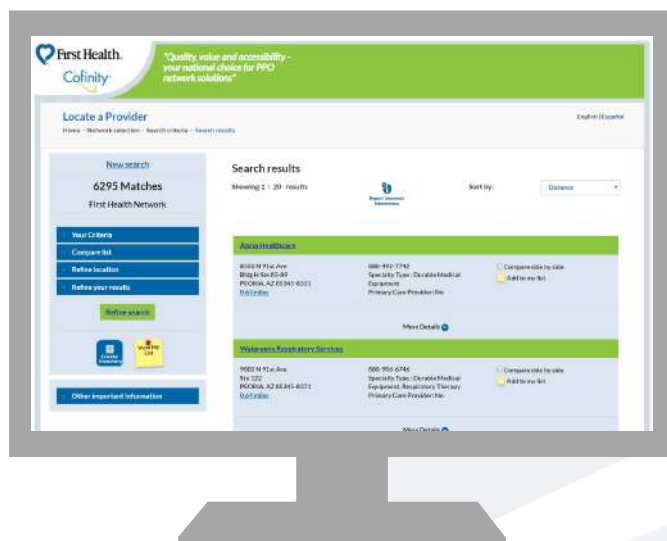
By clicking on the Start now button you agree to the [terms of use](#)

Start now

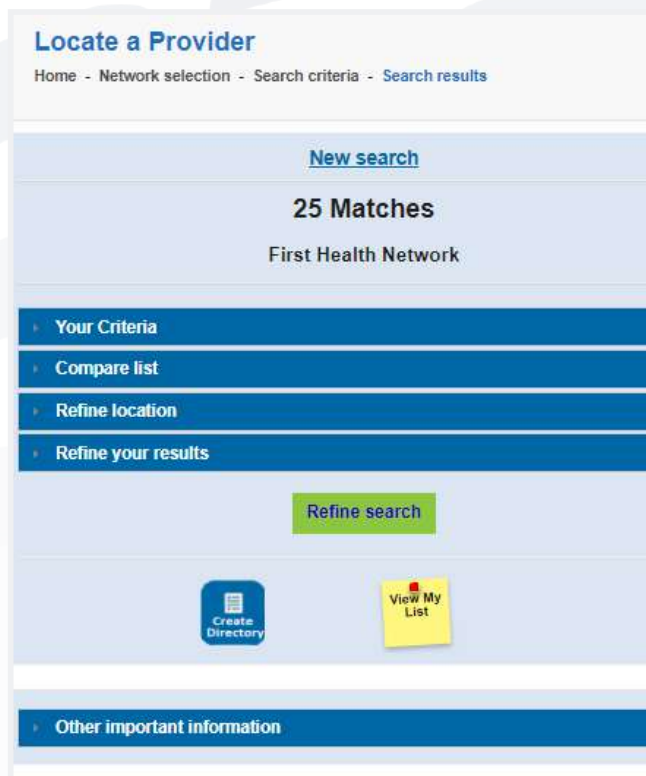
A screenshot of a computer monitor displaying the First Health Network provider search website. The page has a green header with the First Health logo and a tagline. Below the header, there's a section titled "Locate a Provider" with a breadcrumb trail "Home > Network selection > Search for the best". The main content area is divided into two sections: "Type of provider" and "Search by". The "Type of provider" section has a dropdown menu set to "Physician" and several radio button options: "Physician", "Hospital", "Urgent care center", "Lab and radiology", and "All providers". The "Search by" section has a dropdown menu set to "Select ZIP or state:" and several input fields: "ZIP code" (with a "To work" button), "Miles" (set to 10), "Radius" (set to 10), "Distance" (set to 10), and "Maximum ZIP code". There are also links for "Show more options" and "Show more options link to search by provider, specialty or condition". At the bottom, there are "Clear filters" and "Search now" buttons.



Your Provider list is based on Provider Type and Zip Code



Not finding what you want? Refine your search by **CLICKING** Refine location or Refine your results



To create a personalized list of Providers click on the **CREATE DIRECTORY** button.

Next, select the directory type to get started.

A PDF Users Manual is available by clicking the **USER MANUAL** link just below the **CREATE DIRECTORY** button.

The manual will provide you with detailed instructions of how to create your personalized Provider Directory.



MDLIVE

BE ON YOUR WAY TO FEELING BETTER WITH MDLIVE.

MDLIVE provides anytime access to board-certified doctors and pediatricians from where it's most convenient - home, office, or on the go. You can have a virtual consultation to diagnose non-emergency medical issues over the phone or through secure video on your computer or smartphone.

USE YOUR TELEMEDICINE BENEFIT AT NO COST TO YOU!

- 24/7 access to consult with a licensed physician by phone or Video
- **\$0 consult fee and unlimited visits for all covered family members**
- Physician can write non-maintenance prescriptions when applicable
- Visit www.mdlive.com/myewellness or call 888-976-0802 (on your ID Card)

GET STARTED TODAY!

MDLIVE provides anytime access to board-certified doctors and pediatricians from where it's most convenient - home, office, or on the go. You can have a virtual consult to diagnose non-emergency medical issues over the phone or through secure video on your computer or smartphone.

The provider will see you now!



Online Video
See a provider using your computer over the Internet



Phone Call
No Webcam? No problem!
Talk to a provider over the phone!



Secure E-mail Advice
Ask questions and get advice privately using secure E-mail





NEXT YOU WILL SEE THE PATIENT SIGN UP MENU

Simply fill out all the information requested in the application and create your user name and password. If you do not fill in the required field a message will show which field is missing information. Not all fields are required.

Once you CLICK Continue you are ready to schedule a phone call or video consultation with a doctor for **\$0 copay**.

The image shows a screenshot of the MDLIVE Patient Sign Up form. The form is titled "Patient Sign Up" and includes a welcome message: "Welcome to MDLIVE. Let's start by updating your MDLIVE account." Below the message, there is a section for "Identify Member" with a progress bar showing three steps: 1. Identify Member, 2. Update Account, and 3. Complete Profile. The form contains various input fields for personal information, including First Name, Last Name, Primary Phone, Alternate Phone, Address (Line 1 and Line 2), City, State (a dropdown menu currently showing Alabama), Zip, Birthdate (Month, Day, and Year dropdowns), Gender (a dropdown menu), E-mail, Confirm E-mail, Username, Password, Confirm Password, Security Question (a dropdown menu currently showing "What year did you graduate from high school (format YYYY)?"), and Answer. There are also checkboxes for "I agree to the Terms of Use" and "Keep me up to date on my MDLIVE benefits, features and services via email." A red "CONTINUE" button is at the bottom of the form. At the bottom of the page, there is a phone number "888-976-0802", a copyright notice "Copyright © 2018 MDLIVE, Inc. All Rights Reserved.", and links for "Privacy Policy", "Terms of Use", "Checkers", and "Notice of Non-Discrimination". There are also social media icons for LinkedIn, Facebook, Twitter, and YouTube.

MDLIVE Member Login

1 Identify Member 2 Update Account 3 Complete Profile

Patient Sign Up
Welcome to MDLIVE. Let's start by updating your MDLIVE account.

*Indicates required fields

*First Name: First Name *Last Name: Last Name

*Primary Phone: Primary Phone Number *Alternate Phone: Alternate Phone Number

Address: Address Address (Line 2): Address (Line 2)

*City: City *State: Alabama

*Zip: Zip

Birthdate: Month Day Year Gender: Gender

*E-mail: Email address

*Confirm E-mail: Confirm Email address

*Username: Username

*Password: Password

*Confirm Password: Confirm Password

*Security Question: What year did you graduate from high school (format YYYY)?

*Answer: Answer

☒ Keep me up to date on my MDLIVE benefits, features and services via email.

CONTINUE

888-976-0802 Copyright © 2018 MDLIVE, Inc. All Rights Reserved.
Privacy Policy | Terms of Use | Checkers | Notice of Non-Discrimination

LinkedIn Facebook Twitter YouTube

Disclaimers:

* MDLIVE physicians may not treat any children with urinary symptoms.

* Parents/guardian will be required to complete a different medical history disclosure form for children under the age of 36-months prior to making an appointment with an MDLIVE physician. Children under 36 months who present with fever must be referred to their pediatrician (medical home), child-friendly urgent care center or emergency department for clinical evaluation and care.

** MDLIVE Services are limited to only video consultations with the ability to prescribe in Idaho. In Arkansas, an initial visit must be completed via video. After an initial visit, subsequent consultations may be completed via phone.

Disclaimers: MDLIVE does not replace the primary care physician. MDLIVE operates subject to state regulation and may not be available in certain states. *MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. For complete terms of use visit /myewellness/terms_of_use



RXASSIST & \$0 PREVENTATIVE

RxAssist has partnered with MedalistRx to provide the deepest discounts on your prescriptions from a customer service team who monitors claims in real-time. The program provides the following prescription benefits to help alleviate costly generic and brand medications.



\$0 Preventive Care Medications

Under the health reform law (Affordable Care Act), pharmacy benefit plan cover certain Preventive Care Medications at 100% - without charging a co-pay, co-insurance or deductible. The program includes medications and supplements. To see a complete list of preventive covered products please visit the Agentra website <https://agentra.com> under the RxAssist program information page. You can use your RxAssist member ID card to get the products on this list at no cost if they are:

Prescribed by a health care professional

Age and condition appropriate

Filled at a network pharmacy

Discounted Medications

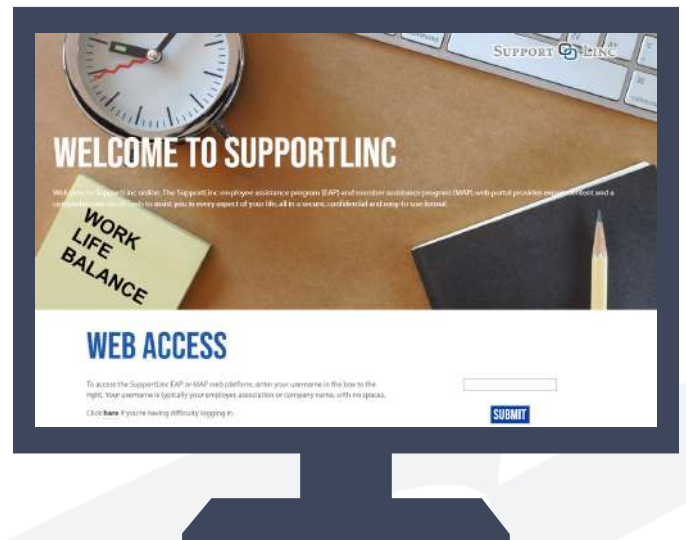
The RxAssist discount program provides between 60-95% savings off the average wholesale price on generic medications, and between 13-17% savings off the average wholesale price for brand medications. RxAssist powered by MedalistRx Pharmacy Benefit Management Company, is providing industry leading discounts and support for this program.

Your Rx, Your Choice

Choose where to fill your prescription from over 76,000 pharmacies nationwide in the MedalistRx network. A pharmacy look up tool is located on the Agentra website <https://agentra.com> under the RxAssist program information page.



MENTAL HEALTH AND SUBSTANCE ABUSE



About

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, SupportLinc will be there to help. SupportLinc is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. The program provides professional counseling and expert referrals for a wide array of personal and work-related concerns.

EAP/MAP

Employee (EAP) and member (MAP) assistance programs provide an organizational approach to working constructively with employees/members who experience personal and work-related problems that impact their overall wellbeing.

Wellness

Programs provide clients with a comprehensive health management solution that engages individuals on a personal level while working to improve the overall health and wellbeing of the organization.

Contact

888.881.5462



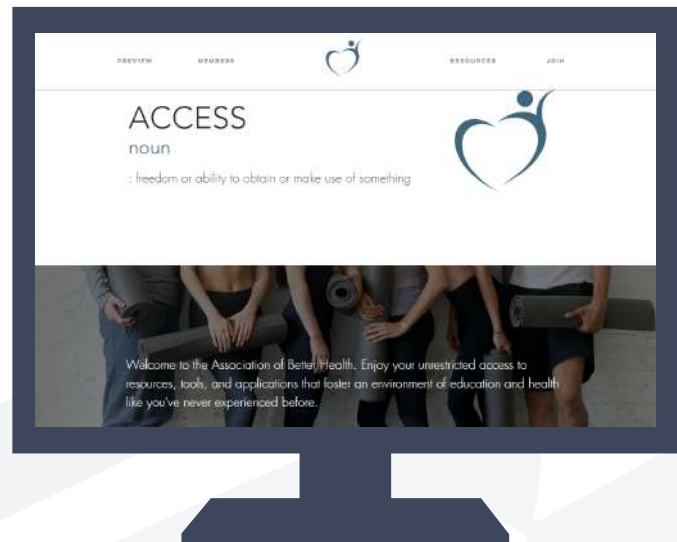
ASSOCIATION FOR BETTER HEALTH

As a member of the Association for Better Health (ABH), you have access to health & wellness tools and resources, along with discounts and savings on consumer goods, travel, and everyday items. We partnered with various benefit providers to provide you with programs and offers that make your life easier.

associationforbetterhealth.org

Click Member Access and enter

Group Code: ABH18



Health Benefits

LensCrafters Vision Club - You and your eligible family members receive: • Special rates on all materials and services available at LensCrafters • Lenses ground to prescription specifications in about one hour • Over 10 times the frame selection of ordinary optical stores • 20% discount on all purchases at any LensCrafters • Complete satisfaction guaranteed!

Consumer Benefits

My Association Saving Benefits - My Association Saving Benefits provides members with exclusive perks and over \$4,500 in savings on everything from pizza and the zoo, to movie tickets, oil changes, hotels, and car rentals! With over 302,000 available discounts across 10,000 cities in the United States and Canada, you'll never be far from savings.

Travel Benefits

Avis® and Budget® - Take advantage of affordable car rental discounts available from Avis® and Budget®. As a member, using the service is easy.

True Car Auto Buying Service - You can save time and money shopping for a new or used car with the Member Auto Buying Service through True Car. Members receive exclusive pricing and price protection, so you will be guaranteed to receive the lowest price. You have access to True Car's network of thousands of Certified Dealers and will experience hassle-free buying at home and at the dealer.

These are just a few of the savings and discount opportunities that you will have access as a member of ABH. Questions? Contact Us associationforbetterhealth.org or call (602) 888-8133

LIMITED INDEMNITY LIMITATIONS

PREGNANCY LIMITATION

We will not pay benefits for Hospital Confinement, Hospital Intensive Care Unit Confinement or Hospital Admission Benefit for any Confinement caused by or occurring as a result of the Insured's normal pregnancy or childbirth within the first 9 months after the Certificate Effective Date. Confinement as a result of Complications of Pregnancy will be covered to the same extent as any other Sickness. After coverage has been in force for 9 months following the Certificate Effective Date, benefits for a Confinement caused by or occurring as a result of the Insured's normal pregnancy or childbirth will be payable in accordance with the terms and conditions of the Policy.

EXCLUSIONS

The Policy does not provide any benefits for the following:

(1) services or supplies that are not Medically Necessary, even if prescribed, recommended, or approved by a Physician; (2) intentionally self-inflicted Injury or suicide attempt while sane or insane; (3) voluntary abortion except, with respect to You or Your Dependent Spouse or Domestic Partner: (a) where You or Your Dependent Spouse's or Domestic Partner's life would be endangered if the fetus were carried to term, or (b) where medical complications have arisen from abortion; (4) procedures, services, or drugs related to artificial insemination, in vitro or test tube fertilization, including any related testing; (5) procedures, services, or drugs for exogenous obesity or weight control; (6) services for purchase and fitting of hearing aids; (7) services and supplies related to smoking cessation; (8) charges for food, food supplements, or vitamins; (9) charges related to marriage, family, child, career, social adjustment, pastoral, or financial counseling; (10) services related to therapy, supplies, treatment or counseling for sexual dysfunction or inadequacies that do not have a physiological or organic basis; The policy does provide benefits for Medically Necessary treatment, drugs, services or supplies related to gender transition (including gender dysphoria), medically appropriate gender-specific services, and other related dysfunctions; (11) procedures, services, or drugs for the reversal of a tubal ligation or a vasectomy; (12) charges for rental or purchase of durable medical equipment; (13) Injury or Sickness resulting from (a) an act of war, declared or undeclared, while serving in any Armed Forces or an auxiliary unit thereto; (b) active participation in a riot, civil commotion, civil disobedience or unlawful assembly; (c) committing a felony; (d) participation in a contest of speed in a power-driven vehicle, parachuting, parasailing, bungee jumping, scuba diving, stunt driving, rock climbing, flying ultra-light aircraft, skydiving, hang gliding or any hazardous sports activity for exhibition purposes; (e) air travel, except as a fare-paying passenger on a commercial airline; or (f) the Insured being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a Physician; (14) cosmetic surgery or elective surgery except organ donation or Medically Necessary gender reassignment, including any expenses related to Hospital Confinement, unless due to a covered Injury or Sickness; (15) any Treatment, drugs, or surgery considered Investigational or Experimental by the American Medical Association, the Health Care Finance Administration, or the Federal Drug Administration; (16) any Injury or Sickness occurring while the Insured is in the service of the Armed Forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the Armed Forces. When the Insured provides Us notice of entering the Armed Forces, We will return to the Insured pro rata any premium paid, less any benefits paid, for any period during which the Insured is in such service; (17) an Injury or Sickness for which the Insured receives benefits under Workers' Compensation or similar coverage or for which the Insured would receive benefits under Workers' Compensation if the employer had enrolled the Insured for such coverage and the Insured and employer had cooperated in filing a claim under that coverage; (18) dental or vision services, including but not limited to treatment, surgery, extractions or x-rays, unless: (a) resulting from an Injury occurring while the Insured's coverage is in force and if performed within 12 months of the date of such Injury; (b) due to congenital disease or anomaly of a newborn Dependent Child; (c) dental services or oral surgery due to excision of impacted third molars, closed or open reduction of fractures, or dislocation of the jaw; or (d) services are provided by the Dental Benefit Rider or Vision Benefit Rider and all required additional premium has been paid. (19) any charges incurred prior to the Certificate Effective Date or in excess of the Benefit Year Maximums shown on the Schedule of Benefits; (20) pregnancy of a Dependent Child, except Complications of Pregnancy; (21) routine examinations, such as health exams, periodic check-ups or routine physicals unless specifically stated in the Schedule of Benefits; or

(22) routine newborn care and nursery charges, including charges incurred for routine Hospital Confinement unless specifically stated in the Schedule of Benefits; (23) treatment for Mental or Nervous Disorders, unless specifically stated in the Schedule of Benefits; or (24) treatment for Substance Abuse, unless specifically stated in the Schedule of Benefits.

ACCIDENT MEDICAL EXPENSE LIMITATIONS

The Company will pay Accident Medical Expense Benefits for the Covered Medical Expenses listed below that result directly, and from no other cause, from a Covered Injury. Outpatient Accident Medical Expense Benefits are only payable: 1. when Covered Medical Expenses incurred exceed any applicable Deductible specified in the Schedule of Benefits; 2. as long as the first Covered Medical Expense has been incurred within the time period specified in the Schedule of Benefits; 3. until the Maximum Benefit Period shown in the Schedule of Benefits has expired; 4. until Benefits paid equal the Benefit Maximum shown in the Schedule of Benefits.

No benefits will be paid for any Covered Medical Expenses incurred that are in excess of Usual and Customary Charges.

Common Exclusions: In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section: 1. Intentionally self-inflicted injury, suicide or any attempt while sane or insane; 2. Commission or attempt to commit a felony or an assault; 3. Commission of or active participation in a riot or insurrection; 4. War or acts of war, declared or undeclared, while serving in the military or any auxiliary unit thereto.; 5. An injury or sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, the Company will refund any premium paid for this time on a pro-rata basis. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days; 6. Flight in, boarding or alighting from an Aircraft except as a fare-paying passenger on a regularly scheduled commercial or charter airline; 7. Travel in any aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year; 8. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; 9. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a Covered Injury; 10. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officers report, or similar items will be considered proof of the Insured Person's intoxication; 11. Aggravation or re-injury of a prior injury the Insured Person suffered prior to His Coverage Effective Date, unless the Company receives a written medical release from the Insured Person's Physician 12. Sickness, disease or any bacterial infection, except one that results from an Accidental cut or wound, or pyogenic infections that result from Accidental ingestion of contaminated substances.

In addition, benefits will not be paid for services or treatment rendered by any person who is: 1. employed or retained by the Policyholder; 2. living in the Insured Person's household; 3. an Immediate Family Member of either the Insured Person or the Insured Person's spouse; 4. the Insured Person.

Excluded Expenses: In addition to the Common Exclusions, The Company will not pay Outpatient Accident Medical Expense Benefits for any Covered Medical Expense, treatment or services resulting from or contributed to by: 1. treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances; 2. treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis; 3. osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness; 4. detached retina unless caused by a Covered Accident; 5. mental disorder or psychological or psychiatric care or treatment whether or not caused by a Covered Accident; 6. pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions; 7. mental and nervous disorders; 8. damage to or loss of dentures or bridges, or damage to existing orthodontic equipment; 9. expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial disorders; 10. injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits, including any insurance policy that provides benefits to the [Insured Person] for injuries resulting from an occupational accident, or while engaging in activity for monetary gain from sources other than the [Policyholder]. 11. all surgery, including cosmetic and elective surgery; 12. any elective treatment, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States; 13. eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; 14. expenses payable by any automobile insurance policy without regard to fault; 15. conditions that are not caused by a Covered Accident; or 16. any treatment, service or supply not specifically covered by the Certificate. 17. injuries paid under medical payment coverage or no-fault coverage contained in an automobile insurance policy or liability insurance policy.

CRITICAL ILLNESS LIMITATIONS

PRE-EXISTING CONDITION LIMITATION

Benefits under this Certificate are not payable in connection with a Pre-Existing Condition. This Pre-Existing Condition Limitation shall not apply to a Diagnosis commencing after the earlier of: 1. the end of a continuous period of 24 months commencing on or after the Insured Person's Coverage Effective Date, during all of which the Insured Person has received no medical advice or treatment in connection with such disease or physical condition; and 2. the end of the two-year period commencing on the Insured Person's Coverage Effective Date.

COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section: 1. the Insured Person's suicide or intentional self inflicted injury or Sickness, while sane or insane; 2. the Insured Person's being under the influence of an excitant, depressant, hallucinogen, narcotic, and other drug, or intoxicant including those taken as prescribed by a Physician; 3. the Insured Person's commission of or attempt to commit an assault or felony; 4. the Insured Person's engaging in an illegal activity or occupation; 5. the Insured Person's voluntary participation in a riot; 6. any illness, loss or condition specifically excluded from the definition of any Critical Illness; 7. a Critical Illness that was initially Diagnosed before the Coverage Effective Date; 8. war, whether declared or not, while serving in the military or any auxiliary unit.; 9. balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure unless covered under this Certificate; or 10. any injury or Sickness covered under any state or federal Worker's Compensation, Employer's Liability law or similar law.

THE INSURANCE DESCRIBED IN THIS BROCHURE PROVIDES LIMITED BENEFITS. LIMITED BENEFITS PLANS ARE INSURANCE PRODUCTS WITH REDUCED BENEFITS INTENDED TO SUPPLEMENT COMPREHENSIVE HEALTH INSURANCE PLANS. THIS INSURANCE IS NOT AN ALTERNATIVE TO COMPREHENSIVE COVERAGE. IT DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. FURTHER, THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Plans are underwritten by First Continental Life and Accident Insurance Company. This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in the state in which the policies are delivered. Complete details may be found in the policies on file at your association's office. The policies are subject to the laws of the state in which they are issued. Coverage may not be available in all states or certain terms may be different if required by state law. First Continental Life and Accident Insurance Company assumes no responsibility or liability for non-insurance services of third parties.

PLEASE NOTE: Membership in the Association for Better Health is required to have access to nationwide association benefits, discounts, services and medical benefit plans. Association membership dues are \$5.95 per month per primary member and will be billed in addition to insurance rates shown in this brochure. To access and review association member benefits, go to: www.associationforbetterhealth.org

SECURE CARE LIMITED MEDICAL

FOR PLAN PARTICIPANTS OF THE ASSOCIATION FOR BETTER HEALTH

