



THE ASSOCIATION FOR INDEPENDENT MANAGERS, INC.™

MEMBERSHIP IN THE ASSOCIATION FOR INDEPENDENT MANAGERS, INC.™

The membership package includes the following benefits:

Limited Medical Insurance Benefits

These benefits as shown below are underwritten by American Medical and Life Insurance Company.

Benefits include:

- Doctor's Office Visits
- Preventive Care
- Diagnostic Laboratory and X-ray
- In patient Hospital Confinement
- Surgery with Anesthesia rendered by a licensed anesthesiologist or Certified Registered Nurse anesthetist
- Anesthesia when administered by a licensed anesthesiologist or Certified Registered Nurse anesthetist
- Inpatient and Outpatient mental health
- Chemical Abuse and Dependency

The insurance policy:

- No medical examination required
- Accepts Creditable Coverage (HIPPA) in most states
- Has no Coordination of Benefits
- Has no lifetime maximums

Non-Insurance Benefits Include:

- Association Member Benefits
- Multiplan PPO Discount
- Prescription Drug Discounts



Why the Association for Independent Managers, Inc.™ is right for you:

The Association for Independent Managers, Inc.™ was formed in January, 1979 under the non-profit corporation laws of the State of Florida by visionary, Jack Winebrenner. Jack started the Association with a mission to create an association that would provide practical education, tools and resources so small businesses could succeed. He realized that the Association would naturally attract small business owners and managers, as well as their employees. Over the past 30 years, the Association for Independent Managers has done just that.

The Association came to be mainly because small businesses need help in many ways. The Association recognized that a person could start a business like a hair salon and know quite a bit about cutting and fixing hair. The problem was, there often wasn't sufficient knowledge about taxes, payroll, accounting, workers compensation and other insurances, incorporating, and how to manage a business so many businesses simply went "under." That problem begged a solution.

It was decided to incorporate the Association for Independent Managers, Inc., in January, 1979, and it has been operating ever since. Today we are the national association for small and home-based businesses. We really are, "***the big association for the little guy.***"

Association Benefits included with all Association membership packages.

✓	ASSOCIATION NEWSLETTER
✓	EDUCATIONAL COURSES
✓	SMALL BUSINESS TOOLS AND RESOURCES
✓	TELE-SEMINARS, WEBINARS AND EXPOS
✓	SALES INCENTIVES AT LOWER PRICES
✓	EBOOKS
✓	JUST ASK PROGRAM

The Association For Independent Managers, Inc.™
Membership Benefit Packages with Limited Benefit Plan

Association Member Benefit	Package 6 Access 500 Package	Package 7 Executive 750 Package	Package 8 Premier 1000 Package
Free Access To Lower Prices for the Following :			
Credit Repair Services	X	X	X
Gift Certificate Exchange	X	X	X
Mortgage Assistance Program	X	X	X
Pet Supplies	X	X	X
Pet Prescriptions	X	X	X
Pet Food & Snacks	X	X	X
Online Cash Back Shopping	X	X	X
Tax Savings Program	X	X	X
Vehicle Purchasing & Leasing Program	X	X	X
Additional Benefits Included			
NATIONAL PPO NETWORK	X	X	X
RX CARD (Discount)	X	X	X
\$5,000 LIFE INSURANCE, Plus Family Rider for all Family Plans – Insured by Lincoln National Life*	X	X	X
24 Hour Nurse Line	X	X	X
Auto Maintenance and Hotel Savings	X	X	X
Dining Discounts	X	X	X
eDoc	X	X	X
Family Consultation	X	X	X
Financial Helpline	X	X	X
Flowers For All Occasions (Discounts)	X	X	X
Golfing (Discounts)	X	X	X
Grocery Coupons, National	X	X	X
Identity Theft (LifeLock)	X	X	X
Legal Club of America (Legal Care Direct)	X	X	X
Magazine (Discount) Program	X	X	X
Medical Health Advisor	X	X	X
Medical Travel Assist	X	X	X
Movie Ticket Discounts	X	X	X
Patient Advocacy	X	X	X
Recreational Discounts (National)	X	X	X
Roadside Assistance	X	X	X
Ski Savings & Discounts	X	X	X
Tax Help Line	X	X	X
Teladoc	X	X	X
The Expense Tracker	X	X	X
Theme Park Discounts (National)	X	X	X
Travel Reservation Services	X	X	X

*OFFERED THROUGH THE CONSUMER BENEFIT SERVICE ASSOCIATION OF AMERICA. **MEDICAL TRAVEL ASSIST NOT AVAILABLE TO OR, FL, CT, AND WA RESIDENTS.** HOSPITAL DISCOUNT IS NOT AVAILABLE IN MD AND VT. DENTAL, CHIROPRACTIC, PHYSICIAN VISIT AND VISION BENEFITS ARE NOT AVAILABLE TO VT RESIDENTS.

Limited Medical Insurance Benefits - The benefits as shown below are underwritten by American Medical and Life Insurance Company.

<p>DOCTORS OFFICE VISIT The carrier will pay the benefit shown, if you incur and charged for and require a Doctor's office visit, due to injuries received in a Covered Accident or due to a Covered Sickness.</p>	<p>\$35 per visit Maximum of 5 visits per policy year</p>	<p>\$50 per visit Maximum of 5 visits per policy year</p>	<p>\$75 per visit Maximum of 5 visits per policy year</p>
<p>PREVENTATIVE CARE TEST BENEFIT The carrier will pay the benefit amount shown, if you incur charges for and have one of the preventative care tests listed in the policy's Certificate Schedule.</p>	<p>\$75 per test 1 per policy year</p>	<p>\$75 per test 1 per policy year</p>	<p>\$75 per test 1 per policy year</p>
<p>LAB & X-RAY The Carrier will pay the benefit shown, if you incur charges for diagnostic, X-ray and/or laboratory testing caused by a covered Accident or Sickness.</p>	<p>\$50 per test 2 per policy year</p>	<p>\$75 per test 2 per policy year</p>	<p>\$75 per test 2 per policy year</p>
<p>INPATIENT HOSPITAL CONFINEMENT The Carrier will pay the benefit shown, if you incur charges for and are confined to a Hospital, due to injuries received in a Covered Accident or due to a Covered Sickness.</p>	<p>\$500 per day Maximum of 30 days per policy year</p>	<p>\$750 per day Maximum of 30 days per policy year</p>	<p>\$1000 per day Maximum of 30 days per policy year</p>
<p>ICU/CCU In lieu of hospital confinement payment.</p>	<p>\$1,000 Maximum of 5 days per policy year</p>	<p>\$1,500 Maximum of 5 days per policy year</p>	<p>\$2,000 Maximum of 5 days per policy year</p>
<p>SURGERY WITH ANESTHESIA The carrier will pay the benefit shown if you undergo a surgical procedure due to a Covered Accident or Sickness. The procedure must be performed by a Physician. Anesthesia must be administered by a licensed Anesthesiologist or Certified Registered Nurse Anesthetist. Reimbursements are based on the Medicare/RBRVS* Benefit Schedule.</p>	<p>50% of RBRVS*</p>	<p>80% of RBRVS*</p>	<p>100% of RBRVS*</p>
<p>ANESTHESIA Anesthesia must be administered by a licensed Anesthesiologist or Certified Registered Nurse Anesthetist.</p>	<p>25% of surgical allowance</p>	<p>25% of surgical allowance</p>	<p>25% of surgical allowance</p>
<p>ACCIDENTAL DEATH BENEFIT & DISMEMBERMENT** The carrier will pay the benefit shown if you incur charges due to injuries received in a covered Accident.</p>	<p>\$10,000</p>	<p>\$10,000</p>	<p>\$10,000</p>

***RBRVS** - (resource based relative value system) is the methodology used by the federal government to determine benefits payable under Medicare. In some states this benefit is payable as a percentage of a surgical schedule. You may contact our customer service department at 1-888-264-1512 for information on surgical allowances.

**Accidental death and dismemberment is currently not available in TX, LA, and OK.

Hospital discount is not available in MD and VT. Dental, chiropractic, physician visit and vision benefits are not available to VT residents.

Monthly Rates <i>The rates shown are for all insurance premiums and additional benefits.</i>	Access 500 Package	Executive 750 Package	Premier 1000 Package
Member	\$242	\$303	\$360
Member Plus Spouse	\$332	\$438	\$532
Member Plus Child(ren)	\$315	\$413	\$499
Family	\$399	\$533	\$654
HIPAA Compliant			
The Optional Benefits listed below may be added to any package at an additional cost:			
DMPO Basic Package	\$19.95		
Discounted Dental	X		
Discounted Vision	X		
Chiropractic Discounts	X		
PPO Discounts (Doctor/Hospital)	X		
Hearing Discounts	X		

ADDITIONAL BENEFITS AND DISCOUNT PROGRAMS

Disclosures: This plan is NOT insurance.

This plan provides discounts at certain healthcare providers for medical services.

This plan does not make payments directly to the providers of medical services.

The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization.

This discount card program contains a 30 day cancellation period.

FL, LA, MS, ND, OK, SC, SD and TX residents: Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after the effective date. AR and TN residents: A refund of all fees will be issued if membership is cancelled within the first 30 days. MD Residents: The membership fee and one-time registration fee (minus \$5.00) will be refunded if cancelled within the first 30 days and upon return of the discount card. MA Residents: The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.

Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309 Dallas, TX 75367-1309, 800-800-7616. Internet website address to obtain participating providers <http://www.locateproviders.com> or www.locateproviders.com. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. The program administrator may obtain fees from pharmacies based on your prescription drug purchases. These fees may be retained by the program administrator or shared with you and/or your pharmacy. The discount medical card program makes available, before purchase and upon request, a list of program providers, including the name, city, state, and specialty of each program provider located in the cardholder's service area.

Hospital Discount is not available in MD and VT.

Dental, Chiropractic, Physician Visit and Vision Benefits are not available to VT residents.

Discount Medical Plan Application

(FILL OUT ONLY IF YOU ARE PURCHASING THIS PLAN)

First Name _____ Mi _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Daytime phone (_____) _____ Evening Phone (_____) _____

DMPO Basic Package is \$19.95/mo. (This can be added to any toehr member package).

Please Note: There Is A One Time Application Fee of \$25.00.

PACKAGE INCLUDES: DENTAL1, VISION1, CHIROPRACTIC1, PHYSICIAN/HOSPITAL2, HEARING

IMPORTANT:

¹ Dental and Vision Benefits not available to VT residents.

² Physician Visit Benefit is not available to VT residents.

Hospital Discounts NOT available in MD and VT

Disclosures: This plan is NOT insurance. This discount card program contains a 30 day cancellation period.

FL, LA, MS, ND, OK, SC, SD and TX Residents: Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after the effective date. AR and TN Residents: A refund of all fees will be issued if membership is cancelled within the first 30 days. MD Residents: The membership fee and one-time registration fee (minus \$5.00) will be refunded if cancelled within the first 30 days and upon return of the discount card. MA Residents: The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. The discount medical card program makes available, before purchase and upon request, a list of program providers, including the name, city, state, and specialty of each program provider located in the cardholder's service area. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309, Dallas, TX 75367-1309, 800-800-7616, Internet website address to obtain participating providers, www.locateproviders.com.

ABOUT YOUR LIMITED INSURANCE AND OTHER ASSOCIATION BENEFITS

This insurance is a limited medical insurance policy. The benefits are provided under a group insurance policy underwritten by American Medical and Life Insurance Company (Policy Form No. GRP LM 2009 – Group Policy Number 50015) and are subject to the terms and conditions of coverage as set forth in the insurance policy and Certificate of Coverage.

This insurance is **not basic health or major medical insurance**, and is not designed as a substitute for basic health or major medical insurance.

This plan is offered through the Association for Independent Managers, Inc.™ and requires you to be a member of the Association in order to be eligible for insurance.

ELIGIBILITY FOR INSURANCE

The following Association members are eligible for insurance:

Individuals between the ages of 18* and up to age 65. Unmarried dependent child(ren) between the ages of 19 – 25* who is dependent upon the certificate holder for support; or, is a full time student, legal residents of the United States; Individuals not in full-time service of the Armed Forces; Individuals not eligible for Medicare, or Individuals receiving disability or worker's compensation benefits.

**Age limitations vary from state to state.*

CERTIFICATE OF COVERAGE & SCHEDULE OF BENEFITS

You will be receiving a Schedule of Benefits directly from American Medical and Life Insurance Company which will describe the benefits you are covered for. A Certificate of Coverage will be available to you via website; the website address is www.usamli.com. Of course you may contact us at **(877) 539-3940** to request a Certificate of Coverage; and one will be mailed to you. The Certificate of Coverage will explain in detail the benefits covered under your insurance, including all exclusions and limitations of your insurance coverage. Since not all medical expenses are covered under your insurance plan, we encourage you to review your Certificate of Coverage and Schedule of Benefits to understand your benefit coverage.

PRE-EXISTING CONDITIONS & CREDITABLE COVERAGE

Your policy has a pre-existing condition limitation. If, you or any covered person, has a condition (whether physical or mental) for which medical advice, diagnosis, care or treatment was recommended or received from a physician within a 6-month period preceding the effective date of coverage of the covered person, the condition will not be covered for 12 months. However, if you have prior creditable coverage, you will receive credit toward this plan's pre-existing condition limitation.

30 DAY FREE LOOK PERIOD

You have the right to examine your policy for a period of 30 days. If, during that period, you decide not to purchase this insurance, you will receive a full refund of your premium.

MULTIPLAN DISCOUNT PROVIDER NETWORK



In addition to our great benefit coverage, we utilize America's largest PPO network: the MultiPlan PPO network. By utilizing the MultiPlan PPO Network, you will enjoy significant savings for hospital and physician services. The MultiPlan Network is a national PPO network. It provides plan participants a choice of providers at discounted rates. Since 1980, MultiPlan has been making participating providers available to plan members with some 4,300 acute-care hospitals, 103,000 ancillary facilities, and 550,000 practitioners participating from all States.

PRESCRIPTION DISCOUNTS

The "neighborhood pharmacy program" assures members the lowest price on prescription drugs, saving 10% to 60% on most prescriptions.

It's simple to use. The member simply presents the membership card with the prescription to the pharmacist. The pharmacist calculates the discount and the member pays the discounted price. No other forms required.

- 10% to 60% savings on most medications.
- Over 60,000 national and regional pharmacy chains participate as well as independent pharmacies.
- No pharmacy program is complete unless it includes both retail locations where members may fill acute care medications and a mail order program so members may optimize their savings by purchasing maintenance prescriptions in 90 day supplies to treat ongoing ailments.
- Do not call the pharmacy for price quotes. Prices may change from day to day and they cannot be given over the telephone.

MAIL ORDER PHARMACY

To ensure members always save money on their prescription drugs, a unique mail order program was created to complement the network pharmacy benefit. Since most maintenance medications are purchased in 90 day supplies, members maximize savings and have the convenience of home delivery (at no additional charge) through HealthTrans. Accuracy is assured by requiring every order to pass seven quality checkpoints before shipping.

- Prices average 10% below AARP mail order pricing
- Members are guaranteed savings when purchasing long-term, maintenance medications prescribed to treat on-going ailments (such as arthritis, heart disease and high cholesterol). The mail order prescription price is guaranteed to be \$5.00 less than the lowest competitive price quote from a local pharmacy provided the brand or generic drug costs \$10.00 or more. Additionally, New Benefits, Inc. guarantees to beat AARP (The American Association of Retired Persons) prices by 10%. There are never any dispensing or postage fees added except for "rush" deliveries.
- Prescriptions are delivered right to your door.
- Unlike competitive programs that restrict available medications to their "approved" list, the Mail Order Prescription Plan is an "open formulary", so doctors may prescribe the most effective medication to treat the member's ailment or condition.

*The \$5.00 guaranteed savings cannot be used in conjunction with other discount or insurance cards.

**Pharmacy Discounts are Not insurance and are Not intended as a substitute for insurance.

The discount is only available at participating pharmacies.

GENERAL INFORMATION

- Available effective date is the 1st of a month contingent on receipt of enrollment application by the 20th of the preceding month and initial premium payment.

PROVISIONS

The AMLI Limited Benefits Medical is a group insurance benefit program. The group insurance benefits vary depending on the plan selected. These benefits are provided under a group insurance policy underwritten by the American Medical and Life Insurance Company and are subject to the company's underwriting guidelines, exclusions, limitations, terms and conditions of coverage as set forth in the insurance policy and certificate issued which includes a pre-existing limitation and other restrictions. The insurance is not basic health insurance or major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage.

Association for Independent Manager's, Inc. Membership Enrollment Form

MEMBER NAME (Last, First, Middle Initial)			NUMBER OF ELIGIBLE FAMILY MEMBERS	
STREET ADDRESS		CITY		STATE
STREET ADDRESS		CITY		STATE
BILLING ADDRESS / CONTACT / COMPANY (If different than above)			EMAIL ADDRESS	
HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE	FAX NUMBER	
BENEFICIARY (FOR LIFE COVERAGE)	RELATIONSHIP	BENEFICIARY ADDRESS (IF DIFFERENT THAN MEMBER)		
INDUSTRY TYPE	JOB DESCRIPTION	AREAS OF INTEREST WITH ASSOCIATION		

Proxy. As an enrolled member of the Association, you acknowledge that on the application for membership you appointed the Secretary of the Association in office at any particular time as your proxy to receive notice of and attend all meetings of the members and vote on your behalf and to otherwise act for you in the same manner and with the same effect as if you were personally present. This proxy shall be valid until revoked at any time prior to voting at any meeting by executing and delivering a written notice of revocation to the Secretary of the Association, by executing and delivering a subsequently dated proxy to the Secretary of the Association or by voting in person.

Signature for Association Membership: _____ Date: _____

Printed Name: _____

Client Marketing Statement

This form must be signed by applicant and submitted as part of the application.

1. I realize that this health plan is part of a membership package. I realize that the Association for Independent Managers, Inc.™ is a national association for small and home-based businesses.
2. I understand that, as a member of the Association for Independent Managers, Inc., I may have numerous benefits associated with my new membership. They will be sent to me in a fulfillment package.
3. I understand that the health plan portion of the package is a Limited Medical Benefit Plan.
4. I understand that this plan has specified and limited benefits according to the Certificate of Coverage. I realize that it is NOT a Major Medical Plan with higher limits. I understand the difference between these two entirely different types of health plans.
5. I understand that my contract with the insurance company is my Certificate of Coverage. It defines what my benefits, limitations and exclusions are within the plan design.
6. I understand that it is my responsibility to read my certificate of coverage, abide by its terms and conditions, and pay my premiums in a timely fashion. If I read my policy/certificate in the first 30 days after I receive it and, if I disagree with it, I realize that I am entitled to a refund of my premium portion of the total down payment.
7. I understand that the Association for Independent Managers, Inc.™ cannot bind coverage, that is, cannot make it immediately or automatically in force.
8. I understand that, even though this health plan is *guaranteed issue*, my application must first be processed and approved prior to my receiving any benefits under the plan.
9. I understand that any false statements and willfully inaccurate information on my part will be deemed grounds for canceling my application and/or insurance with the carrier according to the policy guidelines. I understand that if I purposefully make any false statements or offer inaccurate information on the application, that any claims incurred could be denied and my premium refunded to me.
10. I understand that my application may be returned if it is incomplete so that I might complete it. This could delay any start date if I miss a deadline.
11. I agree that I have read, or had read to me, the statements above and agree to each of them; and, I approve of and agree to them as part of this application process.

Signature of Applicant

Printed Name

Date

The American Medical and Life Insurance Company
New York, New York



**GROUP ACCIDENT AND SICKNESS HEALTH INSURANCE
ENROLLMENT FORM**

GENERAL INFORMATION

Applicant's Name: _____ Gender: _____ Date of Birth: _____ SSN: _____
 Home Address: _____ Phone: _____
 Occupation/Job Title: _____ Employee Class: _____ Hire Date: _____ Hrs/Wk: _____
 Annual Salary: \$ _____ Employee ID: _____ Business Phone: _____
 Employer Name: _____
 Employer Address: _____ Section/Dept. #: _____
 Member Class: _____ Join Date: _____
 Member ID: _____ Section/Dept. #: _____

PLAN SELECTION (Monthly Premium)	ACCESS 500	EXECUTIVE 750	PREMIER 1000
Member	<input type="checkbox"/> \$242	<input type="checkbox"/> \$303	<input type="checkbox"/> \$360
Member Plus Spouse	<input type="checkbox"/> \$332	<input type="checkbox"/> \$438	<input type="checkbox"/> \$532
Member Plus Child(ren)	<input type="checkbox"/> \$315	<input type="checkbox"/> \$413	<input type="checkbox"/> \$499
Family	<input type="checkbox"/> \$399	<input type="checkbox"/> \$533	<input type="checkbox"/> \$654
Enrollment Fee	<input type="checkbox"/> Plus a One Time Enrollment Fee of \$100.00		

SPOUSE AND DEPENDENT INFORMATION

Spouse/Dependent Name	Relationship to Applicant	Date of Birth	SSN

I understand that Limited Medical Plan covered persons are covered by group insurance benefits. All statements contained in the application shall, in the absence of fraud, be deemed representations and not warranties. The group insurance benefits vary depending on plan selected. These benefits are provided under a group insurance policy underwritten by American Medical and Life Insurance Company and subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance certificate which includes, but is not limited to, limitations for pre-existing conditions. This is not basic health insurance or major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. This is a limited medical plan that provides for limitations to the coverage for each benefit. The limitations are disclosed in the policy and certificate which are made available at the time of enrollment.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed at: City _____ State _____

Date Signature of Applicant

FREQUENTLY ASKED QUESTIONS

Is this a “Major Medical Plan?”

No, it is not a major medical plan. This plan offers limited benefit accident and sickness health insurance coverage for basic medical expenses at an affordable cost. The plan is not a substitute for traditional, major medical insurance.

Is this a comprehensive medical plan? No. This plan offers limited benefit accident and sickness health insurance coverage for basic medical expenses at an affordable cost. The plan is not a substitute for traditional, major medical insurance. The Policy does not coordinate benefits, so it pays regardless of any other coverage the covered person may have.

Why offer a limited-benefit plan? While the Plan is not a substitute for traditional, major medical insurance, it is much more affordable because the coverage is much more limited than a major medical policy. In addition, Limited Medical Plans make coverage available to workers who may not be eligible for Group Insurance Plans; and limited benefit plans are useful in sometimes filling in coverage gaps found in some major medical plans.

Who Is Eligible For Coverage? The limited medical plans are available **without** the completion of a medical questionnaire. To be eligible you must be a member of the Association. To be eligible to enroll in the coverage, an individual must be a member of an eligible class as defined on the Certificate of Coverage.

Who Are Eligible Dependents? Legal spouse and dependent children are eligible for coverage. The definition of dependent children and the age limitation for dependent children varies by state.

When Should I Enroll My Dependents? An individual who is a member of an eligible class may enroll for coverage during the eligibility period, as shown in the Certificate of Coverage, that follows the latter of: the Certificate Effective Date; the date the individual first becomes a member of an eligible class; the date the individual completes the waiting period shown on the Certificate Schedule, if applicable. An individual who fails to enroll during the eligibility period may enroll only during the annual Open Enrollment Period shown on the Certificate Schedule.

When does Coverage End for a Named Insured? The coverage on a Named Insured will terminate on the earliest of the following dates: the date this Policy terminates; or the date this Policy is terminated by either You or Us; or the end of the grace period following the premium due date You fail to remit the required premium for the Covered Person(s); or 90 days after the date written notice was provided that the Named Insured is no longer in an eligible class; or the date the Named Insured’s class is no longer included for insurance; or on the date the Named Insured asks Us to end coverage.

Can Covered Person’s Use Any Hospital or Doctor? A covered person can use any Hospital or Doctor they like; however with the non-insurance Network benefit attached to the Discount Plan, the covered person can receive the benefit of discounted rates for certain services.

If I have other coverage, will the Limited Medical Plan still pay benefits? Yes. The Limited Medical Plan pay in addition to any other coverage you may have. It does not coordinate benefits with other plans.

If my doctor is not listed as a PPO provider in the PPO network included in the non-insurance Discount Plan, will that change the benefit I will receive? No. The Limited Medical Plan is not affiliated with the Discount Plan. As a result, the Limited Medical Plan will pay the same benefit regardless to whether you go to a PPO provider or a Non-PPO provider. You are free to use any licensed provider or hospital of your choice. Unless assigned, the benefits payable under the Limited Medical Plan are payable to you and not the provider.

Why should I use a PPO Provider? Under the non-insurance Discount Plan, by utilizing an in-network provider, you may reduce your out-of-pocket expense because the PPO provider will charge a negotiated discounted fee for his / her service. Under the Limited Medical Plan, unless assigned to the provider, the benefit is payable to you and not the provider.

What is a Pre-Existing Condition? Pre-existing condition means a condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received from a physician within a 12 month period preceding the effective date of coverage of the Covered Person.