

| EverydayCARE | EverydayCARE Plus 30 | EverydayCARE Plus 50 | EverydayCARE Plus 125 | EverydayCARE Plus 200 |
|--------------|----------------------|----------------------|-----------------------|-----------------------|
|--------------|----------------------|----------------------|-----------------------|-----------------------|

- Care Management - Chronic & Acute Disease**  
(Proactive, personalized, condition specific care management)
- 24/7/365 Telehealth Services**  
(English & Spanish, Telemedicine, Diagnosis, Care Planning, & prescription support)
- Physician-to-Physician Case Management**  
(Care coordination & Advocacy, Primary, Specialty EO, Hospital)
- Patient Assistance Programs**  
(Pharmaceutical Programs, State Medicaid Programs, & Nanthealth Cancer Program)

## 24/7 365 Medical Care

Phone | Text | Video  
(in English & Spanish)



### Member Limited Accident & Sickness Benefits

Underwritten by First Continental Life and Accident Insurance Company

|   |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Physician Office Visits   | \$85 per day x 5 days      | \$85 per day x 5 days      | \$85 per day x 5 days      | \$85 per day x 5 days      | \$85 per day x 5 days      |
| Wellness Visits   | \$150 per day x 1 day      | \$150 per day x 1 day      | \$150 per day x 1 day      | \$150 per day x 1 day      | \$150 per day x 1 day      |
| <b>Inpatient<sup>1</sup></b> (amount per day)   |                            |                            |                            |                            |                            |
| Day 1 hospital confinement benefit  | N/A                        | \$250 per day x 1 day      | \$500 per day x 1 day      | \$1,000 per day x 1 day    | \$1,500 per day x 1 day    |
| Day 2+ hospital confinement benefit   | N/A                        | \$250 thereafter           | \$500 thereafter           | \$1,000 thereafter         | \$1,500 thereafter         |
| Maximum benefit   | N/A                        | 5 days per year            | 5 days per year            | 10 days per year           | 15 days per year           |
| <b>Outpatient<sup>1</sup></b>   |                            |                            |                            |                            |                            |
| Accident maximum benefit amount per year up to:   | N/A                        | \$2,000                    | \$3,000                    | \$10,000                   | \$15,000                   |
| • Benefit % payable   | N/A                        | 80% U&C                    | 80% U&C                    | 80% U&C                    | 80% U&C                    |
| Emergency Room (sickness) benefit amount per day  | N/A                        | \$100 per day x 2 days     | \$150 per day x 2 days     | \$250 per day x 1 days     | \$250 per day x 1 day      |
| <b>Diagnostic, X-ray, Lab—benefit amount per day:</b>   |                            |                            |                            |                            |                            |
| • Class I: Laboratory—Blood work, CMP, Lipid Panel, ECG, Pap/PSA, urinalysis & all other laboratory tests | \$20 per day x 4 days      | \$50 per day x 2 days      | \$75 per day x 2 days      | \$75 per day x 2 days      | \$75 per day x 2 days      |
| • Class II: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram   | N/A                        | \$50 per day x 2 days      | \$75 per day x 2 days      | \$75 per day x 2 days      | \$75 per day x 2 days      |
| • Class III: Imaging CT, PET  | N/A                        | \$100 per day x 1 day      | \$150 per day x 1 day      | \$250 per day x 1 day      | \$250 per day x 1 day      |
| • Class IV: Other Diagnostic Tests—Endoscopy, Bronchoscopy, Colonoscopy w/o Biopsy, MRI                   | N/A                        | \$100 per day x 1 day      | \$150 per day x 1 day      | \$250 per day x 1 day      | \$250 per day x 1 day      |
| <b>AD&amp;D/CI<sup>2</sup></b>  |                            |                            |                            |                            |                            |
| Accidental Death & Dismemberment benefit amount   | N/A                        | \$5,000                    | \$10,000                   | \$10,000/5,000/1,000       | \$10,000/5,000/1,000       |
| Critical Illness benefit amount   | N/A                        | \$1,000                    | \$2,000                    | \$5,000                    | \$10,000                   |
| <b>Vision &amp; Dental Discounts</b>  |                            |                            |                            |                            |                            |
| VSP Vision Savings Pass   | N/A                        | Discount Program           | Discount Program           | Discount Program           | Discount Program           |
| Careington Dental Plan  | N/A                        | Discount Program           | Discount Program           | Discount Program           | Discount Program           |
| <b>Prescription Drug Programs</b><br>Directed through Redirect (or no benefit)                            |                            |                            |                            |                            |                            |
| Prescriptions—\$0, \$25, \$50 pricing tiers (Generic, Brand, Specialty)                                   | TruScript See Plan Details | TruScript See Plan Details | TruScript See Plan Details | TruScript See Plan Details | TruScript See Plan Details |
| <b>Monthly Rates</b>  |                            |                            |                            |                            |                            |
| Member Only   | \$124                      | \$168                      | \$192                      | \$237                      | \$277                      |
| Member & Spouse   | \$226                      | \$301                      | \$345                      | \$425                      | \$497                      |
| Member & Child(ren)   | \$228                      | \$311                      | \$358                      | \$447                      | \$527                      |
| Member & Family   | \$329                      | \$439                      | \$504                      | \$624                      | \$732                      |

✓ **First Health PPO Discounts & Association for Better Health Member benefits included in all plans** Rates include Association dues of \$5.95/month.

<sup>1</sup>Fixed Hospital Indemnity, Accident Medical, Critical Illness and AD&D Plans are underwritten by First Continental Life and Accident Insurance Company. <sup>2</sup>(Payable for 10 conditions: Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer's, ALS, Terminal Illness)

**NOTICE: THE INSURANCE DESCRIBED IN THIS PROPOSAL PROVIDES LIMITED BENEFITS. LIMITED BENEFIT PLANS ARE INSURANCE PRODUCTS WITH REDUCED BENEFITS AND ARE NOT 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 ARE NOT AVAILABLE IN ALL US STATES. 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. PLEASE SEE FULL BROCHURE FOR PLAN RATES, EXCLUSIONS, AND ILLUSTRATIONS. THIS PAGE IS A SUMMARY OF THE PLANS AND BENEFITS AVAILABLE UNDER THIS PROGRAM.**

**Dental & Vision Discount** Careington International Corporation

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L.c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at careington.com/members. A written list of participating providers is available upon request. Discount Plan Organizations and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

**Limited Indemnity Limitations**

**PRE-EXISTING CONDITION LIMITATION**

We will not pay benefits for charges, services, or supplies incurred as a result of a Pre-Existing Condition within the Pre-Existing Condition Period stated on the Schedule of Benefits (12 months). Benefits under this Certificate are not payable in connection with a Pre-Existing Condition for the following Benefits;

1. Daily Hospital Confinement Benefit;
2. Daily Intensive Care Benefit; and
3. Surgery and Anesthesia Benefit

No consideration will be given to prior group limited medical indemnity coverage in determining the effect of Pre-Existing Conditions on benefits payable. A claim for benefits diagnosed after the Pre-Existing Condition Period will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

**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
- (20) 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 number of days 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.
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.

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].

\*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 county or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions set forth in the policy.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit First Continental Life and Accident Insurance Company from providing insurance, including, but not limited to, the payment of claims. Payment of claims under any insurance policy issued shall only be made in full compliance with all United States economic or trade and sanction laws or regulation, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

PLEASE NOTE: This is not an employer sponsored benefit plan. Association membership is required to be eligible for the program which offers member benefits and nationwide discounts for only \$5.95 per month association dues. To access and review the association member benefits, go to: [associationservice.org](http://associationservice.org)

NOTE: The monthly Insurance Premium related to coverage underwritten by First Continental Life and Accident Insurance Company as a part of the Redirect Health EverydayCARE plan is as follows; Member = \$47, Member Plus Spouse = \$82, Member Plus Child(ren) = \$91, Family = \$121.80. The monthly Insurance Premium related to coverage underwritten by First Continental Life and Accident Insurance Company as a part of the Redirect Health EverydayCARE Plus 30 plan is as follows; Member = \$79.82, Member Plus Spouse = \$138.67, Member Plus Child(ren) = \$153.64, Family = \$205.31. The monthly Insurance Premium related to coverage underwritten by First Continental Life and Accident Insurance Company as a part of the Redirect Health EverydayCARE Plus 50 plan is as follows; Member = \$98.70, Member Plus Spouse = \$172.06, Member Plus Child(ren) = \$190.74, Family = \$255.40. The monthly Insurance Premium related to coverage underwritten by First Continental Life and Accident Insurance Company as a part of the Redirect Health EverydayCARE Plus 125 plan is as follows; Member = \$132.64, Member Plus Spouse = \$233.95, Member Plus Child(ren) = \$259.27, Family = \$347.92. The monthly Insurance Premium related to coverage underwritten by First Continental Life and Accident Insurance Company as a part of the Redirect Health EverydayCARE Plus 200 plan is as follows; Member = \$163.51, Member Plus Spouse = \$289.31, Member Plus Child(ren) = \$321.01, Family = \$431.27. Redirect Health includes the following services to enhance your plan value and provide increased savings: physician network, online wellness, EAP, financial wellness, Rx discounts, and association membership benefits.

**THIS INSURANCE PROVIDES LIMITED BENEFITS. LIMITED BENEFITS PLANS ARE INSURANCE PRODUCTS WITH REDUCED BENEFITS AND ARE NOT INTENDED TO BE AN ALTERNATIVE TO OR INTEGRATED WITH COMPREHENSIVE COVERAGE. FURTHER, 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.**