This is a catalog of all the products we offer. Please refer to your welcome letter(s) and ID cards for a list of the products you purchased.

Contents

NationalWay Association Products

About NationalWay ............................................................... 1
Insurance Carrier: XL Catlin ................................................. 2
OneCare Accidental Death & Dismemberment .................. 3
OneCare Accident Expense ............................................... 5
OneCare Critical Illness ...................................................... 8
e-On Call® E-Medicine ....................................................... 12
Lifestyle Enhancements .................................................... 16

National Small Business Association Products

About National Small Business Association ....................... 18
Insurance Carrier: Nationwide ........................................... 19
Multiflex Premier 1500 Dental ........................................... 20

Bloom Benefits Association Benefits

About Bloom Benefits Association .................................... 23
Insurance Carrier: Envision ............................................... 25
OneCare Rx ....................................................................... 26

Non-Association Benefits

MultiPlan and PHCS Provider Networks .............................. 29
A1Rx Discount Prescription Program ................................. 30
A1md Telemedicine .......................................................... 31
MDLIVE® Telemedicine .................................................... 32
Kare360 Medical Concierge Service ................................ 33
A1 Wellness/A1 Wellness+/A1 SeniorCare/A1 PetCare .......... 35
Rx Advocacy .................................................................... 37
A1 Diagnostics Blood Testing ............................................ 39
A1 Discount Dental (Powered by Dentemax PPO Network) .... 40
Association

NationalWay is a not-for-profit member organization with a varied demographic of membership. Members from most states in the nation make up the population base of the association. NationalWay members all share the same common challenges which includes access to information on healthcare, services, products, nutrition and general wellness. The Association’s purpose is to educate and inform its members with information concerning their success in life and improving the health, wellness and lifestyles of each member’s daily lives.

Association Terms & Conditions for Non-insurance benefits

NationalWay is a not-for-profit member organization with a varied demographic of membership. Members from most states in the nation make up the population base of the association. NationalWay members all share the same common challenges which includes access to information on healthcare, services, products, nutrition and general wellness. The Association’s purpose is to educate and inform its members with information concerning their success in life and improving the health, wellness and lifestyles of each member’s daily lives.

Association Terms & Conditions are for Noninsurance benefits. Association Benefits are NOT MAJOR MEDICAL INSURANCE. Programs may include both non-insurance and insurance benefits. Every member receives the same level of dedication of service. One membership may cover the individual and/or additional dependents depending on your class of membership. The Association is not an insurance company, agent or agency in any state, including Texas, Oklahoma, or California. All matters between members and the provider are handled between the provider and you directly, with no interference or instruction as to the type of attention or procedure the member receives.

The program administrators have no liability for the quality of service rendered by participating providers or for providing or guaranteeing service. If your class of membership includes insured benefits, the guidelines for benefits and claim payments are determined and provided by the featured insurance carriers.

Savings does not apply to insurance benefits. If an Insurance provider includes a savings network with their offering, it will be stated with that offering. Association benefit savings are based upon the provider’s contracted agreement to reduce the usual customary fees that the provider charges for their products or services. The savings that may be contained herein may not be used in conjunction with any other savings program. All listed or quoted prices are recently quoted prices by participating providers and subject to change without notice. From time to time, certain providers may offer products and/or services to the general public at prices lower than the contracted prices available through this program. In such event, members should accept and pay the lowest price. Providers are subject to change without notice and benefits may vary in some states. Full payment of these services being rendered is required in order for members to receive re-priced services. Service providers in this program are not insurance companies, health maintenance organizations, or any other underwriter of healthcare services. No portion of any provider’s fees will be reimbursed or otherwise paid by the Association. Providers are solely responsible for the professional advice and treatment rendered to members and each company disclaims any liability with respect to such matters.

There is a fee for insufficient funds which will be collected until satisfied. Groups with fewer than 20 members that are list-billed monthly will be charged an additional $25 monthly administration fee.

Refund Policy: There is a 30 day “free look” period which starts from the day materials are received. All materials must be postmarked and returned within 30 business days of receipt in order to qualify for a refund. Any usage of the Association program during this period will automatically disqualify members for the option of refund. The maximum obtainable refund amount available is the cost of the Association program. This refund policy is referring to the Association dues covering Non-Insurance Benefits and may differ from refund policies of an insurance company that may additionally be providing coverage to members.

If you wish to cancel, contact the Member Care Center shown on your ID card or for escalated issues contact NationalWay via mail at the administrative offices located at 440 Benmar, Suite 1275, Houston, TX 77060 or by telephone at 1-800-810-7856.

Kentucky residents: These Association terms are not an insurance policy and are not protected by the Kentucky Life and Health Guaranty Association.

New York residents acknowledge that the savings offered through the Savings Programs is subject to the contracts applicable to New York State. The Association does not represent the savings to be more than the actual contracted usual and customary rates.

These Association terms are not protected by the Utah Life and Health Guaranty Association.

Memberships or any limited supplemental insurance association group policies and their associated benefits are not available in all states including Washington state residents.

The Retail Cost consists of association benefits, including but not limited to lifestyle services and/or discounts; insurance coverages, if any; and marketing and administration of association membership.

NationalWay is a membership organization organized under the nonprofit corporations laws of the State of Texas. These benefits are provided under a group accident insurance policy underwritten by Carolina Insurance Company, Inc. under Policy Form Series: AHAG-OS1 (In LA, AHAG-AS100 and Rider Form Series AHAG-41 and 407) and issued to NationalWay as the group master policyholder. You must be a member of NationalWay to access these benefits. This insurance is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage. This brochure contains only a brief description of coverage and is not a contract. All benefits provided by this insurance are subject to the terms, definitions, exclusions and limitations of the group policy and any riders. In some circumstances benefits provided will vary as required by state law and the insurance may not be available in all states. The insurer has the right to increase premium rates and has the option to cancel coverage. This insurance may not be available in all states.
During the U.S. liability insurance crisis of the nineteen eighties, capacity halved and premiums doubled–then they doubled again. Nobody was prepared to cover the risks, so nobody was prepared to take them. In 1986, 68 of the world's largest companies came together and founded what became XL Group plc to solve complex risks. The XL Group managed to unstick what was stuck. They found an answer to the problem and changed the rules.

XL Catlin specializes in Property and Casualty (non-Life) insurance and reinsurance. From large corporations to specialized businesses, XL Group can serve clients in more than 200 countries. You’ll find the same qualities in all their offices: underwriting excellence, prompt service and transparent pricing. A broad international mix with a consistent global approach. Our companies have strong relationships with the world’s leading global, regional and independent brokers.

XL Group Ltd’s core operating insurance and reinsurance companies have one or more of the following financial strength ratings: AM Best A, S&P A+, Fitch A+, Moody's A2.
Accidental Death & Dismemberment

Underwritten by XL Catlin

Accidents are the fourth-leading cause of deaths in America¹. They happen unexpectedly, and if you die or suffer life-changing injuries in an accident, the financial repercussions can be devastating to your family. OneCare Accidental Death & Dismemberment provides your family with a measure of financial security if such a tragic event were to occur. OneCare Accidental Death & Dismemberment pays a tax-free cash benefit to you or your beneficiaries if you die or lose a limb or vital bodily function such as speech or hearing in an accident. With OneCare Accidental Death & Dismemberment, you are covered 24-hours a day, business or pleasure. OneCare AD&D is exclusively available to members of National Way Healthcare Association.


<p>| OneCare Accidental Death &amp; Dismemberment | Plan pays 100% of the benefit on the primary insured; 50% on a covered spouse or domestic partner; and 25% on a covered dependent child. |</p>
<table>
<thead>
<tr>
<th>Plan</th>
<th>ADD50</th>
<th>ADD100</th>
<th>ADD200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Benefit</td>
<td>$50,000</td>
<td>$100,000</td>
<td>$200,000</td>
</tr>
<tr>
<td>Dismemberment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of Two or More Hands or Feet</td>
<td>$50,000</td>
<td>$100,000</td>
<td>$300,000</td>
</tr>
<tr>
<td>Loss of Sight of Both Eyes</td>
<td>$50,000</td>
<td>$100,000</td>
<td>$300,000</td>
</tr>
<tr>
<td>Loss of Speech and Hearing (in both ears)</td>
<td>$50,000</td>
<td>$100,000</td>
<td>$300,000</td>
</tr>
<tr>
<td>Loss of One Hand or Foot</td>
<td>$25,000</td>
<td>$50,000</td>
<td>$100,000</td>
</tr>
<tr>
<td>Loss of Sight in One Eye</td>
<td>$25,000</td>
<td>$50,000</td>
<td>$100,000</td>
</tr>
<tr>
<td>Severance and Reattachment of One Hand or Foot</td>
<td>$25,000</td>
<td>$50,000</td>
<td>$100,000</td>
</tr>
<tr>
<td>Loss of Speech</td>
<td>$25,000</td>
<td>$50,000</td>
<td>$100,000</td>
</tr>
<tr>
<td>Loss of Hearing (in both ears)</td>
<td>$25,000</td>
<td>$50,000</td>
<td>$100,000</td>
</tr>
<tr>
<td>Loss of Thumb and Index Finger of the Same Hand</td>
<td>$12,500</td>
<td>$25,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Loss of all Four Fingers of the Same Hand</td>
<td>$12,500</td>
<td>$25,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Loss of all the Toes of the Same Foot</td>
<td>$10,000</td>
<td>$20,000</td>
<td>$40,000</td>
</tr>
</tbody>
</table>

If the covered person suffers more than one personal accident benefits loss as the result of one accident, we will pay only the single largest benefit amount applicable.

Claims: Call A1 Healthcare Customer Service at 800-269-3563
OneCare Accidental Death & Dismemberment Limitations & Exclusions

The following exclusions apply to all benefits under this policy. Additional exclusions, limitations or conditions may also apply to specific benefits. Please read the entire policy carefully.

Disclaimer: THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE.

Coverage is not provided for dependents after the age specified in your certificate. Members can be enrolled only once. Duplicate or multiple memberships, including Accident Medical Insurance underwritten by Catlin Insurance Company, Inc., is not allowed. Changes to coverage underwritten by Catlin Insurance Company, Inc., is not allowed. Changes to coverage underwritten by Catlin Insurance Company, Inc. can only be made if the change is a result of a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. If coverage is canceled, persons may not re-enroll in coverage with Catlin Insurance Company, Inc. until six months after their termination date. Please check for availability in your state, as these plans may not be applicable in all states.

Accidental Death and Dismemberment Insurance General Exclusions

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered 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 thereat while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in: a riot; insurrection; or Terrorist Act;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. Commission of or active participation in Terrorism or acts of Terrorism;
7. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as:
   a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
   b. a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
   c. a passenger in a military Aircraft flown by the Air Mobility Command or its foreign equivalent;
8. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
9. participation in any motorized race or contest of speed;
10. an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education Program;
11. sickness; disease; bodily or mental infirmity; bacterial or viral infection; or medical or surgical treatment thereof; except for any bacterial infection resulting from: an accidental external cut or wound; or accidental ingestion of contaminated food;
12. medical or surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap or negligence; including malpractice;
13. 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;
14. the Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
15. 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;
16. injuries compensable under Workers’ Compensation law or any similar law;
17. a Covered Accident 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, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
Accidents happen. When you or one of your dependents has an accident, you may not be prepared for the unexpected medical expenses not covered by your limited medical or gap plan. The OneCare Accident Expense plan helps cover these expenses after the deductible is met. This plan also includes a one-time, fixed benefit in the event of accidental death or dismemberment as the result of an accident. OneCare Accident Expense is exclusively available to members of National Way Healthcare Association.

<table>
<thead>
<tr>
<th>Inpatient or outpatient accidental medical</th>
<th>2500</th>
<th>5000</th>
<th>7500</th>
<th>10000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit maximum per year</td>
<td>$2,500</td>
<td>$5,000</td>
<td>$7,500</td>
<td>$10,000</td>
</tr>
<tr>
<td>Deductible per accident</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>Paid at</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accidental death &amp; dismemberment</th>
<th>2500</th>
<th>5000</th>
<th>7500</th>
<th>10000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Benefit</td>
<td>$2,500</td>
<td>$5,000</td>
<td>$7,500</td>
<td>$10,000</td>
</tr>
<tr>
<td>Loss of 2 or more hands or feet</td>
<td>$2,500</td>
<td>$5,000</td>
<td>$7,500</td>
<td>$10,000</td>
</tr>
<tr>
<td>Loss of sight of both eyes</td>
<td>$2,500</td>
<td>$5,000</td>
<td>$7,500</td>
<td>$10,000</td>
</tr>
<tr>
<td>Loss of speech and hearing in both ears</td>
<td>$1,250</td>
<td>$2,500</td>
<td>$3,750</td>
<td>$5,000</td>
</tr>
<tr>
<td>Loss of 1 hand or foot or Loss of sight in 1 eye</td>
<td>$1,250</td>
<td>$2,500</td>
<td>$3,750</td>
<td>$5,000</td>
</tr>
<tr>
<td>Severance and reattachment of 1 hand or foot</td>
<td>$1,250</td>
<td>$2,500</td>
<td>$3,750</td>
<td>$5,000</td>
</tr>
<tr>
<td>Loss of speech or loss of hearing in both ears</td>
<td>$1,250</td>
<td>$2,500</td>
<td>$3,750</td>
<td>$5,000</td>
</tr>
<tr>
<td>Loss of thumb and index finger on same hand</td>
<td>$625</td>
<td>$1,200</td>
<td>$1,875</td>
<td>$2,500</td>
</tr>
<tr>
<td>Loss of all 4 fingers on same hand</td>
<td>$625</td>
<td>$1,200</td>
<td>$1,875</td>
<td>$2,500</td>
</tr>
<tr>
<td>Loss of all toes on same foot</td>
<td>$500</td>
<td>$1000</td>
<td>$1,500</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

**Claims**: Call A1 Healthcare Customer Service at **800-269-3563**
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Accidental Death and Dismemberment Insurance

General Exclusions
In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered 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 thereat while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in: a riot; insurrection; or Terrorist Act;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. Commission of or active participation in Terrorism or acts of Terrorism;
7. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth’s surface, except as:
   a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
   b. a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
   c. a passenger in a military Aircraft flown by the Air Mobility Command or its foreign equivalent;
8. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
9. participation in any motorized race or contest of speed;
10. an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator’s license; except while participating in Driver’s Education Program;
11. sickness; disease; bodily or mental infirmity; bacterial or viral infection; or medical or surgical treatment thereof; except for any bacterial infection resulting from: an accidental external cut or wound; or accidental ingestion of contaminated food;
12. medical or surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap or negligence; including malpractice;
13. 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;
14. the Covered Person’s intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
15. 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;
16. injuries compensable under Workers’ Compensation law or any similar law;
17. a Covered Accident 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, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;

Accident Medical Insurance
In addition to the General Exclusions stated in the Policy, We will not cover charges under this Rider for:
1. Pre-Existing Conditions. Pre-Existing Conditions means a condition, whether physical or mental, regardless of the cause, for which a Covered Person received or was recommended any: diagnosis; medical advice; care; or treatment within the 6 month period ending on the Covered Person’s enrollment date.
2. Treatment by persons employed or retained by the Policyholder, or by any Immediate Family Member or member of the Covered Person’s household;
3. Treatment of: sickness; disease; or infection except: pyogenic...
infection; or viral or bacterial infections that result from the accidental ingestion of contaminated food substance;

4. Treatment of: hernia; Osgood-Schlatter's Disease; osteochondritis; appendicitis; osteomyelitis; cardiac disease or conditions; pathological fractures; congenital weakness; detached retina unless caused by a Covered injury or mental disorder; or psychological or psychiatric care/counseling or treatment (except as provided in the Policy), whether or not caused by a Covered Accident;

5. Pregnancy; childbirth; miscarriage; abortion; or any complication of: child-birth; miscarriage; or abortion; unless due to a Covered Injury;

6. Mental and Nervous Disorder [except as provided in the Policy];

7. Damage to or loss of dentures or bridges; or damage to existing orthodontic equipment [except as specifically covered by the Policy];

8. Charges incurred for treatment of temporomandibular or craniofacial joint dysfunction and associated myofacial pain [except as provided by the Policy];

9. Charges for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;

10. Charges for injuries caused while: riding in or on; entering into or alighting from; or being struck by a 2 or 3-wheeled motor vehicle; or a motor vehicle not designed primarily for use on public streets or highways;

11. Participation in or practice for: interscholastic tackle football; intercollegiate sports; semi-professional sports; or professional sports (unless specifically covered under the Policy);

12. Covered Medical Charges for which the Covered Person would not be responsible for in the absence of this Policy;

13. Conditions that are not caused by a Covered Accident;

14. Any elective: treatment; surgery; health treatment; or examination; [including any: service; treatment; or supplies that: (a) are deemed by Us to be experimental; or (b) are not recognized and generally accepted medical practices in the United States;

15. Charges payable by any automobile insurance policy without regard to fault (this exclusion does not apply in any state where prohibited);

16. Orthopedic appliance used mainly to protect an Injury so that a Covered Person can take part in the Covered Activity;

17. Treatment of injuries that result over a period of time (such as: blisters; tennis elbow; etc.);

18. Treatment or services provided by a private duty nurse;

19. Replacement of artificial: limbs; eyes; larynx; dental devices; or any other prosthetic appliances;

20. Blood; blood plasma; or blood storage; except charges by a Hospital for processing or administration of blood;

21. Cosmetic; plastic; or restorative surgery; except needed as a result of the Covered Injury;

22. Any: treatment; service; or supply not specifically covered by the Policy;

23. Personal comfort or convenience items, such as but not limited to: Hospital telephone charges; television rental; or guest meals;

24. Charges incurred for: eye examinations; eye glasses; contact lenses; or hearing aids or the: fitting; repair; or replacement of these items;

25. Routine physical examinations and related medical services; elective treatment or surgery; or investigative treatments of procedures;

26. A Medical Repatriation;

27. Charges for rest cures or custodial care;

28. Treatment in any: Veteran's Administration; Federal or state facility; unless there is a legal obligation to pay;

29. Services or treatment provided by an infirmary operated by the Policyholder;

30. Treatment of an injury resulting from or contributing to by: frostbite; fainting; or seizures; or heatstroke; or heat exhaustion;

31. Aggravation of an injury the Covered Person suffered before participating in the activity, unless We receive a written medical release from the Covered Person's Physician;

32. Chiropractic Treatment;

Scope of Coverage

Full Excess Benefits—If a Covered Person incurs Covered Medical Charges, We will pay the applicable benefit, subject to any applicable Deductible and Benefit Period shown on the Schedule of Benefits that are in excess of amounts payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan. Failure by a Covered Person to follow the terms and conditions of his or her primary coverage will result in a benefit reduction of Covered Medical Charges to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after a Covered Accident. Such Covered Accident must occur outside the geographic area served by the primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.

Terms

(Not totally inclusive - see your certificate for all details)

Covered Expenses means expenses incurred by or on behalf of a Covered Person for: treatment; services; and supplies covered by this Policy. Coverage under the Policyholder's Policy must remain continuously in force from the date of the Covered Accident until the date: treatment; services, or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such: treatment, service, or supply; that gave rise to the expense or the charge, was rendered or obtained.

Pro Rata means the portion of the total benefits payable under this Policy, in the absence of other insurance, relative to the total benefits payable under all Health Care Plans. In no event will the total benefits payable exceed 100% of the incurred expense.
The OneCare Critical Illness plan is perfect if you are less concerned about day-to-day, minor medical expenses, but seek protection against a major illness. OneCare Critical Illness provides a set-level of catastrophic coverage to help offset the high costs incurred if you, your spouse, or your dependent child develops a covered critical illness. This plan also includes a one-time, fixed benefit in the event of accidental death or dismemberment as the result of an accident. OneCare Critical Illness is exclusively available to members of the National Way Healthcare Association.

<table>
<thead>
<tr>
<th>Benefits payable on these conditions*</th>
<th>Heart Stroke/Cancer/Kidney Failure/Major Organ Transplant/Paralysis/Stroke/Coma for the first time by a Physician as having a Covered Condition and the diagnosis is made while the Coverage is in force.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit maximum</td>
<td>Benefit maximum</td>
</tr>
<tr>
<td>Accidental death &amp; dismemberment</td>
<td>Death Benefit</td>
</tr>
<tr>
<td></td>
<td>Loss of 2 or more hands or feet</td>
</tr>
<tr>
<td></td>
<td>Loss of sight of both eyes</td>
</tr>
<tr>
<td></td>
<td>Loss of speech and hearing in both ears</td>
</tr>
<tr>
<td></td>
<td>Loss of 1 hand or foot or Loss of sight in 1 eye</td>
</tr>
<tr>
<td></td>
<td>Severance and reattachment of 1 hand or foot</td>
</tr>
<tr>
<td></td>
<td>Loss of speech or loss of hearing in both ears</td>
</tr>
<tr>
<td></td>
<td>Loss of thumb and index finger on same hand</td>
</tr>
<tr>
<td></td>
<td>Loss of all 4 fingers on same hand</td>
</tr>
<tr>
<td></td>
<td>Loss of all toes on same foot</td>
</tr>
</tbody>
</table>

* Does not apply to pre-existing conditions—subject to a 90-day waiting period. 90-day survival period.

Claims: Call A1 Healthcare Customer Service at 800-269-3563
We will pay the benefit shown in the Schedule of Benefits:

1. if the Covered Person is diagnosed for the first time by a Physician as having a Covered Condition and the diagnosis is made while the Coverage is in force; and
2. if the Covered Condition is not a Pre-Existing Condition; and
3. if the Covered Condition is first diagnosed after 90 days from the Covered Person's effective date; and
4. if none of the exclusions or limitations described in the Coverage or Policy apply; and
5. if the Covered Person survives for a period of not less than 90 days after the first diagnosis of a covered Invasive Cancer.
6. if the Covered Person signs up for coverage prior to Age 65.
7. if the Covered Person is less than Age 70.

The benefit amount will be reduced as described below:

1. when the Covered Person reaches Age 65, the benefit amount will be reduced by 50%.

The following conditions are payable under this benefit rider. If a condition is not shown below, no benefits will be paid for that illness.

1. Invasive Cancer—is a malignant neoplasm (including lymphatic and hematological malignancy) characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal tissue. This does not include:
   1. Kaposi's Sarcoma or other Acquired Immune Deficiency Syndrome (AIDS) related cancers and cancer in the presence of Human Immunodeficiency Virus (HIV);
   2. Skin cancer or melanoma that is not invasive and less than 2.1 mm Breslow Thickness;
   3. All tumors of prostate unless the Gleason score is greater than 6 or having progressed to at least clinical TNM classification T2 N0 M0;
   4. Cancer in situ;
   5. Carcinoid of the appendix;
   6. Stage 0 transitional carcinoma of the urinary bladder; or
   7. Any other pre-malignant lesions, benign tumors, or polyps. Invasive Cancer must be diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology and must be based on microscopic examination of fixed tissues or preparations from the hemic system, unless also accompanied by a heart attack as defined above.

In-Situ cancer includes Stage 1 Hodgkin's disease. In-Situ Cancer must be diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology and must be based on microscopic examination of fixed tissues or preparations from the hemic system. Such diagnosis shall be based solely on the accepted criteria of malignancy, after a study of the histocytologic architecture or pattern of the suspected tumor, tissue, and/or specimen. A Clinical Diagnosis alone does not meet the requirements of the provision. This does not include:
   1. Skin cancer or melanoma that is not invasive and has not exceeded 7.5 mm in depth;
   2. Other skin malignancies;
   3. Early prostate cancer diagnosed as T1NOMO or equivalent staging; or
   4. Any other pre-malignant lesions, benign tumors, or polyps.

3. Heart Attack (Myocardial Infarction)—is the death of a portion of the heart muscle as a result of inadequate blood supply. To receive benefits under this illness, the Diagnosis of the heart attack must be made by a Physician board certified as a Cardiologist. The Diagnosis must be supported by all of the following:
   a. new EKG changes demonstrating significant Q wave (duration greater than or equal to 0.04 seconds and a depth greater than or equal to 5 mm) or loss of R waves diagnostic of a heart attack;
   b. The rise of cardiac enzymes or Troponins to the following levels
      i. Troponin T greater than 1.0 ng/ml
      ii. AccuTnl greater than 0.5 ng/ml or equivalent threshold with other Troponin I methods
   c. if performed, nuclear imaging scan or echocardiogram consistent with a heart attack. This does not include all other heart disorders, including but not limited to:

4. Coronary Artery Bypass Graft—is the undergoing of open heart surgery performed by a Physician to bypass a narrowing of blockage or two or more coronary arteries using venous or arterial grafts. The procedure must be deemed Medically Necessary by a Physician, and be supported by pre-operative angiographic evidence. This does not include:
   1. Angioplasty (percutaneous transluminal coronary angioplasty);
   2. Laser relief;
   3. Stent insertion;
   4. Coronary angiography; or
5. Kidney (Renal) Failure—is end stage failure of both kidneys. To receive benefits under this illness, the Diagnosis of kidney failure must be made by a Nephrological Physician. The kidney failure must require regular dialysis.

6. Major Organ Transplant—is the receipt by transplantation of:
   a. human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation, or
   b. a whole human heart, lung, kidney, pancreas or liver due to irreversible end stage failure of such organ.

   To qualify for the benefit amount:
   1. the Covered Person must be registered with and on the waiting list of the United Network for Organ Sharing or its successor for a human to human replacement of the failing major organ: and
   2. the need for major organ transplant must be first diagnosed after 365 days from the rider effective date. Major Organ Transplant does not mean:
      a. other stem cell transplant; or
      b. transplantation of only part of an organ.

7. Paralysis—is the complete and permanent loss of motor function of the Covered Person’s limbs due to neurological trauma. To qualify for the benefit, the paralysis must be continuous, for a period of at least 365 days, from the date of first occurrence. After that period, the paralysis must be determined to be permanent by a Neurological Physician.

   Covered forms of Paralysis:
   a. Quadriplegia—means permanent total Paralysis of both upper and lower limbs.
   b. Hemiplegia—means permanent total Paralysis of the upper and lower limbs on one side of the body.
   c. Paraplegia—means permanent total Paralysis of both lower limbs or both upper limbs.
   d. Uniplegia—means permanent total Paralysis of one upper or one lower limb.

   This does not include losses that are a result of any neurological disease, including but not limited to, Multiple Sclerosis (MS) and Amyotrophic Lateral Sclerosis (ALS).

8. Stroke—is:
   a. a cerebrovascular incident caused by infarction of brain tissue, cerebral hemorrhage, thrombosis, or embolization from an extra-cranial source lasting more than 24 hours; and
   b. a resulting measurable neurological deficit persisting for at least 30 days after the occurrence of the stroke Diagnosis of stroke must be made by a neurologist based on documented neurological deficits and confirmatory neuroimaging studies. For the purposes of this definition, Stroke does not mean:
      a. Transient Ischemic Attacks (TIAs);
      b. Neurological symptoms due to transient ischemic attack
      c. Transient Global Amnesia;
      d. Vertebro-Basilar Insufficiency; Incidental findings on imaging studies;
      e. Brain injuries resulting from trauma or generalized anoxia (hypoxia); or
      f. Vascular disease affecting the eye, optic nerve, or vestibular function.

9. Coma—is a profound state of unconsciousness from which the Covered Person cannot be aroused to consciousness, as determined by a Physician. To qualify for the benefit, the Coma must be continuous, for a period of at least 365 days from the date of first occurrence. Benefits are not payable for medically-induced comas.

   Definition For purposes of this rider: Clinical Diagnosis means a clinical identification of Invasive Cancer or In-Situ Cancer based on history, laboratory study and symptoms.

   Covered Condition means any of the coverages listed under the Schedule of Benefits for this Rider.

   Diagnosis means the definitive establishment, acceptable to us, of the condition listed in this benefit rider through the use of clinical and/or laboratory findings and subject to the terms and conditions of the coverage. The Diagnosis must be made by a Physician who is a board-certified specialist where required under the terms of the coverage. We reserve the right to request a Physician of our choice to review any Invasive Cancer, Critical Illness diagnosis in the event of a dispute or disagreement regarding the appropriateness or correctness of such diagnosis. We reserve the right to require the Covered Person to submit to an examination to confirm a disputed diagnosis. We also reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed diagnosis. We will pay for any such requested examination or review.

   Pathological Diagnosis means an identification of cancer based on a microscopic study of fixed tissue or preparations from the hemi(blood)system.

   Pre-existing Condition(s) means a condition for which medical advice, Diagnosis, care or treatment was recommended or received within 12 month period before the Covered Person’s coverage effective date. A Pre-Existing Condition is excluded from coverage for period of 12 months following the Covered Person’s coverage effective date. If the Covered Person is Diagnosed with a condition listed in this rider that is determined to be a Pre-Existing Condition, no benefit amount is payable for that listed condition. We may have the Covered Person examined by a Physician of Our choosing at Our expense.

   Waiting Period means the continuous period of time beginning on the later of the Covered Person’s coverage effective date or the reinstatement date, and ending 90 days from the Covered Person’s effective date. The Covered Person must be covered continuously under this benefit rider before the benefit amount may be payable and the condition must first occur after the Waiting Period. If the Covered Person’s condition first occurs during the Waiting Period, no benefits will be payable, the benefit will terminate, and We will refund to the Covered Person all premiums paid for this benefit without interest. A condition shall be considered to have first occurred when symptoms or laboratory and/or clinical findings that lead to the Diagnosis of a condition are first documented in the Covered Person’s medical records regardless of the date upon which the Diagnosis is actually made.
Exclusions

In addition to the Common Exclusions listed in the Policy, no benefits will be paid for:

1. Benign tumors or polyps that are histological described as non-malignant, pre-malignant or non-invasive.
2. All tumors, benign or malignant, in the presence of HIV infection.
3. All skin cancers with the exception of invasive melanoma classified as Clark level II or higher or having a thickness measured in excess of 0.75 mm.
4. All tumors of the prostate, unless having progressed to at least TNM classification T2N0M0 or histological classified as having a Gleason score greater than 6.
5. Chronic Lymphocytic Leukemia (CLL) unless Rai Stage 3 or greater.
6. Papillary micro invasive cancer of the thyroid, bladder, cervix or breast.
7. Participation in the commission or attempted commission of a felony.
8. Voluntary participation in a riot or insurrection.
9. Refusing certain types of recommended medical treatment as follows:
   a. A Physician has recommended treatment with angioplasty or coronary artery bypass graft for coronary artery disease, the Covered Person refuses this treatment, and the Covered Person suffers a heart attack.
   b. A Physician has recommended treatment for a brain aneurysm or carotid artery stenosis, the Covered Person refuses treatment, and the Covered Person suffers a stroke.
   c. A Physician has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancerous, the Covered Person refuses, and the Covered Person develops cancer.
10. Conditions that have not been Diagnosed by a Physician.
11. Conditions that were diagnosed after the benefit rider has been terminated.
12. If the Covered Person’s date of birth or age was misstated on the application and, using the correct date of birth or age, the benefit would not have become effective or would have terminated prior to Diagnosis of a listed condition.
13. Pre-existing Conditions.

Payment of Benefits

In addition to the policy claim provisions, payment of the benefit amount is subject to all of the following conditions:

1. The sum of the benefit amounts payable under this benefit rider and any other Invasive Cancer, Critical Illness policy and Invasive Cancer, Critical Illness policies issued by Us on the life of the Covered Person may not exceed $100,000.
2. If the Covered Person dies within 90 days of the first diagnosis of a covered Invasive Cancer, Critical Illness, no Invasive Cancer, Critical Illness benefits are payable.
3. Only one benefit payment is allowed during the life time of the Covered Person, as defined by the terms and conditions of this benefit rider. After the payment is made to the Covered Person, this benefit will terminate for that particular Covered Person only.

Accidental Death and Dismemberment

Insurance General Exclusions

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered 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 thereat while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission or active participation in: a riot; insurrection; or Terrorist Act;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. Commission of or active participation in Terrorism or acts of Terrorism;
7. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as:
   a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
   b. a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
   c. a passenger in a military Aircraft flown by the Air Mobility Command or its foreign equivalent;
8. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
9. participation in any motorized race or contest of speed;
10. an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education Program;
11. sickness; disease; bodily or mental infirmity; bacterial or viral infection; or medical or surgical treatment thereof; except for any bacterial infection resulting from: an accidental external cut or wound; or accidental ingestion of contaminated food;
12. medical or surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap or negligence; including malpractice;
13. 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;
14. the Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
15. 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;
16. injuries compensable under Workers' Compensation law or any similar law;
17. a Covered Accident 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, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;

Claims: Call A1 Healthcare Customer Service at 800-269-3563
E-Med On Call provides direct email access to board-certified physicians, psychologists, pharmacists, dentists, dietitians and fitness trainers 24/7. Say goodbye to regular office hours. Ask your questions now and get answers. With a physician at your fingertips, you can avoid unnecessary doctor visits, cut inflated medical costs and co-pays, and make informed decisions about your health care. You might schedule three appointments to visit your doctor, dentist and psychologist in-person, but, with E-Med On Call, you can access advice from professionals in all three fields on the same day.

- **Online health assessment**—Use our online health assessment tool to discover your risk level for heart disease, cancer, diabetes and more.
- **Weekly health tips**—delivered right to your email. They contain information that addresses medical issues of a timely nature, such as seasonal allergies, colds, flu, exercise and nutrition.
- **Tips to quit smoking**—get the support that you need by interacting online with a physician and a psychologist.
- **3-D video library**—Access 250+ medical topics any time.
- **Upload images/PDFs**—attach a picture or PDF alongside your question to receive more accurate medical guidance.
- **Pinpoint where it hurts**—If you don’t have a camera, use the “Where it Hurts” feature to pinpoint the locations of your aches and pains.
- **Receive a personalized response**—Our certified experts provide information and recommendations tailored specifically to your needs.

Visit [www.emedoncall.com](http://www.emedoncall.com). After logging in, follow the links to the Online physicians category. From there, you will click on “log in” to access the site. If applicable, click the “First Time Users” button to enter your group number, member number and zip code. Log on and ask a question. Log back on later to read the response.
Online Health Manager
Wish your life came with a How-To Guide? Losing sleep over angsty adolescents? The work world got you down? Ready to take better care of yourself, but not sure how? Let’s face it; you’ve got a lot to manage. But how well do you deal with the day-to-day? Find out with the E-Med Online Health Manager. Assess what areas of your life negatively and positively affect your health.

- **Identify your total health grade**—Our assessment tool calculates your overall health and well-being by assigning values to identifiable factors that may influence your health.
- **Additional Assessments**—Over 40 additional lifestyle, work style, behavioral health, and disease-specific assessments to help evaluate all the areas that make up your life.
- **Newsletters**—Keep your family safe on all occasions with holiday cooking tips, a Trick-or-Treating safety guide, fire prevention, driving safety and more.
- **Multimedia Center**—From pregnancy to professional life, our library offers access to over 350 videos with advice to help you manage life issues both big and small.
- **Articles**—Get your questions answered with an available library of over 1,000 tip-filled articles on nutrition, parenting, medication, diseases and more.
- **My Trackers**—Our tracking tools will help you chart current behaviors and keep track of your progress toward set goals.
- **My Calendar**—Keep a personal and confidential daily journal of your life events and moods to help pinpoint problems and patterns that may affect your health.

Simply log in to [www.emedoncall.com](http://www.emedoncall.com) with your group number, member number and zip code. Follow the links to the online health manager and let your life improvement begin.

Nurse Hotline
If you have an urgent (non-emergency) medical situation and need professional advise, call the nurse assistance line toll-free 24 hours a day, 7 days a week. A registered nurse will talk with you about your symptoms and recommend an appropriate course of action. The nurse hotline handles after-hour medical calls for hospitals and physicians throughout the world, and now you have access to the same medical guidance. For every nurse advise call, the nurse hotline uses trusted medical information that has been relied upon by over 10 million people over the last decade. The guidelines are written and endorsed by the foremost professionals in the health services field. Call the toll-free number listed on the front of your membership card. Please provide the registered nurse with your name, group number and membership number.

Health Information Library
For your convenience you can review the topics via text and audio on the website or through a registered nurse. The information is regularly reviewed to make sure you are receiving the most current information available. Topics include: aches and pains, aging, allergies, arthritis, cancer, child care, cardiovascular, dental health, exercise and fitness, infectious disease, medications, mental health, nutrition, respiratory health, woman’s health, and weight control. Simply visit [www.emedoncall.com](http://www.emedoncall.com) and log in with your group number, membership number and zip code. Follow the links to the online health information library and listen to and/or read the health information topic you are interested in. If you would prefer to access the topics over the telephone, simply call the toll free number listed on your membership card and select the prompt for the nurse hotline.
Fresh-Grown Foods
You can have the freshness and superior quality of food, flowers and produce from the farmer’s market 24/7 using our one-stop shopping solution. We connect members with farmers from all over the nation via one of America’s first online markets. You can choose a bounty of agricultural products from fruits and vegetables to fish, flowers, meats and cheese shipped direct from growers.

Visit our website at www.emedoncall.com, enter your group number, membership number and zip code. Once in the site follow the links to fresh grown foods and choose from a wide variety of items we have to offer.

Online Fitness & Nutrition
You have access to one of the most-comprehensive online weight loss, weight control and body transformation programs ever developed. Every possible tool was created to give you the knowledge, the edge, support and every opportunity for success. OnlineFitnessCenter.net focuses on dispelling myths, increasing knowledge and ensuring that you only learn weight control one more time, the last time; creating an online environment to truly move you beyond diet so each of you can experience the true journey of transformation; weight loss/control; controlling hunger and reducing cravings; improving energy, vigor and vitality; and increasing mental sharpness, focus and concentration.

- **The Leanness Lifestyle**—The basis of Online Fitness Center program is an authoritative book called Leanness Lifestyle written by David Greenwalt.
- **The Leanness Lifestyle Audio Companion**—Over seven professional, studio-recorded hours of David Greenwalt discussing the do’s & don’ts, strategies, tips and even booby traps for anyone desiring a new body.
- **Muscle Professor**—choose from more than a dozen pre-made weight-training workouts designed to trim, tone, and at all times, add new muscle while stripping away unwanted fat.
- **Nutrition Professor**—an Online Fitness Center tool for meal planning.
- **Amp Up Weight Loss**—Through the Online Fitness Center Manage Weight portal you will find Accountability, Motivation and Personal support.

To access the Online Fitness Center program simply visit our website at www.emedoncall.com, enter your group number, membership number and zip code. Once in the website follow the links to the online fitness and nutrition program.
The following is the Membership Agreement between the sponsoring organization ("We and Us") and the person who has enrolled in the E-Med On Call program ("You"). All persons subscribing, "Members," agree to be bound by these terms of Membership and are urged to read them carefully. If you have any questions regarding your Membership, you may contact our customer service center 24 hours a day (excluding holidays) at the toll-free number listed on your membership card.

**Membership Benefits**

As a Member, you have access to discounts on various services offered through the E-Med On Call Web site, customer service center and other benefits and services offered by independent vendors, "Benefits," as specified in your Membership Guide. The discounts contained herein may not be used in conjunction with any other discount plan or program. Any listed or quoted prices in this membership guide or the program websites are current prices only and are subject to change without notice. This is a Membership Program only, and any of the services contained within the program or the complete program itself may be discontinued or modified at any time without notice.

**Use of Membership**

You, and your immediate family members may use the Membership. The term "Immediate Family" shall be defined as you, your spouse, your children and parents whose legal address is the same as yours. You will be responsible for all use of your Membership and will promptly notify us if you become aware of any unauthorized use of your Membership.

**Disclaimer of Liability**

E-Med On Call and/or the sponsor, do not guarantee, nor are responsible for the quality of products or services provided by any independent vendors. E-Med On Call and the sponsor are making no representations with respect to those matters. In the event any benefit is deemed unsatisfactory to the Member, the Member will look solely to the provider of the service for rectification. Accordingly, E-Med On Call and the sponsor make no warranty, expressed or implied, including but not limited to the warranty of merchantability or fitness for a particular purpose with respect to any of Membership Services obtained by a Member. All warranties, expressed or implied, are the responsibility of the independent vendor. Our liability shall not exceed your current Membership Fee and under no circumstances shall we be liable for incidental, consequential, or exemplary damages. E-Med On Call may revoke, repossess, modify, or cancel the services at any time. Use of the Membership is governed by the conditions set forth herein when issued and retained, and any use of this Membership constitutes acceptance thereof.

The content on E-Med On Call is not intended in any way to be a substitute for a visit with your regular physician, nor can advice on the internet substitute for a personal visit with the physician. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition or prior to starting any exercise program. Neither the content nor any other service offered by or through E-Med On Call or the E-Med On Call Site is intended to be solely relied on for medical diagnosis or treatment. The information provided on this site is designed to support, not replace, the relationship that exists between a patient/site visitor and his/her existing physician.

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**Entire Agreement**

This Agreement contains all of the terms and conditions of Membership and no representations, inducements, promises, or agreements concerning the Membership not included in this agreement shall be effective or enforceable. If any of the terms of this Agreement shall become invalid or unenforceable, the remaining terms shall not be effected.

**Reservation of Rights**

We reserve the right to eliminate, add, change, and substitute benefits and participating vendors without notice to you. We further reserve the right to change the terms and conditions of this agreement and any Membership policies at any time without notice.

**Governing Law**

This Agreement and the terms of the Membership shall be interpreted, construed, and enforced exclusively according to the laws the state of Illinois. For any disputes regarding this agreement you irrevocably consent to exclusive jurisdiction and venue before any federal or state court residing only in Chicago, Illinois to whose personal jurisdiction you agree to submit. However, nothing in this agreement is intended or shall be construed to negate or otherwise affect the consumer protection laws of the state in which you reside.
Lifestyle Enhancements

These benefits are included with membership in the NationalWay Benefits association. Save on tickets to theme parks, movies, Broadway shows, skiing, zoos, aquariums, museums, sporting events and more! Members will also save on online shopping services, car and truck rentals, hotels, and retail gift cards and gift certificates.

Car & Truck Rentals/insurance
Hit the road this year and save up to 20% on your next car rental reservation.

- **21st Century Insurance**—Save up to $528 on auto insurance
- **Alamo Rent A Car**—Up to 25% off + free upgrade
- **Avis**—Save up to 25% on weekends & weekly rentals + free days or upgrades
- **Booking.com**—Up to 50% off your Stay, No booking fees, Book now pay later
- **Budget Rent A Car**—Save up to 25% on weekends & weekly rentals + free days or upgrades
- **CarRentals.com**—Rent a car from $16.95 a day
- **Esurance Auto Insurance**—Save up to 28%
- **Hertz**—Up to 25% your reservation plus additional hot deals
- **Hotwire**—Up to 60% off Hotels
- **Liberty Mutual**—Save up to $423 on Auto, Home and Renters Insurance
- **National Car Rental**—Up to 25% off + free weekend day or upgrade
- **Orbitz**
- **Payless Car Rental**—Save on Last Minute Deals!
- **Travelex Insurance**—Save on Travel Insurance - Protect your vacation, luggage and rental cars

Cruise Discounts
When it comes to the total package, CruiseDirect has you covered! Book with us, and you’ll also enjoy: Flexible Payment Plans, Cruise experts, incredible content, convenient e-tickets, as well as freebies and deep discounts, plus to following assurances:

- **Low Price Assurance**—Book with us now and if the fare drops before final payment, we’ll work to readjust the rate for you.
- **Best Price Guarantee**—If you spot a lower advertised fare, let CruiseDirect.com know and they’ll match the price!
- **Save on cruises booked ahead of time**, or even more on last-minute cruises
**Travel Discounts**
CheapTickets has been offering consumers great travel deals since 1986. Search for flight and hotel packages, car rentals, cruises and even event tickets. Take advantage of their limited time “Cheap of the Week” offers. [CheapTickets.com](http://www.cheaptickets.com) is easy and reliable to use, but they also have travel professionals available 24/7.

- Save an extra 20% on our best hotel deals.
- Hotels under $60 per night
- Save on flight deals

Cruise Inn RV Parks, the newest brand in outdoor hospitality, offers the free Cruise InnCentives loyalty program, which provides instant benefits rather than requiring you to wait while accumulating enough points for a reward. As a Cruise InnCentives member, you’ll receive 10% off stays at participating Cruise Inn RV Parks across the country, and access to hundreds of discounts and special offers for dining, travel, shopping, events & more. Cruise Inn RV Parks is the newest brand in outdoor hospitality. Join the free Cruise InnCentives loyalty program to save 10% on all stays.

**Theme Parks & Attractions**
Savings for theme parks and attractions nationwide have never been easier. With attractions such as Walt Disney World Resort, Universal Studios, Las Vegas and Broadway Shows, movie theatres and more, Member access offers a better way to play and save. This all-access site to theme parks and attractions is all you need to start your vacation.

- **Orlando Attractions**—Save up to 35% on Orlando attractions including the Walt Disney World Resort, Wet ’n Wild, and Arabian Nights
- **Wet ’n Wild**—Honored by Amusement Business Magazine as the nation’s best-attended water park, Wet ’n Wild’s world-class signature thrill rides and quality service offer something for fun-lovers of all ages

**Movie Tickets**
Save up to 35% on movie tickets for AMC, Regal, Muvico and more. Great discounts are available for theatres across the US.

- **AMC**—Movie Ticket Products accepted nationwide at AMC Theatres, Cineplex Odeon Theatres, Loews Theatres, Magic Johnson Theatres and Star Theatres (not valid in Canada).
- **Regal**—accepted at all Regal Cinemas, Edwards Theatres and United Artists Theatres.
- **Cinemark**—pre-paid tickets are offered at savings of up to 30% off the regular box office price and can be used at any of the chain's locations.

**Ski Tickets**
Purchase lift tickets in advance & save big! Our 12th year of providing the steepest discounts on the best snow in America. This is the biggest network of discounted member benefits for UNRESTRICTED skiing any day of the season.
Since 1990, the National Small Business Association, Inc. has provided small business owners, their employees, and retirees access to innovative services, resources, and benefits. The NSBA is committed to small business advocacy and public awareness.

Many NSBA resources and services are free to utilize! In an effort to further enhance the value that we provide the Small Business Community, we have teamed up with WellCardRx to sponsor and provide every NSBA member with an Enhanced Benefits Card.

With the Enhanced Benefits Card, everyone in your family can save up to 75% on prescriptions, along with 10 – 50% savings on vision services, hearing related expenses, diabetic supplies and much more. Once you become a member of the NSBA, simply print your Enhanced Benefits Card online, locate a participating pharmacy or service provider, present your card and receive instant savings.

To learn more, visit www.nsba.net.
About the Carrier

Over the last 85 years, Nationwide has grown from a small mutual auto insurer owned by policyholders to one of the largest insurance and financial services companies in the world, with more than $158 billion in statutory assets.

We’re still owned by policyholders, but now we’re a Fortune 100 company that offers a full range of insurance and financial services across the country, including car, motorcycle, boat, homeowners, pet, farm, life and commercial insurance, as well as administrative services, annuities, mortgages, mutual funds, pensions, long-term savings plans and specialty health services.

Nationwide is a leading provider of personal and commercial property and casualty insurance and long-term retirement savings products. Nationwide’s mutual ownership structure allows us to more effectively align our businesses with meeting the needs of our policyholders and customers. Our operating structure combined with the diversity of our businesses builds a solid foundation for a strong and stable company.

Nationwide is working hard every day to make sure we are there for our customers when they need us most – today and well into the future.
The Multiflex Premier 1500 Dental plan provides access to the Maximum Care™ Network—one of the largest dental networks. Participants receive average aggregate discounts of 5% to 50% off reasonable and customary charges. Plan participants are free to use any dentist they choose, however, in order to receive in-network savings, a Maximum Care network provider must be used. Out-of-Network benefits will be paid based on Maximum Allowable Charge (MAC) fees of a pre-determined fee schedule used to pay out-of-network claims. Participants may be responsible for the difference between the MAC and the actual dental charge from a Non-Participating Provider. Search for a participating provider at www.careington.com/co/maxcare. Your provider will file claims on your behalf—simply present your Multiflex Dental card when receiving treatment. Multiflex Dental is exclusively available to members of the National Small Business Association. Not available in MA, NJ, NC, or VA.

Save on Basic, Preventative, Major, and Restorative services including:

- Routine Cleanings
- Denture/Bridge Repairs
- Oral Surgery
- Exams
- Crown Build Up
- Periodontics (gums)
- X-Rays
- Extractions
- Root Canals
- Fillings
- Prosthetics

Per Calendar Year Deductibles—applies per member across all classes of services.

- $50 per member
- $150 family

The benefits matrix above is a summary for informational purposes only. Refer to your official Certificate of Coverage and Schedule of Benefits upon purchase for a detailed description of coverage benefits, limitations, and exclusions. Only the terms and conditions of coverage benefits listed in the policy are binding.
Eligible Expenses—We will pay for eligible expenses you incur for yourself or on behalf of your insured dependent. Expenses must be incurred while the policy is in force and the person is covered by the policy. To be an eligible expense, the dental service or procedure must be performed by a dentist, physician or a dental hygienist.

Deductible Amount—The deductible is an amount of charges you must incur for yourself or on behalf of your insured before we start paying benefits. The Deductible will be waived on win-network preventative services.

Maximum Calendar Year Limit
The maximum limit payable for all eligible expenses in any calendar year is shown in the Brochure. The maximum calendar year limit, if any, will apply to each person covered under the policy.

Maximum Care™ PPO Network—This plan is designed to use the Maximum Care™ dental network. You are free to see any dentist you choose, however, choosing a MaxCare network dentist qualifies you to receive in-network savings on your dental services. To find a Maximum Care™ provider, please visit our website at mbaadmin.com.

Out-of-Network MAC Fees—While you are free to see any dentist you choose, out-of-network benefits will be paid based on MAC fees which is the Maximum Allowable Charge of a pre-determined fee schedule used to pay out-of-network claims. You may be responsible for the difference between the MAC and the actual dental charge from a out-of-network provider. Using an out-of-network provider will result in decreased savings on your dental services.

Eligibility—Coverage is offered to individuals plus their eligible dependents (spouse and unmarried children from birth to age 19; extended to age 25 if child is a full-time student). This may vary based on state requirements.

Termination of Coverage—Coverage terminates on the earliest of the following dates:
- the last day of the month in which you cease to be eligible for coverage;
- the last day of the month in which your dependent is no longer a dependent as defined;
- subject to the grace period, the last day of the month for which a premium has been paid by you or on your behalf;
- or the date the master policy ends.

Effective Date—You and your dependents are covered on the later of: the date we accept your enrollment and determine an effective date; or the date you first acquire a dependent, if the date is after your coverage begins. Effective dates will be the first of the month only.

Reasonable and Customary—Reasonable and customary means the usual, customary and regular charges for the area where such expenses are incurred.

No benefits are payable under the policy for the services listed below. In addition, the services listed below will not be recognized toward the satisfaction of any deductible.
1. Any services which are not included in the schedule of covered procedures;
2. Any service started or appliance installed before the effective date or after the termination date, except in those instances noted in this certificate;
3. Any service, which, may not reasonably be expected to successfully correct the patient’s dental condition for a period of at least 3 years, as determined by us;
4. Any procedure we determine is not necessary, does not offer a favorable prognosis, does not have uniform professional endorsements or is experimental in nature;
5. Crowns, inlays, onlays, cast restorations, or other laboratory prepared restorations on teeth, which may be satisfactorily restored with an amalgam or composite resin filling;
6. Any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
7. Appliances, services or procedures relating to:
   - a. the change or maintenance of vertical dimension;
   - b. restoration of occlusion (unless otherwise noted in the schedule of covered procedures—only for occlusal guards)
   - c. splinting;
   - d. correction of attrition, abrasion, erosion or abfraction;
   - e. bite registration; or
   - f. bite analysis;
8. Replacement of bridges;
9. Replacement of full or partial;
10. Replacement of crowns, inlays, or onlays;
11. For orthodontia services;
12. Services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
13. Charges for implants of any type, and all related procedures, removal of implants, precision or semi-
precision attachments, denture duplication, overdentures and any associated surgery, or other customized Services or attachments.

14. Athletic mouthguards; myofunctionaltherapy; treatment for malignancies, cysts and neoplasms; failure to keep scheduled appointment; charges for completion of claim forms; infection control; precision, or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; charges for travel time; transportation costs; professional advice; treatment of jaw fractures; orthognathic surgery; exams required by a third party other than us, personal supplies (e.g.,waterpik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;

15. Prescription drugs, premedication, pharmaceuticals, or analgesia;

16. Dental disease, defect or injury caused by a declared or undeclared war or any act of war or terrorism or taking part in an insurrection or riot; the commission or attempted commission of a crime; an intentionally self-inflicted injury or attempted suicide while sane or insane;

17. Dental treatment not approved by the American Dental Association or which is clearly experimental in nature;

18. Any charge for a service for which benefits are available under Worker's Compensation or an occupational disease act or law, even if you did not purchase the coverage that is available to you (unless you are not required to be covered under Worker's Compensation);

19. Any charge for a service performed outside of the United States other than for emergency treatment. Benefits for emergency treatment performed outside of the United States are limited to a maximum of $100 per plan

20. The initial placement of a removable full denture or a removable partial denture unless it includes the replacement of a natural tooth extracted while the person is insured under the policy;

21. The initial placement of a fixed partial denture including a Maryland bridge, unless it includes the replacement of a natural tooth extracted while the person is insured under the policy, provided that tooth was not an abutment to an existing partial denture.

22. The replacement of teeth beyond the normal complement of 32;

23. The replacement of an existing removable partial denture with a fixed partial denture unless upgrading to a fixed partial denture is essential to the correction of the covered person's dental condition;

24. Local anesthetic, including light anesthetic, as a separate fee;

25. Any treatment plan which involves full-mouth reconstruction by the removal and reestablishment of occlusal contacts of 10 or more teeth with restorations, crowns, onlays, inlays, fixed partial dentures, dentures, or any combination of these services;

26. Services with respect to congenital (hereditary) or developmental (before birth) malformations, except during the 31 day period immediately following the birth of your child, including but not limited to; cleft palate, maxillary and mandibular (upper and lower) malformations, enamel hypoplasia (lack of development), fluorosis, and anodontia;

27. Dental care paid for, required, or provided by or under the laws of a national, state, local or provincial government, or treatment furnished within a hospital or other facility owned or operated by a national or state government unless the insured person has a legal obligation to pay;

28. Dental services performed in a hospital and related hospital fees;

29. Services covered under an existing medical plan;

30. The portion of an expense which is in excess of the reasonable charge;

31. Fees associated with a canceled or missed appointment;

32. General anesthesia and I.V. sedation, unless deemed medically necessary as determined by a professional consultant.

Missing teeth limitation: We will not pay benefits for replacement of teeth missing on a covered person's effective date of insurance under this certificate for the purpose of the initial placement of a full denture, partial denture or fixed bridge.

Exclusion language may not be applicable in all states. Please refer to the Certificate of Coverage for a complete list of exclusions in your state.
Bloom Benefits Association is passionate about bringing its members the deepest discounts available in today’s high priced consumer market. We offer discounts to thousands of merchant & dining establishments across the US. Our partners include: Longhorn Steakhouse, Disneyland Resort, Red Lobster, Chili’s, Olive Garden, Knott’s Berry Farm, Regal Entertainment Group (Regal Cinemas, United Artists Theatres, Edwards Theatres, Dish Network, 1-800-flowers.com, ADT, Bally Total Fitness, Target, Kmart, Fifth Third Bank, and Brooks Brothers.

Bloom Benefits Association is more than just a discount program. Our Wellness Rewards program is here to help you improve your health and wellbeing. Whether you’re looking to eat healthier, get in shape, manage your finances better, or find new ways to give back to the community, you’ll find it here. We offer tips on exercise, hygine, and self-assessment, as well as virtual wellness coaching.

The physical dimension of wellness encourages good nutrition, cardiovascular endurance, flexibility and strength through a healthy diet and physical activity. Get started on your path towards Physical Wellness and learn the ins and outs of nutrition, fitness, and health management.

The social dimension of wellness encourages a positive interaction with the community around you and a consistent contribution to the welfare of others. Learn about some of the ways you can get involved in your community—both at home and abroad—and give back in a way that impacts people for the better.

The financial dimension of wellness encourages a healthy perspective of money with an understanding of your current financial situation while preparing for potential financial changes. Get started on your path towards Financial Wellness through the links below and learn about managing your money, offsetting risk, and spending wisely.

With our mobile app (available at the Apple App Store or Google Play), members have immediate fingertip access whenever they need it.

**Member Terms and Conditions**

These Terms and Conditions set forth herein govern your use of Bloom Benefits Association (hereinafter referred to as “BBA”), including online services, and any and all content or information therein, and any other website pages on which services and/or products are provided by BBA or the vendors that offer product and services through BBA by using this Site, you expressly signify your agreement to these terms and conditions, including all changes and revisions to these terms and conditions. If you do not agree to these terms and conditions, then do not use the services provided by BBA.

As a term of your use of BBA, you agree to carefully and periodically check this Agreement for revisions and amendments to these terms and conditions. BBA reserves the exclusive right to revise these terms and conditions. Any revision or amendment to the terms and conditions will be effective immediately upon posting to BBA website (“Site”), and your continued use of the services provided by BBA, subsequent to the posting of any revisions or amendment, constitutes your acceptance of such revisions and amendments. BBA reserves the right to refuse, restrict, suspend, or terminate any member’s use of its services at any time without notice and may do so for a member’s failure to abide by these terms and conditions.

**Legal Notice and Disclaimer**

You agree that the use of the site is undertaken at your own risk. No warranties
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Email Communication
As part of your membership you will automatically be enrolled in email updates from your discount program, unless otherwise specified by your program administrator. You will receive one monthly Spotlight Discount email as well as periodic important offer and program updates. Each Spotlight will inform you of the month's special offers, vendor additions, and promotions. You will receive this email directly from support@bloombenefitsassoc.com, unless a different email address is specified and requested by your program administrator.

If you do not wish to receive the Spotlight email or other promotional emails, you may opt out at any time using the unsubscribe links within the email newsletter. Opting out will permanently remove your email address and exclude you from receiving future notification of additional benefits, services, and discount offers.

You may voluntarily subscribe to Vendor Alert emails through your discount program. Opting out of the Spotlight and other promotional emails WILL NOT unsubscribe you from Vendor Alerts. Your Vendor Alert preferences must be managed individually within your discount program.

Links to Other Internet Sites
At certain places on the Site, live "links" to other Internet addresses can be accessed. Such external Internet addresses contain information created, published, maintained, and posted by institutions and organizations independent of BBA, does not endorse, approve, certify, or control these external Internet addresses and does not guarantee the accuracy, completeness, efficacy, timeliness, or correct sequencing of information located at such addresses. Use of any information obtained from such addresses is voluntary, and your reliance on it should only be undertaken after you independently review of its accuracy, completeness, efficacy, and timeliness. Reference therein to any specific commercial product, process, or service by trade name, trademark, service mark, manufacturer, or otherwise does not constitute or imply endorsement, recommendation, or favoring by BBA.

Indemnity
You agree to defend, indemnify, and hold harmless BBA and its employees, contractors, vendors, corporate partners, managers, officers, shareholders, agents and directors from all liabilities, claims, losses, damages, obligations, costs, and expenses, including attorney's fees, that arise from or relate to (a) your use of and access to the BBA Program, the Site or any services, information or products from the Site; (b) your violation or breach of any of these terms and conditions, or your representations and warranties; or (c) your violation of the rights of any third party, including but not limited to any copyright, property, or privacy right. This defense and indemnification obligation will survive your involvement in the BBA Program. BBA reserves the right, in its sole discretion, to assume the exclusive defense and control of any claim for which we or any of the indemnitees listed above are entitled to indemnification hereunder. In such event, you shall pay all fees and costs for such defense and shall provide BBA with such cooperation at no charge as is reasonably requested by it to assert any available defenses.

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Arbitration and Jurisdiction
The parties expressly agree to submit any controversy to binding arbitration with the American Arbitration Association. Any controversy or claim between the parties arising out of or relating to your involvement in the BBA Program, including but not limited to the use of the Site, shall be submitted to binding arbitration with the American Arbitration Association. The parties expressly agree that this arbitration provision and the terms and conditions set forth herein are to be governed by the Federal Arbitration Act ("FAA").

These terms and conditions shall be governed by and construed in accordance with the laws of the State of Tennessee, without giving effect to its conflicts of law provisions. You hereby submit, as evidenced by signing up for the BBA Program, to the exclusive jurisdiction of the courts of Davidson County, Tennessee, for purposes of any and all litigation arising out of or relating to your involvement in the BBA Program. You waive any objections to the forum of Tennessee for lack of venue, forum non convenience, or any other jurisdictional ground.

Should any provision in these terms and conditions be invalid or unenforceable for any reason, the remaining provisions hereof shall remain in full force and effect. The language of these terms and conditions shall be construed as a whole according to its fair meaning and not strictly for or against either party. Each party specifically waives the application of the common law doctrine that agreements are to be construed against the party who drafted the agreement.

Wellness Program
BBA Wellness site offers health, fitness and nutritional information and is designed for educational purposes only. This information should not replace or be used as a substitute for professional medical advice, diagnosis, or treatment. If you have any concerns or questions about your health, you should always consult with a physician or other health-care professional. Do not disregard, avoid or delay obtaining medical or health related advice from your health-care professional because of something you may have read on this site. The use of any information provided on this site is solely at your own risk.

Developments in medical research may impact the health, fitness and nutritional advice that appears here. No assurance can be given for lack of medical advice, diagnosis, or treatment. If you have any concerns or questions about your health, you should always consult with a physician or other health-care professional. Do not disregard, avoid or delay obtaining medical or health related advice from your health-care professional because of something you may have read on this site. The use of any information provided on this site is solely at your own risk.

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You have had the opportunity to read and review these terms and conditions and agree to the terms set out herein freely, voluntarily, and without coercion.
About the Carrier

ENVISION INSURANCE

Envision Insurance Company has a passion to create a visibly different, prescription benefit-focused, health care company. Over the years, we have built out our capabilities both organically, by launching new products and business lines, as well as through the acquisition of like-minded companies. Envision Insurance Company (EIC) was launched to better support Medicare-eligible members & compete in the Part D market. Envision is committed to achieving the highest level of regulatory compliance and ethics. We foster a culture of doing the right thing through the key aspects of our Compliance and Ethics program: oversight, collaboration, innovation, and education. We go beyond doing what is required by applicable laws and regulations to do what is ethically in the best interests of our clients, members, and stakeholders.
Copay Prescription Program

Underwritten by Envision Insurance Company

Use your ID card for prescription fills and refills at over 56,000 participating pharmacies for co-pay benefits that will be processed in real-time at the point-of-purchase at the pharmacy. Visit [www.rxedo.com/?page_id=6613](http://www.rxedo.com/?page_id=6613) to search for participating pharmacies and find pricing on your prescription medications.

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<th>RxEDO Plan</th>
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**State Availability**

Available only in AL, AK, AZ, AR, CT, DE, FL, GA, HI, IL, IN, IA, KS, LA, ME, MI, MS, MO, NE, NV, NC, ND, OK, OR, SC, SD, TN, TX, WV, WI, WY, and D.C.

**Association**

RXEDO is exclusively available to members of Bloom Benefits Association.

**Claims**

Submit claims to: RxEDO, Inc. Attn: Manual Claims Department

7800 Dallas Parkway, Suite 460, Plano, Texas 75024
Copay Prescription Program
Limitations & Exclusions

The following exclusions apply to all benefits under this policy. Additional exclusions, limitations or conditions may also apply to specific benefits. Please read this entire policy carefully.

1. All over-the-counter products and medications unless shown under the definition of Prescription Drug and specifically prescribed by a medical provider. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements and all other over-the-counter products and medications.

2. Blood glucose meters; insulin injecting devices, other than insulin syringes.

3. Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.

4. Biologicals (including allergy tests); blood products; growth hormones; hemophiliac factors; MS injectables; immunizations; all other injectables unless shown under the definition of Prescription Drug.

5. All other medical supplies and durable medical equipment unless shown under the definition of Prescription Drug.

6. Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid and Niacin - used in treatment versus as a dietary supplement; all other Legend Drug vitamins and nutritional supplements.

7. Anorexiants; Any cosmetic drugs including, but not limited to, Renova, skin pigmentation preps; any drugs or products used for the treatment of baldness; Topical dental fluorides.

8. Refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription.

9. Brand Name Prescription Drugs

10. Any drug labeled “Caution - limited by Federal Law for Investigational Use” or experimental drugs.

11. Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.

12. Drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder; or the Insured Person taking part in the commission of a felony.

13. Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an Insured Person while on active duty in any armed force.

14. Any expenses related to the administration of any drug.

15. Drugs or medicines taken while in or administered by a hospital or any other health care facility or office.

16. Drugs covered under Worker’s Compensation, Medicare, Medicaid or other Governmental program.

17. Drugs, medicines or products which are not medically necessary.

18. Diaphragms; Erectile dysfunction Legend drugs, unless specifically listed in the definition of Prescription Drug; Infertility Legend drugs.

19. Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; Imitrex-auto injection.

20. Smoking deterrents, Legend or over-the-counter.

21. Vacation supplies and replacement of lost, stolen, spilled, broken or dropped Prescription Drugs.

22. All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication.

23. Specialty Drugs.
Non-Association Benefits
Certain products offered by A1 Healthcare provide membership in the MultiPlan or the PHCS network. If this applies to you, the appropriate network logo will appear on your plan’s ID card. Though both networks allow you to use any healthcare provider you choose, you will receive substantial savings by choosing a provider in your network.

**MultiPlan** is a complementary network for members who either don’t have access to a PPO network or choose to go outside of their primary network. Although out-of-network costs will apply, MultiPlan providers are contracted to provide services at discounted rates. More than 27 million members access the MultiPlan network of 569,000 providers, 4,500 hospitals, and 87,000 auxiliary facilities.

**PHCS** is the largest primary PPO (Preferred Provider Organization) in the nation, offering savings at nearly 4,400 hospitals, 79,000 ancillaries and more than 700,000 healthcare providers. PHCS network providers are contracted to provide members with significantly discounted rates.

To search for MultiPlan or PHCS providers, visit [www.multiplan.com](http://www.multiplan.com) or call 888-342-7427.

To receive your discounted rates, simply present your plan’s ID card to your provider and tell them the name of the appropriate network.
A1Rx is not insurance, but a discount prescription program that offers savings up to 80% on prescription medications. This program is accepted at 65,000 pharmacies nationwide, including CVS, Walgreens, Walmart, Kroger, Publix, and Rite Aid. A1Rx is an open formulary, so nearly all medications qualify for discounts.

Present your A1Rx card with a valid prescription at a participating pharmacy, and your discount will be applied. You can find a list of participating pharmacies and check for potential savings on your prescriptions at http://discountcard.rxedo.com.
A phone or video consultation with A1md can take the place of an expensive, time-consuming urgent care or emergency room visit. With A1md, you can consult with a board-certified doctor—based in the United States—by phone or online video anytime, day or night, 365 days a year for diagnoses of simple illnesses and to have prescriptions called-in to your pharmacy.

To access A1md, simply login to your account or call and request a consultation. A physician licensed in your state will review your medical history and consult with you via phone or video. The physician will recommend appropriate treatment and have short-term prescriptions electronically sent to your pharmacy of choice, if necessary. The results of your consultation will be documented in your medical history and can be sent to your primary care physician.

To setup your account, call 800-TEL-ADOC (800-835-2362), visit www.teladoc.com or use the Teladoc app (available at the Apple App Store or Google Play) on your mobile device. Enter “142192” as your Company Code/Participant ID.
MDLIVE has the nation’s largest network of doctors for telehealth services, providing 24/7/365 on-demand access to affordable, quality healthcare—anytime, anywhere. With MDLIVE, you can visit with a doctor from your home, office, or on the go. Our network of Board Certified doctors is available 24/7 by phone or secure video to assist with non-emergency medical conditions.

On average, our doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine and family medicine.

When to Use
- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and even holidays
- If your primary care physician is not available
- To request prescription refills when appropriate.
- If traveling and in need of medical care

What Can Be Treated?
- Acne
- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Constipation
- Diarrhea
- Ear Infection
- Fever
- Headache
- Insect Bite
- Joint Aches
- Nausea
- Rashes
- Sinus Infection
- Sore Throat
- UTI
- And more!

To setup your account, call 888-995-7075, visit www.mdlive.com/247doctor or use the MDLive app (available at the Apple App Store or Google Play) on your mobile device.

Disclaimers: MDLIVE does not replace the primary care physician. Please note, a parent or guardian must be present during any interactions involving minors. 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 www.mdlive.com/consumer/terms.html 010113
Medical Concierge Service

Karis360

Coordinating and scheduling appointments with physicians, facilities, and laboratories that work together within your network while being cost-conscious can be very time-consuming and frustrating. Let the personal advisors at Karis360 do the legwork for you. With services including health care navigation, prescription cost search, appointment scheduling, and medical bill negotiation, the personal advisors at Karis360 will make the process much easier while saving you time and money.

Health Care Navigation

- **Physician, Hospital & Specialists Search**—Karis360 will provide you with a list of local, qualified providers and their best available pricing on requested procedures. This allows you to make an informed, time and money-saving decision on their health care.

- **Same-Day Prescription Cost Search**—We will search pharmacies to identify the lowest pricing available, usually within a couple of hours.

- **Health Cost Estimates**—We can provide you with cost estimates for various outpatient procedures in your area so you can make informed decisions.

- **Alternative Medicine**—We can contact and schedule appointments with alternative medicine providers including acupuncture, chiropractic care, massage therapy and more.

- **Laboratory and Imaging Services**—We can find lab and imaging locations, provide price estimates for tests, and can schedule appointments upon request.

- **Elder Care Solutions**—We can assist you in locating living facilities, coordinating Home Health Care, transportation, prescription delivery, and exploring Disability and VA benefits, supplemental insurance and more.

- **Appointment Scheduling**—We can schedule for doctor’s appointments, specialists and more all at the convenience of your schedule.

- **Affordable Care Act Answers**—Karis360 staff is trained to provide answers to the questions involved in the new Affordable Care Act.

Medical Bill Negotiation

- **Karis360 Advisors** will assign members a personal Patient Advocate to work directly with your health care provider to help reduce medical bills.

- Whether through program qualification, settlement discounts, personalized payment plans, etc. our expert advocates can help lower these medical bills to something more manageable.
Surgery Cost Saver

• Our advisors obtain real-time cost, quality and availability data for up to five different facilities in your area.

• Advisors have found an average $13,000 cost difference between the least expensive and most expensive facilities with no difference in quality ratings.

Chaplaincy

• Christian Chaplains are available to listen and provide support and encouragement.

How to use

• Call 1-888-799-4413

Note: Karis360 is not insurance and does not provide funds to pay for bills. This is a best efforts service. Despite Karis360 diligent efforts on member’s behalf, some providers refuse to make accommodations to help resolve outstanding bills.
Wellness Programs

A1 Wellness will help you save money and improve long-term health and wellness. We offer and support programs which directly and measurably aid in supporting everyday health and wellness needs, today and in the future. We value our members and will continually strive to make their experience a pleasant one. Our purpose is clearly stated “health is the greatest of human blessings”—Hippocrates. No matter if insured, under-insured or non-insured, A1 Wellness can help with risk free assessments and offerings.

Benefits

- **Wellness Specialists**—Price shop doctors to find you the best and most affordable options, schedule appointments, negotiate existing medical bills, locate medical equipment at the lowest possible price, and schedule blood testing.

- **Health Advocates**—FREE access to an expert team of naturopaths, nutritionists, and nurses who can answer your health-related questions, every day of the year. And they’ll gladly create a regimen of nutritional supplements, diet, and exercise that’s customized for your needs.

- **Personal Wellness Assessment**—Unlimited access to a complimentary in-depth online wellness assessment. Upon completion of the assessment, we follow-up and provide recommendations designed specifically for the member and their needs.

- **Get Fit on the Go Mobile Workout**—Whether you’re focusing on weight loss, strength training, or yoga, you’ll have access to hundreds of workout videos on demand, wherever you are, and available at anytime. You can access classes on multiple devices including your iPhone, iPad, Android phone or tablet, computer, and even your TV.

- **Healthy Eating Wellness Pantry**—This program makes it easy for you to enjoy the benefits of better food by having healthy foods delivered to your door. You’ll have access to grade A free-range Poultry, Sashimi Grade Seafood, and Grade A Natural and Organically Grown Fruit and Vegetables, USDA all-natural, fully-aged, grain-fed, grass finished Black Angus Beef, Super Select Pork—all free of growth hormones, chemicals, preservatives, dyes or colorings.

- **Go Cleanse Weight Loss**—Access to an experienced personal cleansing coach. Get you your best possible results in the shortest period of time and to learn the fundamentals of living healthier longer.

- **Prescription Savings Program**—a comprehensive program that utilizes a network of resources to find members the lowest price available on prescription medications.

- **Vitamins & Supplements**—We offer savings of 25–50% on a comprehensive line of premium-quality vitamin and supplement formulas, all with a 100% money-back guarantee.

- **LabCorp Blood Testing Discounts**—Routine comprehensive blood work can help prevention and support early detection of diseases. Take control of your own health with this innovative blood testing service with a simple, low cost, high-quality screening directly to you.
• **Anti-Aging**—Given the proper nutrition, your body has the amazing ability of keeping itself healthy. Our program’s cutting-edge anti-aging products will help members slow aging from the inside out and look like they’ve turned back the clock.

• **Skin Care**—This innovative program is comprised of special nutritional supplement combinations at savings of up to 35% off retail especially for A1 Wellness members!

• **Annual Blood Test Panel**—$500+ value Blood Test features over 70 Panels and is available at any LabCorp Nationwide with NO referral needed!

• **1-800MD Telemedicine Program**—Consult via phone or video with a physician who is board-certified in emergency medicine. They will evaluate, diagnose and treat your condition. If you require medicine, your physician can send a prescription electronically to any pharmacy in the United States.

• **PetCare**—Telemedicine For Pets. Call or chat 24/7 with a certified veterinary professional who can help answer questions and point you in the right direction. We have also partnered with the number one veterinary discount plan in the country to bring you a 25% discount on veterinary services at a network of over 2,000 veterinary hospitals across the country! No deductibles. No pre-screening or disqualifying ailments. Free 24/7 lost pet recovery service.

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### A1 Wellness Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>A1 Wellness</th>
<th>A1 Wellness+</th>
<th>A1 SeniorCare</th>
<th>A1 PetCare</th>
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<td>PetCare</td>
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**To Use Your A1 Wellness, Wellness Plus, or SeniorCare Benefits**

Visit [AHG.wellnessplanofamerica.com](http://AHG.wellnessplanofamerica.com) or call **800-995-5161**

**To Use Your A1 PetCare Benefits**

Call **800-220-1968**
7 out of 10 Americans take prescription medications and many struggle trying to pay for them. A1Rx Advocacy is a comprehensive program that utilizes a network of prescription resources to find the lowest price available on your prescription medications.

Resources Include
- Pharmaceutical Manufacturer Prescription Advocacy Programs (PAP)
- Mail Order Pharmacies
- Discount Cards
- Generic Costs at member’s local pharmacies/Pharmacy cards

Who We Help
- Individuals 18 and over, families, and seniors
- Individuals who take prescription medications and have a hard time affording them, or feel they are overpaying
- Individuals/families who are insured with limited prescription coverage, uninsured, or the under-insured
- Individuals who would like to live healthier lives by taking the medications they might have gone without in order to save money

How We Help
- We find pharmaceutical manufacturer patient assistance programs (PAPs), determine client eligibility, and complete all necessary enrollment administrative duties.
- We work directly with physicians’ offices to obtain, verify, and confirm prescriptions.
- We work directly with pharmacies to price shop and compare the client’s prescription medications in order to provide the best possible pricing.
- We research all available prescription savings opportunities which may include discount cards, mail order pharmacies, local pharmacies, coupons, and generics.
- Our personal prescription specialists will work on the member’s behalf to provide a prescription savings cost analysis of their available savings over the phone.
- We provide free assistance with ALL generic and brand name medications that do not qualify for a pharmaceutical manufacturer assistance program.
Patient advocacy programs are run by pharmaceutical companies to aid uninsured, low income Americans in receiving free or low-cost prescription medications. Most major drug companies have patient assistance programs and name brand drugs that are often prescribed by doctors are typically available. Patient assistance programs help people of all ages, including children. Some PAPs help people on Medicare, while others do not. Members approved for a brand-name pharmaceutical manufacturer assistance program pay an administrative fee as low as $25 per month per medication for completion, submission, tracking and follow up of application and shipment of medications.

**To Use the Prescription Advocacy Benefit**

Visit [AHG.wellnessplanofamerica.com](http://AHG.wellnessplanofamerica.com) or call **800-995-6071** to securely register or to access the prescription savings program once you have registered. You will create a personalized username and password combination that you can later use to securely revisit your account at any time.

During your registration and for your information protection, you will be asked to read and sign specific program terms and conditions that authorize our prescription specialists to securely present your information when needed to any authorized distributors or providers of medications. This authorization allows your advocate to work directly on your behalf to locate and secure the best possible savings for you.

You will find simple step-by-step instructions on how to get started, and you’ll be asked to provide some basic information about yourself and your medications. Once complete, you can rest and our prescription specialists will coordinate everything for you. Remember, you may visit your online account whenever desired or requested to find any updates and items regarding your prescription savings program.

*OneCare Rx Advocacy is NOT insurance. OneCare Rx Advocacy is not affiliated in any way with any pharmaceutical companies and does not dispense medications. OneCare Rx Advocacy does not receive any payment from pharmaceutical companies, only from members as a service fee to complete administrative duties. We cannot guarantee eligibility until each pharmaceutical company has reviewed members application(s) and has made an eligibility decision. This is not an insurance RX drug plan or any type of insurance. Doctor's participation is required and a prescription is required for each application applied for. Proper identification and documentation, IE: proof of income and US Government ID, may be required for each medication application.*
A1 Diagnostics is proudly assisting in the prevention and early detection of diseases by providing a simple, low cost, high-quality screening program directly to you. This $700+ value blood test features more than 70 panels and is available at any LabCorp nationwide with NO referral needed. This annual LabCorp blood test should be part of your wellness checkup. Both disease prevention and early detection could save a life!

**Program Features**

- $700+ Value Blood Test with no ($0) Co-Pay
- 74-Panel Test for Women/75-Panel Test for Men including Prostate (PSA) screening
- No Doctor Referral or Prescription required

**To Use the Diagnostic Blood Testing Benefit**

Visit [AHG.wellnessplanofamerica.com](http://AHG.wellnessplanofamerica.com) or call 800-995-6071 to securely register or to access the diagnostic blood testing program once you have registered. You will create a personalized username and password combination that you can later use to securely revisit your account at any time. Within your member portal, you will find step-by-step instructions on how to request your diagnostic blood test. Your Wellness Advisors will coordinate your request and send the necessary pre-prepared documents or forms to you. A LabCorp facility locator is available in your portal, as well as easy-to-follow instructions about taking your test. You may visit your portal whenever desired or requested to find any notices and results regarding your Blood Test program. Diagnostic blood testing is subject to a 90-day waiting period and is unavailable in MA, MD, NJ, NY, and RI.
Discount Dental Program

A1 Discount Dental provides access to DenteMax—one of the largest dental PPO networks in the United States with over 252,000 dentist access points nationwide. DenteMax dentists have agreed to charge members discounted prices. As a member, you’ll experience these price savings each time you visit a DenteMax dentist.

Save on Basic, Preventative, Major, and Restorative services such as:

- Routine Cleanings
- Orthodontics (braces)
- Exams
- Dentures
- Extractions
- Fillings
- X-Rays
- Cosmetic Dentistry
- Root Canals
- Crowns
- Oral Surgery
- Periodontics (gums)

Costs may vary by provider. Please check with your dental provider for cost before receiving treatment.

Program Features

- Save up to 45% on most dental procedures including routine oral exams, cleanings, and major work such as dentures, root canals, and crowns
- No administrative forms or difficulties
- No red tape—Membership is automatic
- No limits—Visit your chosen dentist as many times as you like
- No waiting—Join now and start saving today
- No age restrictions
- All dentists must meet highly selective credentialing standards based on education, background, license standing and other requirements
- Members may visit any participating dentist on the plan and change providers at any time

To Get Your Dental Savings

2. Tell the provider that you are a member of the Dentemax PPO Network when scheduling your appointment.
3. At your appointment, present your A1 Discount Dental card before receiving treatment.
4. If you, or the provider, have any questions, contact customer service at 800-269-3563
Discount Dental Program

Samples of Savings

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Regular Cost</th>
<th>Plan Cost</th>
<th>Savings $</th>
<th>Savings %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit</td>
<td>$82</td>
<td>$52</td>
<td>$30</td>
<td>37%</td>
</tr>
<tr>
<td>Bitewing 4-Image X-Ray</td>
<td>$64.75</td>
<td>$33</td>
<td>$31.75</td>
<td>49%</td>
</tr>
<tr>
<td>Cleanings</td>
<td>$89.95</td>
<td>$61</td>
<td>$28.75</td>
<td>32%</td>
</tr>
<tr>
<td>Single Tooth Extraction</td>
<td>$170.75</td>
<td>$96</td>
<td>$74.25</td>
<td>44%</td>
</tr>
<tr>
<td>PFM Crown</td>
<td>$1040.25</td>
<td>$714</td>
<td>$326.25</td>
<td>31%</td>
</tr>
<tr>
<td>Root Canal</td>
<td>$910</td>
<td>$683</td>
<td>$227</td>
<td>25%</td>
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</table>

**Fees are for visits to a general dentist and prices may vary by region, provider, and specialty. Retail Cost is based on a survey of dental offices and other published fees. Members should confirm fees and provider participation prior to visiting the dentist. Samples are not a guarantee of savings. Payment required at the time of service.

The A1 Discount Dental Discount program is NOT insurance. While provider lists are continually updated, provider status can change. We recommend that you confirm the provider you selected participates in the program when scheduling your appointment.