



PREMIER

Group Hospital Fixed Indemnity
& Group Accident Insurance
Underwritten by United States Fire Insurance Company
Offered Exclusively to NCE Members



GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	Per Day	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission	Per Day								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)	Per Day								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day				
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day				
Daily Inpatient Surgery	Per Day		\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day		\$100 3 Days	\$125 3 Days					
Daily Outpatient Surgery	Per Day		\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day		\$100 3 Days	\$125 3 Days					
Daily Physician Office Visit	Per Visit	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day	\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days	
Daily Outpatient diagnostic radiology & x-ray	Per Day	\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days	
Daily Inpatient diagnostic laboratory tests	Per Day	\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days	
Daily Outpatient diagnostic laboratory tests	Per Day	\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days	

Group Accident Benefits

Accidental Death	\$10,000								
Hospital Admission Benefit	Per Day	\$500	1 Day	\$500	1 Day	\$500	2 Days	\$500	3 Days
Emergency Room	Per Day	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day

Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.

GROUP HOSPITAL FIXED INDEMNITY DESCRIPTION OF BENEFITS

The following Provisions explain the benefits available under the Policy.

Hospital Admission Benefit

We will pay the Hospital Admission Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined and all of the following conditions are met:

1. the Hospital stay is Medically Necessary and the direct result, from no other causes, of Injuries or illness sustained in a Covered Accident or Sickness; and
2. the Hospital stay is the first Hospital Confinement for the Covered Person for each occurrence during the Policy Period.

This benefit will be paid in addition to the Daily Hospital Confinement benefit.

Benefit payments will end on the first of the following dates:

1. the date the Hospital stay ends; or
2. the date the Covered Person dies; or
3. the date insurance under the Policy ends.

Daily Hospital Confinement Benefit

We will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined as an inpatient and all of the following conditions are met:

1. the Hospital stay is Medically Necessary and the direct result, from no other causes, of Injuries or illness sustained in a Covered Accident or Sickness; and
2. Confinement is at the direction and under the care of a Physician; and
3. While the coverage is in effect.

Benefit payments will end on the first of the following dates:

1. the date the Hospital stay ends; or
2. the date the Covered Person dies; or
3. the date the Maximum Benefit for this benefit is payable; or
4. the date insurance under the Policy ends.

Daily Intensive Care/Coronary Care Unit Benefit

We will pay the Intensive Care Unit (ICU)/Coronary Care Unit (CCU) Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined in the Intensive Care Unit and all of the following conditions are met:

1. the ICU/CCU confinement is Medically Necessary and the direct result, from no other causes, of Injuries or illness sustained in a Covered Accident or Sickness; and
2. ICU/CCU stay is at the direction and under the care of a Physician;
3. While the coverage is in effect.

Benefit payments will end on the first of the following dates:

1. the date the ICU/CCU stay ends; or
2. the date the Covered Person dies; or
3. the date the Maximum Benefit for this benefit is payable; or
4. the date insurance under the Policy ends.

This benefit will be paid in lieu of the Daily Hospital Confinement benefit.

Daily Emergency Room Visits Benefit for Sickness and Injury

We will pay the benefit shown in the Schedule of Benefits for Emergency Room Visits if a Covered Person requires Hospital emergency room treatment for a Medical Emergency as the result of a Covered Accident or Sickness.

"Emergency Room" means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.

Daily Inpatient Surgery Benefit

We will pay the Daily Inpatient Surgery Benefit shown in the Schedule of Benefits if a Covered Person is ordered by a Physician to undergo Medically Necessary Surgery as the result of a Covered Accident or Sickness.

"Surgery" means the treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure, that is:

1. necessary for treatment of the Covered Person; and
2. performed in a Hospital.

Inpatient Surgery must be performed in the operating room of a Hospital.

Daily Inpatient Surgery Anesthesia Benefit

We will pay the Daily Inpatient Anesthesia Benefit shown in the Schedule of Benefits if a Covered Person is administered anesthesia on an inpatient basis for a Medically Necessary Surgery as the result of a Covered Accident or Sickness.

This is a brief description of coverage provided under group policy number US2156443 and US2166744, form numbers HIP-30000C and GAC-30000, and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may vary or may not be available in all states. Insurance Plans are underwritten by United States Fire Insurance Company, Eatontown, NJ.

GROUP HOSPITAL FIXED INDEMNITY DESCRIPTION OF BENEFITS

Daily Outpatient Surgery Benefit

We will pay the Surgery Benefit shown in the Schedule of Benefits if a Covered Person is ordered by a Physician to undergo Medically Necessary Surgery as the result of a Covered Injury or Sickness. "Surgery" means the treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure that is necessary for treatment of the Covered Person.

Outpatient Surgery must be performed in the outpatient department of a Hospital or an Ambulatory Surgical Center.

"Ambulatory Surgical Center" means a free standing facility providing ambulatory surgical or medical treatment other than a Hospital, clinic or Physician's office. It must be qualified to provide the treatment under the standards set by the state in which it is located.

This does not include Surgery performed in a surgical suite or Physician's office.

Daily Outpatient Surgery Anesthesia Benefit

We will pay the Daily Inpatient Anesthesia Benefit shown in the Schedule of Benefits if a Covered Person is administered anesthesia on an outpatient basis for a Medically Necessary Surgery as the result of a Covered Accident or Sickness.

Daily Physician's Office Visits Benefit

We will pay the benefit shown in the Schedule of Benefits for Physician's Office Visits if a Covered Person visits a Physician's office, Hospital clinic, or urgent care center and receives Medically Necessary treatment, care or advice of a Covered Accident or Sickness.

Daily Inpatient Diagnostic Radiology, X-ray and Imaging Benefits

We will pay the benefit shown in the Schedule of Benefits for Inpatient Diagnostic X-ray, Radiology or Imaging services if the following conditions are met:

1. a Covered Person is confined in a Hospital; and
2. the diagnostic X-rays are ordered by a Physician and performed by an appropriately licensed technician.

This does not include Radiation Therapy.

"Radiology Tests" are the scientific discipline of medical imaging using ionizing radiation, radionuclides, nuclear magnetic resonance, and ultrasound.

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We will pay the benefit shown in the Schedule of Benefits for Outpatient Diagnostic X-ray, Radiology or Imaging services if the following conditions are met:

1. a Covered Person is not confined in a Hospital; and
2. the diagnostic X-rays are ordered by a Physician and performed by an appropriately licensed technician.

This does not include Radiation Therapy.

"Radiology Tests" are the scientific discipline of medical imaging using ionizing radiation, radionuclides, nuclear magnetic resonance, and ultrasound.

Daily Inpatient Laboratory Test Benefit

We will pay the benefit shown in the Schedule of Benefits for Inpatient Laboratory Tests if the following conditions are met:

1. a Covered Person is confined in a Hospital; and
2. the laboratory tests are ordered by a Physician and performed by an appropriately licensed technician.

"Laboratory tests" are procedures that are intended to detect, identify, or quantify one or more significant substances, evaluate organ functions, or establish the nature of a condition or disease.

Daily Outpatient Laboratory Test Benefit

We will pay the benefit shown in the Schedule of Benefits for Outpatient Laboratory Tests if the following conditions are met:

1. a Covered Person is not confined in a Hospital; and
2. the laboratory tests are ordered by a Physician and performed by an appropriately licensed technician.

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GROUP ACCIDENT DESCRIPTION OF BENEFITS

The following provisions explain the benefits available under the group accident policy.

Hospital Admission Benefit

We will pay the Hospital Admission Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined and all of the following conditions are met:

1. the Hospital stay is Medically Necessary and the direct result, from no other causes, of Injuries or illness sustained in a Covered Accident or Sickness; and
2. the Hospital stay is the first Hospital Confinement for the Covered Person for each occurrence during the Policy Period.

This benefit will be paid in addition to the Daily Hospital Confinement benefit.

Benefit payments will end on the first of the following dates:

1. the date the Hospital stay ends; or
2. the date the Covered Person dies; or
3. the date insurance under the Policy ends.

Daily Physician's Office Visits Benefit

We will pay the benefit shown in the Schedule of Benefits for Physician's Office Visits if a Covered Person visits a Physician's office, Hospital clinic, or urgent care center and receives Medically Necessary treatment, care or advice of a Covered Accident or Sickness.

Daily Inpatient Surgery Anesthesia Benefit

We will pay the Daily Inpatient Anesthesia Benefit shown in the Schedule of Benefits if a Covered Person is administered anesthesia on an inpatient basis for a Medically Necessary Surgery as the result of a Covered Accident or Sickness.

Daily Hospital Confinement Benefit

We will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined as an inpatient and all of the following conditions are met:

1. the Hospital stay is Medically Necessary and the direct result, from no other causes, of Injuries or illness sustained in a Covered Accident or Sickness; and
2. Confinement is at the direction and under the care of a Physician; and
3. While the coverage is in effect.

Benefit payments will end on the first of the following dates:

1. the date the Hospital stay ends; or
2. the date the Covered Person dies; or
3. the date the Maximum Benefit for this benefit is payable; or
4. the date insurance under the Policy ends.

Daily Emergency Room Visits Benefit for Sickness and Injury

We will pay the benefit shown in the Schedule of Benefits for Emergency Room Visits if a Covered Person requires Hospital emergency room treatment for a Medical Emergency as the result of a Covered Accident or Sickness.

"Emergency Room" means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.

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We will pay the Intensive Care Unit (ICU)/Coronary Care Unit (CCU) Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined in the Intensive Care Unit and all of the following conditions are met:

1. the ICU/CCU confinement is Medically Necessary and the direct result, from no other causes, of Injuries or illness sustained in a Covered Accident or Sickness; and
2. ICU/CCU stay is at the direction and under the care of a Physician;
3. While the coverage is in effect.

Benefit payments will end on the first of the following dates:

1. the date the ICU/CCU stay ends; or
2. the date the Covered Person dies; or
3. the date the Maximum Benefit for this benefit is payable; or
4. the date insurance under the Policy ends.

This benefit will be paid in lieu of the Daily Hospital Confinement benefit.

Daily Outpatient Surgery Anesthesia Benefit

We will pay the Daily Inpatient Anesthesia Benefit shown in the Schedule of Benefits if a Covered Person is administered anesthesia on an outpatient basis for a Medically Necessary Surgery as the result of a Covered Accident or Sickness.

GROUP ACCIDENT DESCRIPTION OF BENEFITS

Daily Inpatient Surgery Benefit

We will pay the Daily Inpatient Surgery Benefit shown in the Schedule of Benefits if a Covered Person is ordered by a Physician to undergo Medically Necessary Surgery as the result of a Covered Accident or Sickness.

"Surgery" means the treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure, that is:

1. necessary for treatment of the Covered Person; and
2. performed in a Hospital.

Inpatient Surgery must be performed in the operating room of a Hospital.

Daily Inpatient Diagnostic Radiology, X-ray and Imaging Benefits

We will pay the benefit shown in the Schedule of Benefits for Inpatient Diagnostic X-ray, Radiology or Imaging services if the following conditions are met:

1. a Covered Person is confined in a Hospital; and
2. the diagnostic X-rays are ordered by a Physician and performed by an appropriately licensed technician.

This does not include Radiation Therapy. "Radiology Tests" are the scientific discipline of medical imaging using ionizing radiation, radionuclides, nuclear magnetic resonance, and ultrasound.

Daily Outpatient Surgery Benefit

We will pay the Surgery Benefit shown in the Schedule of Benefits if a Covered Person is ordered by a Physician to undergo Medically Necessary Surgery as the result of a Covered Injury or Sickness.

"Surgery" means the treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure that is necessary for treatment of the Covered Person.

Outpatient Surgery must be performed in the outpatient department of a Hospital or an Ambulatory Surgical Center.

"Ambulatory Surgical Center" means a free standing facility providing ambulatory surgical or medical treatment other than a Hospital, clinic or Physician's office. It must be qualified to provide the treatment under the standards set by the state in which it is located.

This does not include Surgery performed in a surgical suite or Physician's office.

Daily Outpatient Diagnostic Radiology, X-ray and Imaging Benefits

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Daily Inpatient Laboratory Test Benefit

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1. a Covered Person is confined in a Hospital; and
2. the laboratory tests are ordered by a Physician and performed by an appropriately licensed technician.

"Laboratory tests" are procedures that are intended to detect, identify, or quantify one or more significant substances, evaluate organ functions, or establish the nature of a condition or disease.

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1. a Covered Person is not confined in a Hospital; and
2. the laboratory tests are ordered by a Physician and performed by an appropriately licensed technician.

"Laboratory tests" are procedures that are intended to detect, identify, or quantify one or more significant substances, evaluate organ functions, or establish the nature of a condition or disease.

GROUP HOSPITAL FIXED INDEMNITY BENEFIT EXCLUSIONS

The Limited Fixed Indemnity insurance portion of your membership does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following:

1. Suicide, attempted suicide or intentional self-inflicted Injury while sane or insane;
2. War or any act of war, declared or undeclared;
3. While the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
4. Active participation in a riot or insurrection;
5. Treatment which arises out of, or in the course of fighting, brawling, assault or battery;
6. Treatment for Mental Illness or Nervous Disorders, except as specifically provided in the Policy;
7. Treatment for Substance Abuse, except as specifically provided in the Policy;
8. Injury or Sickness caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician;
9. Violation or attempt to violate any duly-enacted Law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation;
10. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family Member of the Covered Person;
11. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
12. Travel or activity outside the United States, except for a Medical Emergency;
13. Participation in any motorized race or speed contest;
14. Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician;
15. Injury to a Covered Person resulting from that Covered Person's willful violation of the Policyholder's rules or regulations. Willful violation includes, but is not limited to: a) working without protective clothing, helmets, gloves, etc., required by the Policyholder's rules or regulations; or b) participating in any activity that is in violation of the Policyholder's rules or regulations;
16. Pregnancy, except Complications of Pregnancy or childbirth unless conception occurred while coverage was in force under the Policy;
17. Elective Abortion, including complications. "Elective Abortion" means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
18. Experimental or Investigational drugs, services, supplies or procedure that is Experimental or Investigational at the time the procedure is done. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The procedure will also be considered Experimental or Investigational if the Covered Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption;
19. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications;
20. Treatment or services provided by a private duty nurse, unless provided for in the Policy;
21. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident;
22. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in the Policy;
23. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofacial pain, except as specifically provided in the Policy;

GROUP HOSPITAL FIXED INDEMNITY BENEFIT EXCLUSIONS, CONT.

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- 24. Treatment for blood or blood plasma;
 - 25. Routine vision care;
 - 26. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
 - 27. Travel in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snow mobile; or riding in a rodeo according to the Policy provisions; or any off road motorized vehicle not requiring licensing as a motor vehicle;
 - 28. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - While being used for any test or experimental purpose; or
 - While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of His household;
 - A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - An ultra light, hang gliding, parachuting or bungee cord jumping. Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
 - 29. Rest cures or custodial care;
 - 30. Prescription Drugs unless specifically provided for under the Policy;
 - 31. Elective or cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
 - 32. Physiotherapy services.

Pre-existing Conditions Limitation

Pre-existing Conditions will not be covered for a period of the first 12 months after the Covered Person's Effective Date of coverage (applies to Hospital, Surgery and related Anesthesia benefits only).

THE INSURANCE PORTION OF THE MEMBERSHIP IS A LIMITED POLICY. THIS IS NOT COMPREHENSIVE MAJOR MEDICAL INSURANCE. The insurance described in this document provides Limited benefits. Limited benefits are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

GROUP ACCIDENT BENEFIT EXCLUSIONS

This Certificate does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an Accidental bodily Injury, unless otherwise covered under this Certificate by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
2. War or any act of war, declared or undeclared;
3. An Accident which occurs while the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
5. Participation in a riot or insurrection;
6. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling assault or battery;
7. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an Accidental external bodily injury or accidental food poisoning;
8. Disease or disorder of the body or mind;
9. Mental or nervous disorders, except as specifically provided in this Certificate;
10. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job;
11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician;
12. Intoxication or being under the influence of any drug or narcotic;
13. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician;
14. Driving under the influence of a controlled substance unless administered on the advice of a Physician;
15. Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the Loss occurs;
16. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation;
17. Conditions that are not caused by a Covered Accident;
18. Covered Expenses for which the Covered Person would not be responsible in the absence of this Certificate;
19. Any treatment, service or supply not specifically covered by this Certificate;
20. Charges which Are in excess of Usual, Reasonable and Customary charges;
21. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
22. Regular health check ups;
23. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the policyholder; or an Immediate Family member of the Covered Person;
24. Injuries paid under Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder;
25. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay
26. Participation in any motorized race or speed contest;
27. Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician;
28. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma;
29. Treatment of a hernia whether or not caused by a Covered Accident;
30. Treatment of Osgood-Schlatter's disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological or stress fractures, congenital weakness, whether or not caused by a Covered Accident;
31. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident;
32. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions;
33. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Certificate;

GROUP ACCIDENT BENEFIT EXCLUSIONS, CONT.

34. Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Certificate;
35. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident;
36. Treatment for Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
37. Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
38. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
39. Travel in or upon:
 - (a) A snowmobile;
 - (b) water jet ski;
 - (c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
 - (d) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
40. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - i. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
 - ii. While being used for any test or experimental purpose; or
 - iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - iv. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household;
 - v. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - vi. An ultra light, hang-gliding, parachuting or bungee-cord jumping.

Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a nonscheduled, private aircraft used for business or pleasure purposes.
41. Practice or play in any school or professional sports contest or competition.
42. The repair or replacement of existing artificial Limbs, orthopedic braces, or orthotic devices;
43. Rest cures or custodial care;
44. Elective or Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body.

For the Group Accident - BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS.
THIS Coverage only PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides Limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

TERMINATION OF INSURANCE

Policy Termination Date

Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.

The Policy terminates automatically on the earlier of:

1. The Policy Expiration Date shown in the Policy; or
2. The premium due date if premiums are not paid when due, subject to any Grace Period.

Failure by the Policyholder to pay all required premiums due by the last day of the Grace Period shall be deemed notice by the Policyholder to the Company to terminate the Policy on the last day of the period for which premiums have been earned.

The Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 60 days prior to such date.

The Policyholder and the Company may terminate the Policy at any time by written mutual consent.

If premiums have been paid beyond the termination date, the Company will refund the excess; or if premiums have been paid short of the termination date, the Policyholder will owe the Company the difference.

Insured Person's Termination Date

Insurance for an Insured Person will end on the earliest of:

1. The date He is no longer in an Eligible Class.
2. The date He reports for full-time active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
 - (a) The date the premium is fully earned; or
 - (b) The Expiration Date of the Policy.

This does not include Reserve or National Guard duty for training;

3. The end of the period for which the last premium contribution is made; or
4. The date the Policy is terminated; or
5. The date the Insured Person requests, in writing, that his/her coverage be terminated.

Dependent's Termination Date

A Dependent's coverage under the Policy ends on the earliest of:

1. The date the Policy terminates; or
2. The date the Insured Person's coverage ends; or
3. The date the Dependent is no longer a Dependent; or
4. The last day of the period for which premiums have been paid.

The Insurance Premium related to coverage underwritten by United States Fire Insurance Company as part of your membership is as follows; Premier 100: single \$21.15, Two party \$41.25, EE+CH \$39.66, Family \$60.81; Premier 200A: Single \$29.18, Two party \$56.92, EE+CH \$54.71, Family \$83.89; Premier 200+: Single \$41.29, Two party \$80.54, Ee+ch \$77.42, Family \$118.71; Premier 300: Single \$33.69, Two party \$65.72, EE+CH \$63.17, Family \$96.86; Premier 500: Single \$56.70, Two party \$110.59, EE+CH \$106.31, Family \$163.00; Premier 750: Single \$65.38, Two party \$127.54, EE+CH \$122.60, Family \$187.98; Premier 1000: Single \$95.01, Two party \$185.33, EE+CH \$178.15, Family \$273.16; Premier 1000+: Single \$123.69, Two party \$241.27, EE+CH \$231.92, Family \$355.61. The Insurance Premium reflects only the coverage underwritten by United States Fire Insurance Company. It does not include the association's costs for other coverages, programs and services; including but not limited to member discount and savings related programs and services, administration and maintenance of association information and awareness benefits, websites, enrollment, fulfillment and any other costs related to administration of association.

What is NCE?

NCE is the National Congress of Employers, a national association that represents America's small and medium sized businesses via net-working, advocacy, and information sharing. The NCE seeks to provide it's members with reliable services, resources, and benefits regardless of one's circumstances or means. The NCE is committed to providing members with valuable benefits and superior customer service. Membership includes several non-insurance benefits as well as insurance enrollment opportunities offered to individuals and families.

Membership Packet and ID Cards

Once a successful payment has been processed with an application, members will instantly receive a Purchase Confirmation E-mail from NCE Member Services. The e-mail includes the NCE Membership Handbook, a sample certificate of insurance and additional information. Your Premier Group Hospital Fixed Indemnity & Group Accident Insurance Plans. ID cards will be placed in the mail within 7-10 business days from enrollment.

Premier Plan Insured Benefits

The insurance that is part of the membership is a limited benefit and accident only plan, intended to supplement rather than replace medical insurance. The accident only plan does not cover any loss due to sickness. The terms and conditions of coverage are set forth in the Policies issued to NCE. The Policies are subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference. Group Hospital Fixed Indemnity and Group Accident Insurance Plans. These are limited insurance policies. Policy # US2156443 and US2166744 issued to National Congress of Employers Association, underwritten by United States Fire Insurance Company

Insurance Eligibility Information

The Group Hospital Fixed Indemnity and Group Accident Insurance Plans is provided to eligible members of National Congress of Employers (NCE) Association who are under age 65 and not Medicare eligible. Spouses and dependent children up to age 26. Coverage cannot be issued to a child only (under age 18).

An Eligible Person will become insured under the Policy, provided proper premium payment is made, on the latest of:

- The Effective Date of the Policy; or
- The day He becomes eligible, subject to any required Eligibility Waiting Period, according to the referenced date shown in the Schedule of Benefits.

NCE ASSOCIATION MEMBERSHIP BENEFITS

*Non-Insurance Benefits and Services
are not provided by United States Fire Insurance Company

NCE Association Membership Benefits

There are no waiting periods or pre-existing condition limitations on the following NCE membership benefits!

- Medical Discount through First Health Network
- Pharmacy Discount Card
- Vision Care
- Dental Care
- Hearing
- Alternative Care

GapAfford Plus

The GapAfford Plus Program is a great way for individuals and families to save money on out-of-pocket medical expenses. Your savings start from the first dollar, with no limits. Our cost savings program gives members access to pre-negotiated, lowered rates.

There are no:

- Deductibles
- Medical exams
- Claim forms
- Limitation on usage
- Age restrictions
- Pre-existing condition limitations

First Health Network Provider Network Discounts

As an NCE Association member, you will enjoy the savings you will receive when you use a First Health Network provider. If there is a benefit that is not covered under the limited medical plan, or if you have exhausted your benefits for the policy year, and you use a network provider, your claims are re-priced, therefore "reducing" your out-of-pocket costs.

All plans pay the same dollar amounts whether or not the network is utilized, and there is no reduction in benefits. Simply present the NCE Member ID card at the time of service. The provider will send the claim direct to the carrier's claims department (payor) for re-pricing and benefit payments.

Practitioners in all 50 states!

- Doctors and Physicians (includes specialists)
- Hospitals or Surgical Centers (IN/OUT)
- Clinics and Specialty Centers
- Laboratories and Imaging Centers



NCE ASSOCIATION MEMBERSHIP BENEFITS - GAPAFFORD PLUS

Prescription Discount Benefits

Use our discount Rx card and save an average of 15% on brand-name and 55% on generic medications at participating pharmacies. All FDA approved drugs are discounted with the card. Even lifestyle drugs can be obtained at greatly reduced rates.

- The pharmacy network is national in scope.
- Cards can be used for all family members. There is no limit on the number of prescriptions filled.
- No forms to fill out, nothing to activate.

The card can be used over and over. Simply present your member ID card to the pharmacist, along with your prescription to receive the discounts.

The OUTLOOK Vision Network

We have contracted with over 10,000 eye care locations nationwide. The OUTLOOK Vision provider panel includes ophthalmologists, optometrists, independent optical centers and national chain locations. The vision program provides:

- Savings of 10% to 50% on most prescription eyeglasses, frames, and lenses, through a national network of over 10,000 independent and chain vision optical centers.
- 10% to 30% discounts on medical eye exams and surgical procedures, such as PRK and LASIK (where available and approved).

Hearing Savings Program

Receive customized care and, if needed, purchase brand name hearing aids at substantial savings. Save 20% to 50% off Manufacturer's Suggested Retail Pricing.

Imaging Savings Program

Our network providers can save members an average of 60% off of the usual cost for advanced radiology testing, such as Magnetic Resonance Imaging (MRI) and Computerized Tomography (CT) scans.

The Aetna Dental Access® Network

As a member of the GapAfford Plus program, you and your family have access to a national network of over 132,000 available dental practice locations through one of the largest dental discount networks in America, the Aetna Dental Access® Network. Participating dental locations provide savings that range from 15-50% per visit, on average, on dental services including cleanings, x-rays, fillings, root canals, crowns, bridges and orthodontia.

Advantages of this discount program:

- No pre-existing condition exclusions
- No benefit maximum
- Cosmetic dentistry included
- Orthodontia always included
- Can be used in addition to dental insurance or enhance existing dental insurance

Pet Rx

About 50% of the medications prescribed by your vet are actually the same medications prescribed to people, only in different dosages. You can fill these prescriptions at your neighborhood pharmacy. We have even made arrangements with a US FDA-approved specialty, mail-order pharmacy to fill those special medications and compounds not available at your local pharmacy.

Chiropractic Care

Program offers a free initial consultation and up to 50% savings on diagnostic services and x-rays (if necessary), and unlimited treatments at 30% savings from a national network of over 12,000 chiropractors.

Medical Bill Negotiations

Members can save on their existing medical bills. Patient advocates work on your behalf to protect your interests and save you money. No minimum bill requirement.

Medical Supplies and Equipment

Save from 20% to 50% off your medical supply needs. Items include a broad selection of ambulatory aids and bathroom safety items such as wheelchairs, scooters, hospital beds, and much more.

Laboratory Savings Program

The Laboratory Savings Program offers services offer an efficient, affordable, and confidential solution to medical laboratory testing. Members are able to browse a wide array of medical laboratory tests, become informed on both the tests and diseases, and have the ability to purchase the medical lab test directly on the website. MyMedLab's online solution is centralized around the PHR (Personal Health Record) system and allows the member to see specific test results and monitor their overall health. Not available in NY, NJ or RI.

Physical Therapy

Save an average of 20% at over 1,200 offices with 4,000 rehabilitation and physical therapy providers in 23 states.

Vitamins and Supplements

Members can save up to 75% off retail pricing on a huge selection of natural products including vitamins, supplements, and more.

24/7 Health Information Line

The Health Information Line provides you with access to a comprehensive library of health information that is available to you over the phone or online.

24/7 Nurse Help Line

Have 24/7 access to a registered nurse (RN) to answer questions on family health issues. Services in over 100 languages are included with medical information assistance.