

Stable Guard Plan Overview

Understanding the details and benefits of the **Stable Guard** Plans.

DISCLAIMER

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may not be available in all states.

FOR AGENT TRAINING USE ONLY - This document cannot be distributed to the public or used in any consumer solicitation.

Introduction to Stable Guard

Underwritten by: **Pennsylvania Manufacturers' Association Insurance Company (PMAIC)**



Introduction to Stable Guard

Underwritten by: **Pennsylvania Manufacturers' Association Insurance Company (PMAIC)**

A unique set of health coverage options designed to meet **diverse needs**.

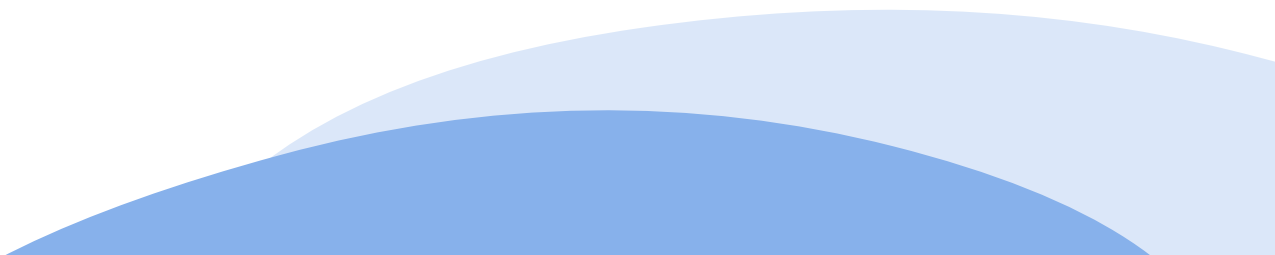


Introduction to Stable Guard

Underwritten by: **Pennsylvania Manufacturers' Association Insurance Company (PMAIC)**

A unique set of health coverage options designed to meet **diverse needs**.

Combines hospital indemnity benefits with support services.



Introduction to Stable Guard

Underwritten by: **Pennsylvania Manufacturers' Association Insurance Company (PMAIC)**

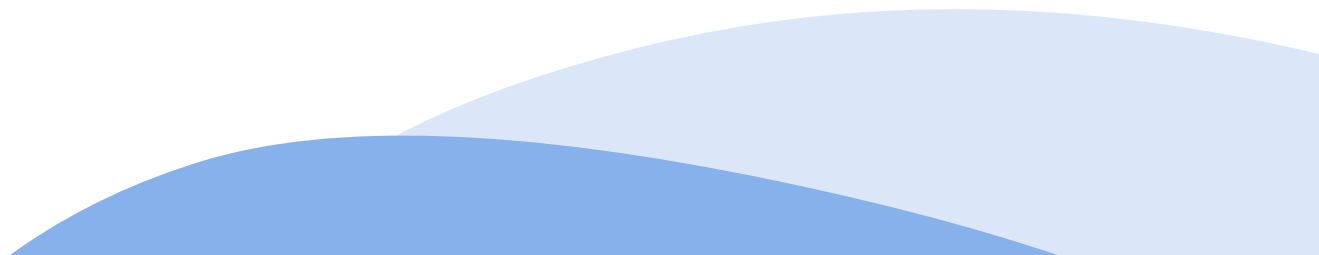
A unique set of health coverage options designed to meet **diverse needs**.

Combines hospital indemnity benefits with support services.

Membership through the **National Congress of Employers (NCE)**.



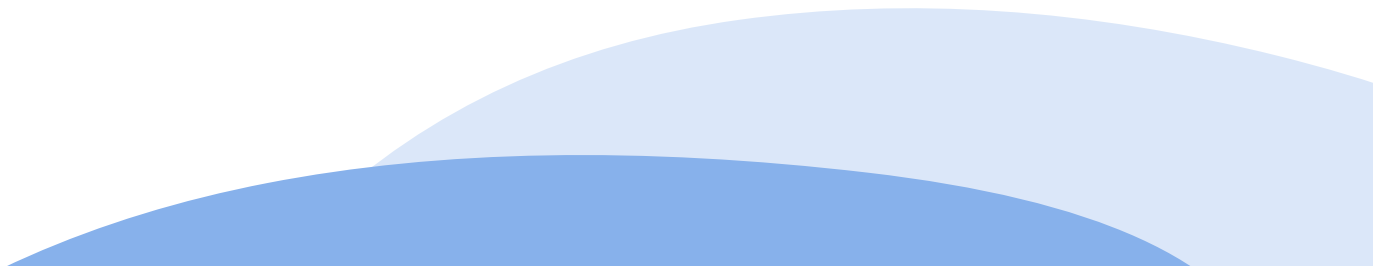
Key Features and Benefits



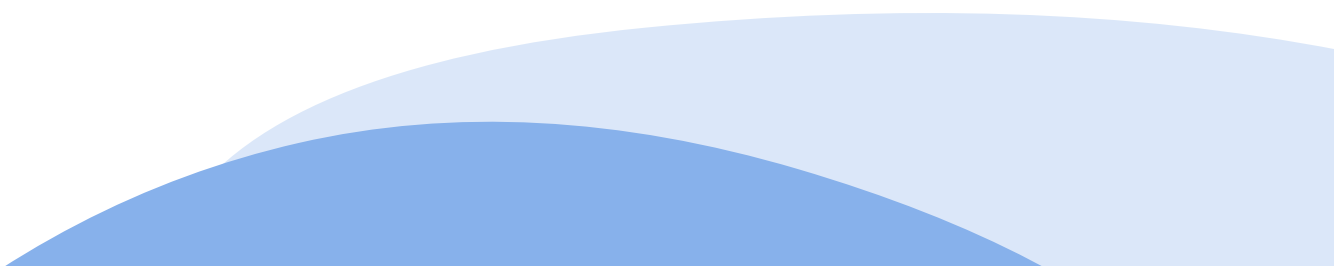
Key Features and Benefits

- **Hospital Confinement Benefits** - Daily coverage for hospital stays

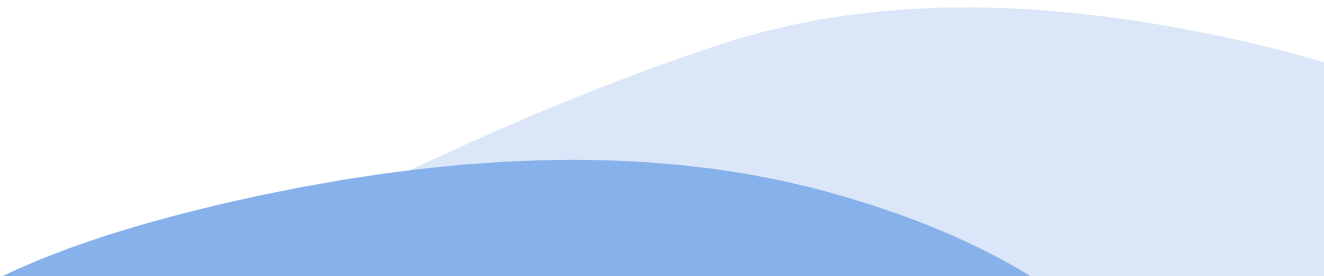
Key Features and Benefits

- **Hospital Confinement Benefits** - Daily coverage for hospital stays
 - **Doctor Office Visit Benefits** - Primary care and specialty care coverage
- 


Key Features and Benefits

- **Hospital Confinement Benefits** - Daily coverage for hospital stays
 - **Doctor Office Visit Benefits** - Primary care and specialty care coverage
 - **Emergency Room Benefits** - Coverage for emergency medical situations
- 

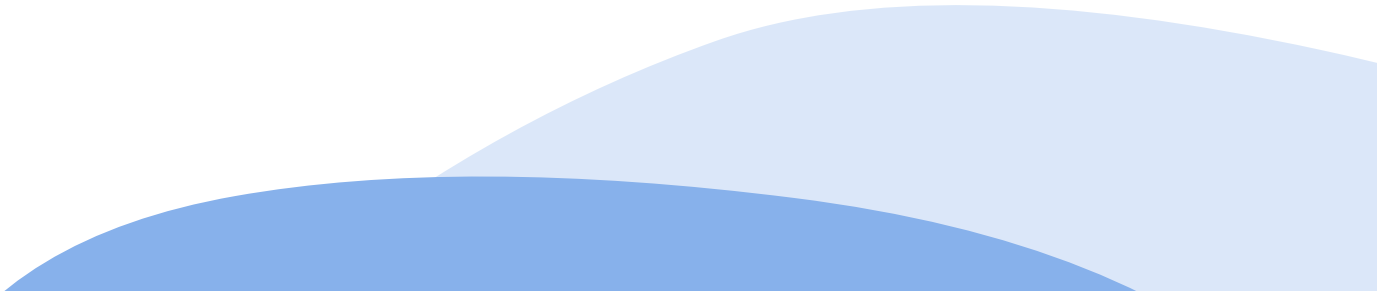
Key Features and Benefits

- **Hospital Confinement Benefits** - Daily coverage for hospital stays
 - **Doctor Office Visit Benefits** - Primary care and specialty care coverage
 - **Emergency Room Benefits** - Coverage for emergency medical situations
 - **Mental Health Benefits** - Inpatient and outpatient coverage (Plans 300 and above)
- 

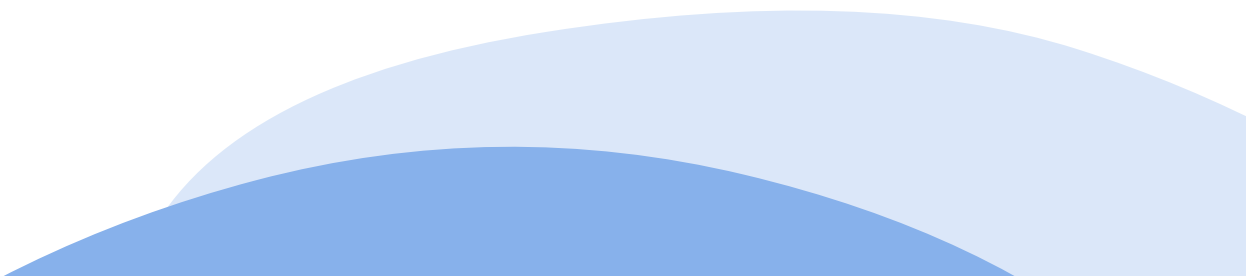
Key Features and Benefits

- **Hospital Confinement Benefits** - Daily coverage for hospital stays
 - **Doctor Office Visit Benefits** - Primary care and specialty care coverage
 - **Emergency Room Benefits** - Coverage for emergency medical situations
 - **Mental Health Benefits** - Inpatient and outpatient coverage (Plans 300 and above)
 - **Diagnostic & Surgery Benefits** - X-ray, lab tests, and surgical procedures (higher-tier plans)
- 

Key Features and Benefits

- **Hospital Confinement Benefits** - Daily coverage for hospital stays
 - **Doctor Office Visit Benefits** - Primary care and specialty care coverage
 - **Emergency Room Benefits** - Coverage for emergency medical situations
 - **Mental Health Benefits** - Inpatient and outpatient coverage (Plans 300 and above)
 - **Diagnostic & Surgery Benefits** - X-ray, lab tests, and surgical procedures (higher-tier plans)
 - **Accident & Critical Illness Benefits** - Supplemental accident coverage and critical illness protection
- 

Key Features and Benefits

- **Hospital Confinement Benefits** - Daily coverage for hospital stays
 - **Doctor Office Visit Benefits** - Primary care and specialty care coverage
 - **Emergency Room Benefits** - Coverage for emergency medical situations
 - **Mental Health Benefits** - Inpatient and outpatient coverage (Plans 300 and above)
 - **Diagnostic & Surgery Benefits** - X-ray, lab tests, and surgical procedures (higher-tier plans)
 - **Accident & Critical Illness Benefits** - Supplemental accident coverage and critical illness protection
 - **Age Eligibility** - 18 - 64 and dependent unmarried children under the age of 26
- 

Association Benefits through NCE

*Aetna Dental and OUTLOOK Vision not available in Alaska, Montana, Rhode Island, Utah, Vermont and Washington.

Disclaimer: National Congress of Employers (NCE) association benefits are not affiliated with Pennsylvania Manufacturers' Association Insurance Company. Stable Guard Plan benefits are not dependent on the use of the association's providers. NCE membership is available without purchasing this plan. The benefits listed are not insurance and do not provide coverage, they only provide discounts and services. Benefit discounts and services vary by state. Please refer to the NCE Membership brochure for complete details. Association membership can be purchased without insurance at <https://nceassociation.org/>.

Association Benefits through NCE

NCE provides discounts for various health and wellness services. Save money on **medical care, prescriptions, dental, vision, and therapy services.**

*Aetna Dental and OUTLOOK Vision not available in Alaska, Montana, Rhode Island, Utah, Vermont and Washington.

Disclaimer: National Congress of Employers (NCE) association benefits are not affiliated with Pennsylvania Manufacturers' Association Insurance Company. Stable Guard Plan benefits are not dependent on the use of the association's providers. NCE membership is available without purchasing this plan. The benefits listed are not insurance and do not provide coverage, they only provide discounts and services. Benefit discounts and services vary by state. Please refer to the NCE Membership brochure for complete details. Association membership can be purchased without insurance at <https://nceassociation.org/>.

Association Benefits through NCE

NCE provides discounts for various health and wellness services. Save money on **medical care, prescriptions, dental, vision, and therapy services.**

Medical Support: Medical Bill Negotiations • 24/7 Nurse Help Line • Laboratory Savings • Medical Supplies & Equipment (20-50% off)

Dental & Vision: Aetna Dental Access® Network* (15-50% savings) • OUTLOOK Vision Network* (10-50% off eyeglasses)

Prescriptions: Prescription Discount Card (55% generic, 15% brand-name) • MedAfford Global (up to 80% off) • Diabetic Supplies (20-85% off)

Therapy & Rehabilitation: Physical Therapy (avg 20% savings) • Chiropractic (free consultation, up to 50% off) • Speech Therapy • Hearing (free consultations)

Wellness & Natural Health: SDO Nutrition • CBD Products • Vitamins & Supplements (up to 75% off)

*Aetna Dental and OUTLOOK Vision not available in Alaska, Montana, Rhode Island, Utah, Vermont and Washington.

Disclaimer: National Congress of Employers (NCE) association benefits are not affiliated with Pennsylvania Manufacturers' Association Insurance Company. Stable Guard Plan benefits are not dependent on the use of the association's providers. NCE membership is available without purchasing this plan. The benefits listed are not insurance and do not provide coverage, they only provide discounts and services. Benefit discounts and services vary by state. Please refer to the NCE Membership brochure for complete details. Association membership can be purchased without insurance at <https://nceassociation.org/>.

Stable Guard Benefits

Choose the plan that best fits your client's **needs and budget**.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Choose the plan that best fits your client's **needs and budget**.

Benefit	100A	100	200	200+	300	500	750	1000
Hospital Confinement								
Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1,000
Max Days	30	30	30	30	30	30	30	30
Doctor's Office Visits								
Primary Care Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Max Days	3	3	5	5	5	5	5	5
Specialty Care Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Max Days	3	3	5	5	5	5	5	5
Emergency Room Visits								
Per Day	–	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Max Days	–	1	1	2	1	1	1	1

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Choose the plan that best fits your client's **needs and budget**.

Benefit	100A	100	200	200+	300	500	750	1000
Hospital Confinement								
Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1,000
Max Days	30	30	30	30	30	30	30	30
Doctor's Office Visits								
Primary Care Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Max Days	3	3	5	5	5	5	5	5
Specialty Care Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Max Days	3	3	5	5	5	5	5	5
Emergency Room Visits								
Per Day	–	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Max Days	–	1	1	2	1	1	1	1

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Choose the plan that best fits your client's **needs and budget**.

Benefit	100A	100	200	200+	300	500	750	1000
Hospital Confinement								
Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1,000
Max Days	30	30	30	30	30	30	30	30
Doctor's Office Visits								
Primary Care Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Max Days	3	3	5	5	5	5	5	5
Specialty Care Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Max Days	3	3	5	5	5	5	5	5
Emergency Room Visits								
Per Day	–	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Max Days	–	1	1	2	1	1	1	1

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Choose the plan that best fits your client's **needs and budget**.

Benefit	100A	100	200	200+	300	500	750	1000
Hospital Confinement								
Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1,000
Max Days	30	30	30	30	30	30	30	30
Doctor's Office Visits								
Primary Care Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Max Days	3	3	5	5	5	5	5	5
Specialty Care Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Max Days	3	3	5	5	5	5	5	5
Emergency Room Visits								
Per Day	–	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Max Days	–	1	1	2	1	1	1	1

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Choose the plan that best fits your client's **needs and budget**.

Benefit	100A	100	200	200+	300	500	750	1000
Hospital Confinement								
Per Day	\$100	\$100	\$200	\$200	\$300	\$500	\$750	\$1,000
Max Days	30	30	30	30	30	30	30	30
Doctor's Office Visits								
Primary Care Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Primary Care Max Days	3	3	5	5	5	5	5	5
Specialty Care Per Day	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$75
Specialty Care Max Days	3	3	5	5	5	5	5	5
Emergency Room Visits								
Per Day	–	\$50	\$50	\$50	\$50	\$50	\$75	\$100
Max Days	–	1	1	2	1	1	1	1

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Higher-tier plans include additional benefits for diagnostic tests and surgical procedures.

*Maximum benefit applies to **all diagnostic tests combined** on the same day - highest value paid.

Surgery benefits apply per day of surgery. If both inpatient and outpatient occur same day, **inpatient benefit paid.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Higher-tier plans include additional benefits for diagnostic tests and surgical procedures.

Benefit	100A	100	200	200+	300	500	750	1000
Diagnostic Tests*								
Basic Pathology Per Day	–	–	\$50	\$50	–	\$50	\$50	\$75
Basic Pathology Max Days	–	–	1	3	–	2	2	3
Basic Radiology Per Day	–	–	\$50	\$50	–	\$50	\$50	\$75
Basic Radiology Max Days	–	–	1	3	–	2	2	3
Surgery Benefits**								
Inpatient Per Day	–	–	–	\$400	\$400	\$750	\$1,000	\$1,500
Inpatient Max Days	–	–	–	3	3	3	3	3
Outpatient Per Day	–	–	–	\$400	\$400	\$750	\$1,000	\$1,500
Outpatient Max Days	–	–	–	3	3	3	3	3
Anesthesia Benefit	–	–	–	20% of Surgery	20% of Surgery	20% of Surgery	20% of Surgery	20% of Surgery

*Maximum benefit applies to **all diagnostic tests combined** on the same day - highest value paid.

Surgery benefits apply per day of surgery. If both inpatient and outpatient occur same day, **inpatient benefit paid.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Higher-tier plans include additional benefits for diagnostic tests and surgical procedures.

Benefit	100A	100	200	200+	300	500	750	1000
Diagnostic Tests*								
Basic Pathology Per Day	–	–	\$50	\$50	–	\$50	\$50	\$75
Basic Pathology Max Days	–	–	1	3	–	2	2	3
Basic Radiology Per Day	–	–	\$50	\$50	–	\$50	\$50	\$75
Basic Radiology Max Days	–	–	1	3	–	2	2	3
Surgery Benefits**								
Inpatient Per Day	–	–	–	\$400	\$400	\$750	\$1,000	\$1,500
Inpatient Max Days	–	–	–	3	3	3	3	3
Outpatient Per Day	–	–	–	\$400	\$400	\$750	\$1,000	\$1,500
Outpatient Max Days	–	–	–	3	3	3	3	3
Anesthesia Benefit	–	–	–	20% of Surgery	20% of Surgery	20% of Surgery	20% of Surgery	20% of Surgery

*Maximum benefit applies to **all diagnostic tests combined** on the same day - highest value paid.

Surgery benefits apply per day of surgery. If both inpatient and outpatient occur same day, **inpatient benefit paid.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Higher-tier plans include additional benefits for diagnostic tests and surgical procedures.

Benefit	100A	100	200	200+	300	500	750	1000
Diagnostic Tests*								
Basic Pathology Per Day	–	–	\$50	\$50	–	\$50	\$50	\$75
Basic Pathology Max Days	–	–	1	3	–	2	2	3
Basic Radiology Per Day	–	–	\$50	\$50	–	\$50	\$50	\$75
Basic Radiology Max Days	–	–	1	3	–	2	2	3
Surgery Benefits**								
Inpatient Per Day	–	–	–	\$400	\$400	\$750	\$1,000	\$1,500
Inpatient Max Days	–	–	–	3	3	3	3	3
Outpatient Per Day	–	–	–	\$400	\$400	\$750	\$1,000	\$1,500
Outpatient Max Days	–	–	–	3	3	3	3	3
Anesthesia Benefit	–	–	–	20% of Surgery	20% of Surgery	20% of Surgery	20% of Surgery	20% of Surgery

*Maximum benefit applies to **all diagnostic tests combined** on the same day - highest value paid.

Surgery benefits apply per day of surgery. If both inpatient and outpatient occur same day, **inpatient benefit paid.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Higher-tier plans include additional benefits for diagnostic tests and surgical procedures.

Benefit	100A	100	200	200+	300	500	750	1000
Diagnostic Tests*								
Basic Pathology Per Day	–	–	\$50	\$50	–	\$50	\$50	\$75
Basic Pathology Max Days	–	–	1	3	–	2	2	3
Basic Radiology Per Day	–	–	\$50	\$50	–	\$50	\$50	\$75
Basic Radiology Max Days	–	–	1	3	–	2	2	3
Surgery Benefits**								
Inpatient Per Day	–	–	–	\$400	\$400	\$750	\$1,000	\$1,500
Inpatient Max Days	–	–	–	3	3	3	3	3
Outpatient Per Day	–	–	–	\$400	\$400	\$750	\$1,000	\$1,500
Outpatient Max Days	–	–	–	3	3	3	3	3
Anesthesia Benefit	–	–	–	20% of Surgery	20% of Surgery	20% of Surgery	20% of Surgery	20% of Surgery

*Maximum benefit applies to **all diagnostic tests combined** on the same day - highest value paid.


Surgery benefits apply per day of surgery. If both inpatient and outpatient occur same day, **inpatient benefit paid.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Plans 300 and higher include mental health coverage for both inpatient and outpatient care.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.



Stable Guard Benefits

Plans 300 and higher include mental health coverage for both inpatient and outpatient care.

Benefit	100A	100	200	200+	300	500	750	1000
Mental Health - Inpatient								
Per Day	–	–	–	–	\$150	\$250	\$375	\$500
Max Days Per Coverage Year	–	–	–	–	60	60	60	60
Mental Health - Outpatient								
Per Day	–	–	–	–	\$50	\$50	\$50	\$50
Max Days Per Coverage Year	–	–	–	–	20	20	20	20

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Plans 300 and higher include mental health coverage for both inpatient and outpatient care.

Benefit	100A	100	200	200+	300	500	750	1000
Mental Health - Inpatient								
Per Day	–	–	–	–	\$150	\$250	\$375	\$500
Max Days Per Coverage Year	–	–	–	–	60	60	60	60
Mental Health - Outpatient								
Per Day	–	–	–	–	\$50	\$50	\$50	\$50
Max Days Per Coverage Year	–	–	–	–	20	20	20	20

Mental Health Benefits are available on Plans 300, 500, 750, and 1000 only.
Coverage includes licensed mental health facilities and outpatient therapy sessions.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Plans 300 and higher include mental health coverage for both inpatient and outpatient care.

Benefit	100A	100	200	200+	300	500	750	1000
Mental Health - Inpatient								
Per Day	–	–	–	–	\$150	\$250	\$375	\$500
Max Days Per Coverage Year	–	–	–	–	60	60	60	60
Mental Health - Outpatient								
Per Day	–	–	–	–	\$50	\$50	\$50	\$50
Max Days Per Coverage Year	–	–	–	–	20	20	20	20

Mental Health Benefits are available on Plans 300, 500, 750, and 1000 only.
Coverage includes licensed mental health facilities and outpatient therapy sessions.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Plans 300 and higher include mental health coverage for both inpatient and outpatient care.

Benefit	100A	100	200	200+	300	500	750	1000
Mental Health - Inpatient								
Per Day	–	–	–	–	\$150	\$250	\$375	\$500
Max Days Per Coverage Year	–	–	–	–	60	60	60	60
Mental Health - Outpatient								
Per Day	–	–	–	–	\$50	\$50	\$50	\$50
Max Days Per Coverage Year	–	–	–	–	20	20	20	20

Mental Health Benefits are available on Plans 300, 500, 750, and 1000 only.
Coverage includes licensed mental health facilities and outpatient therapy sessions.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Plans 300 and higher include mental health coverage for both inpatient and outpatient care.

Benefit	100A	100	200	200+	300	500	750	1000
Mental Health - Inpatient								
Per Day	–	–	–	–	\$150	\$250	\$375	\$500
Max Days Per Coverage Year	–	–	–	–	60	60	60	60
Mental Health - Outpatient								
Per Day	–	–	–	–	\$50	\$50	\$50	\$50
Max Days Per Coverage Year	–	–	–	–	20	20	20	20

Mental Health Benefits are available on Plans 300, 500, 750, and 1000 only.
Coverage includes licensed mental health facilities and outpatient therapy sessions.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Accident coverage and critical illness benefits across multiple plan levels.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Accident coverage and critical illness benefits across multiple plan levels.

Benefit	100A	100	200	200+	300	500	750	1000
Supplemental Accident*								
Accident ER Per Day	–	–	–	–	\$250	\$250	\$250	\$250
Accident ER Max Days	–	–	–	–	1	1	1	1
Accident Inpatient Admission Per Day	–	–	–	–	\$500	\$500	\$500	\$500
Accident Inpatient Admission Max Days	–	–	–	–	1	1	2	3
Accidental Death	–	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	–	–	–	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Accident coverage and critical illness benefits across multiple plan levels.

Benefit	100A	100	200	200+	300	500	750	1000
Supplemental Accident*								
Accident ER Per Day	–	–	–	–	\$250	\$250	\$250	\$250
Accident ER Max Days	–	–	–	–	1	1	1	1
Accident Inpatient Admission Per Day	–	–	–	–	\$500	\$500	\$500	\$500
Accident Inpatient Admission Max Days	–	–	–	–	1	1	2	3
Accidental Death	–	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	–	–	–	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

*Supplemental Accident benefits are **paid in addition** to regular Hospital/ER benefits.

Accidental Death: Spouse receives 50%, Dependent receives 25% of primary amount.

Critical Illness: \$1,000 per **original diagnosis** per family member.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Accident coverage and critical illness benefits across multiple plan levels.

Benefit	100A	100	200	200+	300	500	750	1000
Supplemental Accident*								
Accident ER Per Day	–	–	–	–	\$250	\$250	\$250	\$250
Accident ER Max Days	–	–	–	–	1	1	1	1
Accident Inpatient Admission Per Day	–	–	–	–	\$500	\$500	\$500	\$500
Accident Inpatient Admission Max Days	–	–	–	–	1	1	2	3
Accidental Death	–	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	–	–	–	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

*Supplemental Accident benefits are **paid in addition** to regular Hospital/ER benefits.

Accidental Death: Spouse receives 50%, Dependent receives 25% of primary amount.

Critical Illness: \$1,000 per **original diagnosis** per family member.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.

Stable Guard Benefits

Accident coverage and critical illness benefits across multiple plan levels.

Benefit	100A	100	200	200+	300	500	750	1000
Supplemental Accident*								
Accident ER Per Day	–	–	–	–	\$250	\$250	\$250	\$250
Accident ER Max Days	–	–	–	–	1	1	1	1
Accident Inpatient Admission Per Day	–	–	–	–	\$500	\$500	\$500	\$500
Accident Inpatient Admission Max Days	–	–	–	–	1	1	2	3
Accidental Death	–	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Critical Illness	–	–	–	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

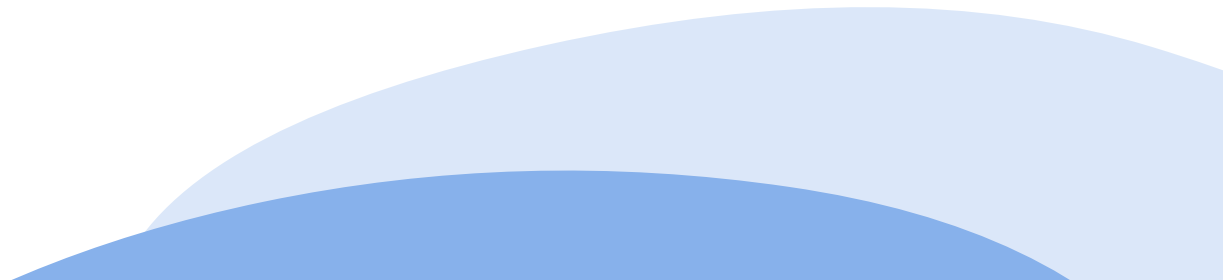
*Supplemental Accident benefits are **paid in addition** to regular Hospital/ER benefits.

Accidental Death: Spouse receives 50%, Dependent receives 25% of primary amount.

Critical Illness: \$1,000 per **original diagnosis** per family member.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. Please check the product certificate or master policy for complete details. THIS IS A GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY POLICY. IT PAYS BENEFITS REGARDLESS OF ANY OTHER INSURANCE. THE POLICY IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL HEALTHCARE POLICY. PLEASE READ THE CERTIFICATE OF INSURANCE CAREFULLY.


Limitations and Exclusions for Stable Guard



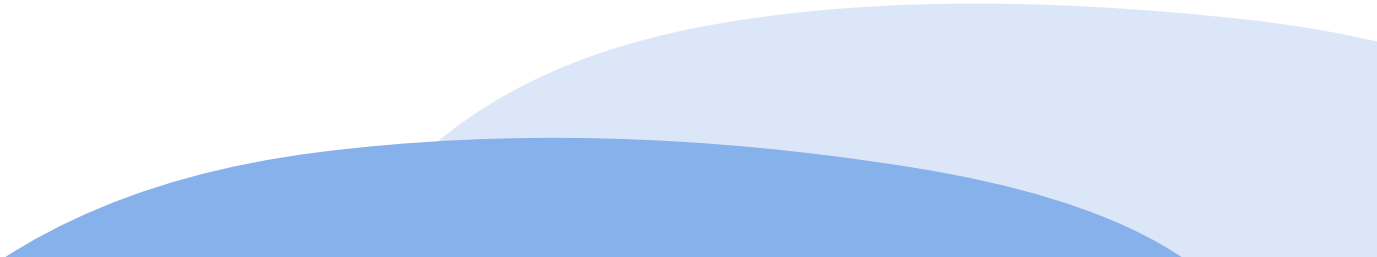
Limitations and Exclusions for Stable Guard

- **30-day waiting period** for sickness benefits

Limitations and Exclusions for Stable Guard

- **30-day waiting period** for sickness benefits
 - **12-month exclusion** for pre-existing conditions
- 

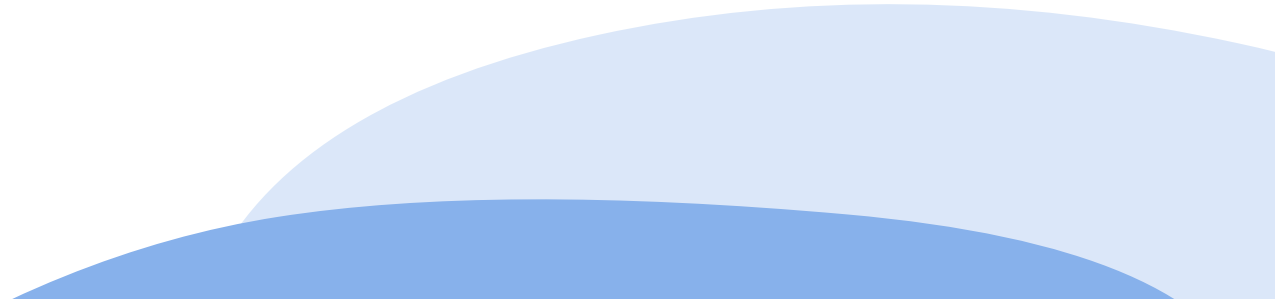
Limitations and Exclusions for Stable Guard

- **30-day waiting period** for sickness benefits
 - **12-month exclusion** for pre-existing conditions
 - Excludes **experimental treatments, cosmetic surgery, dental care** and **pregnancy**
- 

Limitations and Exclusions for Stable Guard

- **30-day waiting period** for sickness benefits
 - **12-month exclusion** for pre-existing conditions
 - Excludes **experimental treatments, cosmetic surgery, dental care** and **pregnancy**
 - Excludes **self-inflicted injuries, extreme sports, military duty**
- 

Limitations and Exclusions for Stable Guard


- **30-day waiting period** for sickness benefits
 - **12-month exclusion** for pre-existing conditions
 - Excludes **experimental treatments, cosmetic surgery, dental care** and **pregnancy**
 - Excludes **self-inflicted injuries, extreme sports, military duty**
 - **Fixed indemnity benefits** with usage limitations per policy year
- 

Limitations and Exclusions for Stable Guard

- **30-day waiting period** for sickness benefits
- **12-month exclusion** for pre-existing conditions
- Excludes **experimental treatments, cosmetic surgery, dental care** and **pregnancy**
- Excludes **self-inflicted injuries, extreme sports, military duty**
- **Fixed indemnity benefits** with usage limitations per policy year

Pre-existing Condition Definition:

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



Limitations and Exclusions for Stable Guard

- **30-day waiting period** for sickness benefits
- **12-month exclusion** for pre-existing conditions
- Excludes **experimental treatments, cosmetic surgery, dental care** and **pregnancy**
- Excludes **self-inflicted injuries, extreme sports, military duty**
- **Fixed indemnity benefits** with usage limitations per policy year

Pre-existing Condition Definition:

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

Please refer to the complete policy certificate for full benefit details, limitations, and exclusions.




Key Takeaways for Stable Guard



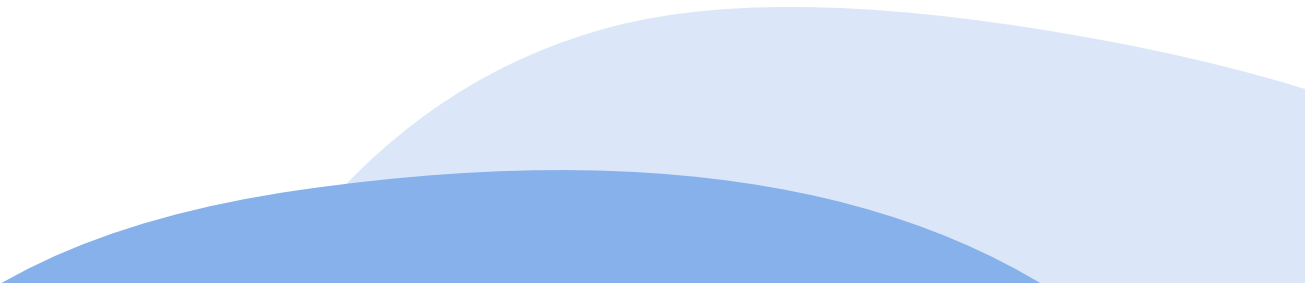
Key Takeaways for Stable Guard

- **Eight plan levels** (100A - 1000) allow prospects to choose coverage that fits their budget

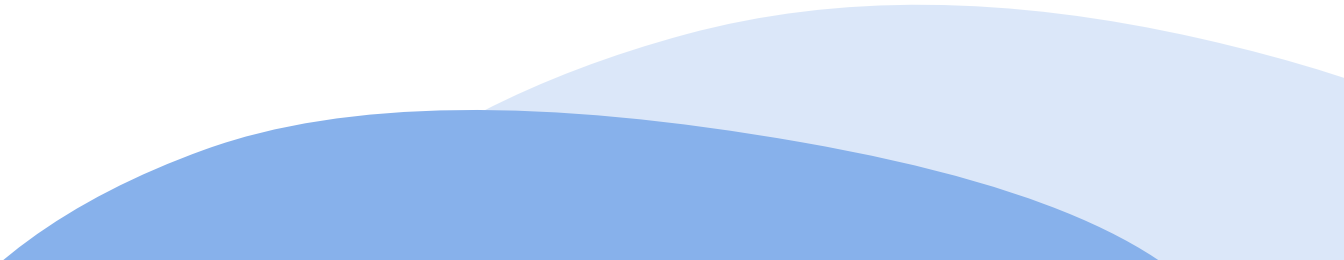
Key Takeaways for Stable Guard

- **Eight plan levels** (100A - 1000) allow prospects to choose coverage that fits their budget
 - **Mental Health Benefits** on Plans 300 and above provide a powerful upselling opportunity
- 


Key Takeaways for Stable Guard

- **Eight plan levels** (100A - 1000) allow prospects to choose coverage that fits their budget
 - **Mental Health Benefits** on Plans 300 and above provide a powerful upselling opportunity
 - **Supplemental Accident Benefits** on Plans 300 and above pay in addition to regular benefits
- 

Key Takeaways for Stable Guard

- **Eight plan levels** (100A - 1000) allow prospects to choose coverage that fits their budget
 - **Mental Health Benefits** on Plans 300 and above provide a powerful upselling opportunity
 - **Supplemental Accident Benefits** on Plans 300 and above pay in addition to regular benefits
 - **NCE Association Benefits** provide extensive discounts and services at no extra cost
- 

Key Takeaways for Stable Guard

- **Eight plan levels** (100A - 1000) allow prospects to choose coverage that fits their budget
 - **Mental Health Benefits** on Plans 300 and above provide a powerful upselling opportunity
 - **Supplemental Accident Benefits** on Plans 300 and above pay in addition to regular benefits
 - **NCE Association Benefits** provide extensive discounts and services at no extra cost
 - **Fixed indemnity benefits** pay regardless of other insurance coverage
- 

Thank You!

Continue to be great!



DISCLAIMER

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may not be available in all states.

FOR AGENT TRAINING USE ONLY - This document cannot be distributed to the public or used in any consumer solicitation.