

## Premier Insurance Offering Review

Understanding the details and benefits of the Premier Insurance Offering

### **Premier Insurance Overview**

- Underwritten by United States Fire Insurance Company
- Group hospital indemnity plans
- Group accident insurance benefits
- NCE membership required
- Available in multiple states

### **Core Plan Elements**

### **Key Features and Benefits**

Hospital confinement, emergency room, surgeries, diagnostic tests

### **Coverage Details**

- Daily hospital, surgical, physician visits, diagnostic tests
- \$10,000 accidental death, \$500 hospital admission

### **Eligibility Requirements**

- NCE members under age 65, not Medicare eligible
- No coverage for children under 18

### **Common Service Features**

- **Network Access**: Broad network of providers
- Claims Process: Streamlined and efficient
- **Support Services**: Assistance for plan utilization

### **Daily Benefits**

■ Hospital Confinement: \$100/day, 30 days

Emergency Room Visit: \$50/visit, 1 day

Inpatient Surgery: \$250/day, 3 days

### **Outpatient Surgery**

\$250/day, 3 days

Physician Office Visit: \$50/visit, 6 days

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		10 Pl		20 Pl		20 Pla		дс Pla		50 Pla		75 Pla		100 Pla		1000 Pla	
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	\$50	1 Day	\$50	1 Day	\$50	1 Day	\$50	1 Day	\$75	1 Day	\$100	1 Day	\$200	1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50	1 Day	\$50	1 Day	\$50	1 Day	\$50	1 Day	\$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
Daily Inpatient Surgery Anesthesia	Per Day					\$100	3 Days	\$100	3 Days	\$100	3 Days	\$100	3 Days	\$100	3 Days	\$125	3 Days
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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 Davs	\$50	2 Davs	\$75	3 Davs	\$100	3 Davs

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### **Diagnostic and Hospital Benefits**

Radiology & X-ray: \$50/day, 1 day

■ Laboratory Tests: \$50/day, 1 day

### **Additional Coverage**

Accidental Death: \$10,000

■ Emergency Room (Group Accident): \$250/day, 1 day

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

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BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		10 Pla		20 Pla		200 Pla		дс Pla		50 Pla		<i>75</i> Pla		10 C Pla		1000 Pla	
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	Grou	р Асс	ident	Ber	nef	its							
Accidental Death					\$1	0,000							
Hospital Admission Benefit	Per Day			\$500	1 Day	\$500	1 Day	\$500	2 Days	\$500	3 Days	\$500	3 Days
Emergency Room	Per Day			\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day

### **Daily Benefits**

■ Hospital Confinement: \$200/day, 30 days

■ Emergency Room Visit: \$50/visit, 1 day

### **Surgery Benefits**

■ Inpatient: \$250/day, 3 days

Outpatient: \$250/day, 3 days

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		10 Pla		20 Pla		200 Pla		عد Pl:		50 Pla		75 Pla		10 c Pla		1000 Pla	
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Accidental Death				\$1	0,000							
Hospital Admission Benefit	Per Day		\$500	1 Day	\$500	1 Day	\$500	2 Days	\$500	3 Days	\$500	3 Days
Emergency Room	Per Day		\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day

### Physician and Diagnostic

Office Visit: \$50/visit, 6 days

Radiology & X-ray: \$50/day, 1 day

### **Additional Coverage**

Accidental Death: \$10,000

■ Emergency Room (Group Accident): \$250/day, 1 day

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

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Hospital Admission Benefit	Per Day			\$500	1 Day	\$500	1 Day	\$500	2 Days	\$500	3 Days	\$500	3 Days
Emergency Room	Per Day			\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day

### **Daily Benefits**

■ Hospital Confinement: \$200/day, 30 days

Emergency Room Visit: \$50/visit, 1 day

### **Surgery Benefits**

■ Inpatient: \$350/day, 3 days

Outpatient: \$350/day, 3 days

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

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#### **Additional Benefits**

■ Hospital Admission: \$1,000/day, 5 days

Physician Visit: \$50/visit, 10 days

### **Additional Coverage**

Accidental Death: \$10,000

■ Emergency Room (Group Accident): \$250/day, 1 day

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

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	Grou	р Асс	ident	Ber	nef	its							
Accidental Death					\$1	0,000							
Hospital Admission Benefit	Per Day			\$500	1 Day	\$500	1 Day	\$500	2 Days	\$500	3 Days	\$500	3 Days
Emergency Room	Per Day			\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day

### **Daily Benefits**

■ Hospital Confinement: \$300/day, 30 days

■ Emergency Room Visit: \$50/visit, 1 day

### **Surgery Benefits**

■ Inpatient: \$400/day, 3 days

Outpatient: \$400/day, 3 days

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		10 Pla		20 Pla		200 Pla		дс Pla		50 Pla		<i>75</i> Pla		10 c Pla		1000 Pla	
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Accidental Death				\$1	0,000							
Hospital Admission Benefit	Per Day		\$500	1 Day	\$500	1 Day	\$500	2 Days	\$500	3 Days	\$500	3 Days
Emergency Room	Per Day		\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day

#### **Additional Benefits**

■ Hospital Admission: \$1,000/day, 15 days

Physician Visit: \$50/visit, 10 days

### **Additional Coverage**

Accidental Death: \$10,000

■ Emergency Room (Group Accident): \$250/day, 1 day

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

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Emergency Room	Per Day		\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day

### **Daily Benefits**

■ Hospital Confinement: \$500/day, 30 days

Emergency Room Visit: \$75/visit, 1 day

### **Surgery Benefits**

■ Inpatient: \$500/day, 3 days

Outpatient: \$500/day, 3 days

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Daily Outpatient Surgery	Per Day					\$250	3 Days	\$250	3 Days	\$350	3 Days	\$400	3 Days	\$500	3 Days	\$500	3 Days
Daily Outpatient Surgery Anesthesia	Per Day					\$100	3 Days	\$100	3 Days	\$100	3 Days	\$100	3 Days	\$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			\$50	1 Day	\$50	1 Day			\$50	2 Davs	\$50	2 Davs	\$75	3 Davs	\$100	3 Davs

# | Compact Benefits | Stopping | S

### **Additional Benefits**

Physician Visit: \$50/visit, 10 days

Radiology & X-ray: \$50/day, 2 days

### **Additional Coverage**

Accidental Death: \$10,000

■ Emergency Room (Group Accident): \$250/day, 1 day

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

										_							
BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		10 Pla		20 Pla	o A an	200 Pla		дс Pla		50 Pla		75 Pla		100 Pla		1000 Pla	
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	\$50	1 Day	\$50	1 Day	\$50	1 Day	\$50	1 Day	\$75	1 Day	\$100	1 Day	\$200	1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50	1 Day	\$50	1 Day	\$50	1 Day	\$50	1 Day	\$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
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	Grou	р Асс	ident	Ber	nef	its							
Accidental Death					\$1	0,000							
Hospital Admission Benefit	Per Day			\$500	1 Day	\$500	1 Day	\$500	2 Days	\$500	3 Days	\$500	3 Days
Emergency Room	Per Day		•	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day

### **Daily Benefits**

■ Hospital Confinement: \$750/day, 30 days

Emergency Room Visit: \$100/visit, 1 day

### **Surgery Benefits**

■ Inpatient: \$500/day, 3 days

Outpatient: \$500/day, 3 days

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

												•					
BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		10 Pla		20 Pla		200 Pla		30 Pla		50 Pla		75 Pla		100 Pla		1000 Pla	
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Daily Hospital Admission	Per Day															\$1,000	5 Days
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Daily Outpatient diagnostic laboratory tests	Per			\$50	1 Day	\$50	1 Day			\$50	2 Davis	\$50	2 Dave	\$75	3 Dave	\$100	3 Dove

	Grou	o Accident	Bei	1ef	its							
Accidental Death				\$1	0,000							
Hospital Admission Benefit	Per Day		\$500	1 Day	\$500	1 Day	\$500	2 Days	\$500	3 Days	\$500	3 Days
Emergency Room	Per Day		\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day

### **Additional Benefits**

Physician Visit: \$75/visit, 10 days

■ Radiology & X-ray: \$75/day, 3 days

### **Additional Coverage**

Accidental Death: \$10,000

Emergency Room (Group Accident): \$250/day, 1 day

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		10 Pla		20 Pl	o A an	200 Pla		30 Pla		50 Pla		<i>75</i> Pla		10 c Pla		1000 Pla	-
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
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Daily Outpatient diagnostic laboratory tests	Per			\$50	1 Day	\$50	1 Day			\$50	2 Dave	\$50	2 Dave	\$75	3 Dave	\$100	3 Dave

	Group Accident	Bei	nef	fits							
Accidental Death			\$1	0,000							
Hospital Admission Benefit	Per Day	\$500	1 Day	\$500	1 Day	\$500	2 Days	\$500	3 Days	\$500	3 Days
Emergency Room	Per Day	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day

### **Daily Benefits**

■ Hospital Confinement: \$1,000/day, 30 days

Emergency Room Visit: \$200/visit, 1 day

### **Surgery Benefits**

■ Inpatient: \$500/day, 3 days

Outpatient: \$500/day, 3 days

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		10 Pla		20 Pl		20 Pla		дс Pla		50 Pla		<i>75</i> Pla		10 c Pla		1000 Pla	
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
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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			\$50	1 Day	\$50	1 Day			\$50	2 Days	\$50	2 Davs	\$75	3 Davs	\$100	3 Days

## | Caroup Accident Benefits | S10,000 | S10,000

#### **Additional Benefits**

Physician Visit: \$75/visit, 10 days

■ Radiology & X-ray: \$100/day, 3 days

### **Additional Coverage**

Accidental Death: \$10,000

■ Emergency Room (Group Accident): \$250/day, 1 day

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		10 Pla		20 Pla		200 Pla		дс Pla		50 Pla		75 Pla		100 Pla		1000 Pla	
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Daily Inpatient Surgery	Per Day					\$250	3 Days	\$250	3 Days	\$350	3 Days	\$400	3 Days	\$500	3 Days	\$500	3 Days
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Daily Outpatient Surgery	Per Day					\$250	3 Days	\$250	3 Days	\$350	3 Days	\$400	3 Days	\$500	3 Days	\$500	3 Days
Daily Outpatient Surgery Anesthesia	Per Day					\$100	3 Days	\$100	3 Days	\$100	3 Days	\$100	3 Days	\$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
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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			\$50	1	\$50	1			\$50	2	\$50	2	\$75	3	\$100	3

	Grou	р Асс	ident	Ber	nef	its							
Accidental Death					\$1	0,000							
Hospital Admission Benefit	Per Day			\$500	1 Day	\$500	1 Day	\$500	2 Days	\$500	3 Days	\$500	3 Days
Emergency Room	Per Day			\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day

### **Daily Benefits**

■ Hospital Confinement: \$1,000/day, 30 days

■ Emergency Room Visit: \$200/visit, 1 day

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■ Inpatient: \$500/day, 3 days

Outpatient: \$500/day, 3 days

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		10 Pla		20 Pla	o A an	200 Pla		дс Pla		50 Pla		75 Pla		100 Pla		1000 Pla	
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
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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
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Daily Outpatient diagnostic laboratory tests	Per			\$50	1 Day	\$50	1 Day			\$50	2 Dave	\$50	2 Dave	\$75	3 Dave	\$100	3 Dave

	Group	Accident	Bei	1ef	its							
Accidental Death				\$1	0,000							
Hospital Admission Benefit	Per Day		\$500	1 Day	\$500	1 Day	\$500	2 Days	\$500	3 Days	\$500	3 Days
Emergency Room	Per Day		\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day

### **Additional Benefits**

Physician Visit: \$75/visit, 10 days

Radiology & X-ray: \$100/day, 3 days

### **Additional Coverage**

Accidental Death: \$10,000

■ Emergency Room (Group Accident): \$250/day, 1 day

## GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

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	Group	Acci	dent	Ber	nef	its							
Accidental Death					\$1	0,000							
Hospital Admission Benefit	Per Day			\$500	1 Day	\$500	1 Day	\$500	2 Days	\$500	3 Days	\$500	3 Days
Emergency Room	Per Day			\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day

## **Comparing the Plans - Core Benefits**

Core Benefits	100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement (up to 30 days)	\$100	\$200	\$200	\$300	\$500	\$750	\$1,000	\$1,000
Daily Emergency Room Visit (1 day)	\$50	\$50	\$50	\$50	\$75	\$100	\$200	\$200
Daily Inpatient Surgery (up to 3 days)	\$250	\$250	\$350	\$400	\$500	\$500	\$500	\$500
Daily Outpatient Surgery (up to 3 days)	\$250	\$250	\$350	\$400	\$500	\$500	\$500	\$500

## Comparing the Plans - Additional Benefits

Additional Benefits	100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Physician Office Visit (up to 6-10 days)	\$50	\$50	\$50	\$50	\$50	\$75	\$75	\$75
Daily Hospital Admission	-	-	\$1,000	\$1,000	_	-	-	-
Daily Radiology & X-ray	\$50	\$50	-	-	\$50	\$75	\$100	\$100
Accidental Death Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Group Accident ER Visit (1 day)	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250

### **Plan Definitions & Limitations**

### **Key Terms**

- Hospital Confinement: Medically necessary inpatient stay
- Emergency Room Visit: Treatment for acute medical conditions
- Surgery: Medically necessary procedures from accidents or sickness

### Important Exclusions

- Losses from suicide, war, or military service
- Illegal activities
- Certain medical procedures (see policy for details)

## **Key Takeaways**

- Plan Highlights: Comprehensive coverage for hospital, surgeries
- Value Propositions: Tailored plans, benefits increase with higher tiers
- Next Steps: Evaluate needs, select appropriate coverage, consult representative

## Thank You!

Continue to be great!

