



ENCORE HEALTH

# Everyday benefits that make a real difference.

Primary Care, Mental Health, Prescriptions, and more—covered and simplified.



Individual Hospital Indemnity Accident & Sickness		Basic Plans			Enhanced Plans			
		Plan A	Plan B	Plan C	Plan A	Plan B	Plan C	Plan D
In-Hospital Benefits								
Admission				\$600/day	\$1,000/day	\$2,000/day	\$3,000/day	
# Admissions				1	1	1	1	
Daily Confinement	\$250/day	\$500/day	\$1,000/day	\$300/day	\$500/day	\$1,000/day	\$1,500/day	
# Days	31	31	31	31	31	31	31	
ICU Daily Confinement	\$500/day	\$1,000/day	\$2,000/day	\$600/day	\$1,000/day	\$2,000/day	\$3,000/day	
# Days	5	5	5	5	5	5	5	
Inpatient Surgery				\$500	\$1,000	\$1,500	\$2,000	
# Days				1	1	1	1	
Inpatient Anesthesia				\$200	\$250	\$375	\$500	
# Days				1	1	1	1	
Inpatient Surgery - Blood Products				\$100	\$100	\$100	\$100	
# Days				1	1	1	1	
Inpatient Surgery - Second Opinion				\$100	\$100	\$100	\$100	
# Days				1	1	1	1	



Individual Hospital Indemnity Accident & Sickness							
Basic Plans				Enhanced Plans			
	Plan A	Plan B	Plan C	Plan A	Plan B	Plan C	Plan D
Outpatient Benefits							
Physician Office Visit	\$50/visit	\$50/visit	\$75/visit	\$50/visit	\$50/visit	\$50/visit	\$75/visit
# Days	2	3	3	2	2	3	3
Urgent Care Visit	\$50/visit	\$50/visit	\$75/visit	\$50/visit	\$50/visit	\$50/visit	\$75/visit
# Days	2	3	3	2	2	3	3
Emergency Room Visit / Observation Unit	\$250/visit	\$250/visit	\$400/visit	\$200/visit	\$250/visit	\$250/visit	\$400/visit
# Days	1	2	2	1	1	2	2
Outpatient Surgery - ACS				\$200	\$250	\$375	\$500
# Days				2	2	2	2
Outpatient Anesthesia				\$50	\$50	\$75	\$100
# Days				2	2	2	2
Outpatient Surgery - Urgent Care				\$150	\$150	\$150	\$150
# Days				2	2	2	2
X-Ray				\$50	\$50	\$100	\$150
# Days				2	2	2	2
Lab				\$50	\$50	\$100	\$150
# Days				2	2	2	2
Specialty Radiology				\$100	\$100	\$200	\$300
# Days				1	1	1	1
Critical Illness Rider			\$5,000	\$2,500	\$5,000	\$7,500	\$10,000
Cancer, Heart Attack, Stroke, Paralysis, Kidney Failure, Major Organ Transplant			1	1	1	1	1
Family Care			\$250	\$250	\$250	\$300	\$400
# Days			5	5	5	10	10
Pet Care			\$150	\$150	\$150	\$150	\$150
# Days			5	5	5	10	10



## Plan Design Details Applicable to Basic and Enhanced

✓Hospital Indemnity Guaranteed Issue	✓Include Maternity Claims	✓Child CI benefit amount = 25% of Primary
✓Time Period for Initial Care - 60 days	✓10 Month Maternity Wait Period	✓CI Rider is also GI because it is a Rider on the Hospital Indemnity Product
✓30 Day Benefit Waiting Period - Sickness Only	✓50% Benefit Reduction at age 65	✓CI specific wait period - 30 Day Waiting Period for CI Rider Coverages (90 Days for Cancer)
✓6/12 Pre-Ex	✓Spouse and Child Benefit Amounts = Primary	

### Base Policy Exclusions:

A. suicide or attempted suicide while sane or insane or from intentionally self-inflicted injury.

B. war or any act of war, whether declared or undeclared.

C. involvement in any type of active military service. Reserve or National Guard active duty training is not excluded, unless it extends beyond 31 consecutive days. For purposes of this exclusion, orders to active military service for sixty (60) days or less will not be considered involvement in active military service. This exclusion does not apply to the first 60 consecutive days of active military service. If you notify us of active duty service or training, We will refund any premiums paid for any period for which no coverage is provided as a result of the exclusion.

D. travel or activity outside the United States, or its territories, unless specifically covered by any rider attached to this policy.

**In addition, We will not pay for any benefits under the policy, unless required by law for:**

E. elective abortion or complications thereof;

F. gender affirming procedures, sterilization, tubal ligation or vasectomy, and reversal thereof;

G. any Mental and Nervous Disorder, unless specifically covered by any rider attached to this policy;

H. Substance Abuse, unless specifically covered by any rider attached to this policy;

I. Treatment, supplies, or services provided by, through, or on behalf of any government agency or program; unless payment is required by a Covered Person;

J. rest cures, Custodial Care, transportation, and routine physical examinations, unless specifically covered by any rider attached to this policy;

K. elective or cosmetic surgery or procedures, except for reconstructive surgery:

1. incidental to or following surgery for disease, infection or trauma of the involved body part; or

2. due to Congenital Anomaly or disease of a Dependent Child which has resulted in a functional defect;

L. Treatment necessary due to Congenital Anomaly or disease;

Congenital Anomalies of newly Dependent Children are not excluded if otherwise covered under the terms of the policy.

### CI Rider Exclusions:

- a. The Critical Illness condition is, in whole or in part, caused by, contributed to, or results from refusing certain types of recommended medical treatment, as follows:
  - i. A Physician has recommended treatment with angioplasty or coronary artery bypass graft for coronary artery disease, the Covered Person refuses this treatment, and the Covered Person suffers a Heart Attack;
  - ii. A Physician has recommended treatment for a brain aneurysm or carotid artery stenosis, the Insured refuses treatment, and the Covered Person suffers a Stroke; or
  - iii. A Physician has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being Cancerous, the Covered Person refuses, and subsequently develops Cancer.
- b. We determine, through the use of medical professionals, the Diagnosis of a Critical Illness to be a Pre-existing Condition;
- c. the Critical Illness condition has not been Diagnosed by a Physician;
- d. the Critical Illness condition is Diagnosed outside of the United States or its Territories, unless the Diagnosis can be verified by a Physician licensed to practice within the United States or its Territories.
- e. proof of Diagnosis of an otherwise Covered Critical Illness condition is submitted by a Physician that is a Family Member.
- f. The Critical Illness is caused by or results from, directly or indirectly, the Covered Person's alcoholism or drug or substance abuse.

Individual Accident Only	Basic Plans				Enhanced Plans			
	Plan A	Plan B	Plan C	Plan D	Plan A	Plan B	Plan C	Plan D
Accident Medical Expense	\$2,500	\$5,000	\$7,500	\$10,000	\$2,500	\$5,000	\$7,500	\$10,000
Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accidental Death & Dismemberment	\$1,000	\$1,000	\$1,000	\$1,000	\$25,000	\$50,000	\$75,000	\$100,000

### Plan Design Details Applicable to Basic and Enhanced

- ✓ Accident is Guaranteed Issue
- ✓ 50% Benefit Reduction at age 65
- ✓ AME Benefit pays on a Primary basis
- ✓ AME Benefit Amounts = Primary = 100%, Spouse = 100%, Children = 100%
- ✓ AD&D Enhanced Principal Sums: Primary = 100%, Spouse = 50%, Children = 25%
- ✓ AD&D Basic Principal Sums: Primary = 100%, Spouse = 100%, Children = 100%

### Base Policy Exclusions:

- A. suicide or attempted suicide while sane or insane or from intentionally self-inflicted injury.
- B. war or any act of war, whether declared or undeclared.
- C. involvement in any type of active military service. Reserve or National Guard active-duty training is not excluded unless it extends beyond 31 consecutive days. For purposes of this exclusion, orders to active military service for sixty (60) days or less will not be considered involvement in active military service. This exclusion does not apply to the first sixty (60) consecutive days of active military service. If You notify Us of active-duty service or training, We will refund any premiums paid for any period for which no coverage is provided as a result of the exclusion.
- D. being intoxicated while operating a motor vehicle.
  - 1. A Covered Person will be conclusively presumed to be intoxicated if the level of alcohol in a Covered Person's blood exceeds the amount at which a person is presumed, under the law of the state in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
  - 2. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Covered Person's intoxication.

- E. being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a Physician and taken in accordance with the prescribed dosage.
- F. riding in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing;
- G. participation in any organized sport in a professional or semi-professional capacity.
- H. participation in abseiling, base jumping, bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, free-running, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, luging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities;
- I. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
- J. an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license or permit, except while participating in a Driver's Education Program;
- K. a cardiovascular event or stroke caused by exertion immediately preceding or at the same time as an Accident;
- L. any condition for which the Covered Person is entitled to benefits under any Workers' Compensation Act, No Fault Auto Coverage or similar law.
- M. travel or activity outside the United States, or its territories, unless specifically covered by any rider attached to this policy.

In addition, We will not pay for any benefits under the policy, unless required by law for:

- N. elective abortion or complications thereof;
- O. gender affirming procedures, sterilization, tubal ligation or vasectomy, and reversal thereof;
- P. any Mental and Nervous Disorder, unless specifically covered by any rider attached to this policy;
- Q. Substance Abuse, unless specifically covered by any rider attached to this policy;
- R. medical mishap or negligence on the part of any Physician, Medical Professional, or therapist, including malpractice;

#### **AME Rider Exclusions**

1. Cosmetic, plastic, or restorative surgery unless Medically Necessary for the treatment of the Covered Injury.
2. Any medical expenses related to pregnancy unless Medically Necessary for the treatment of the Covered Injury.
3. Any expenses for a Pre-existing Condition.
4. Travel outside of the United States of America.
5. Personal comfort or convenience items, such as, but not limited to, Hospital telephone charges, television rental, or guest meals.
6. Treatment by any person Related to the Covered Person.
7. Expenses incurred for eye examinations, eye glasses, contact lenses or hearing aids or the fitting, repair, or replacement of these items unless Medically Necessary for the treatment of the Covered Injury.
8. A hernia.
9. Routine physical examinations and related medical services, or elective treatment or surgery or experimental or investigative treatments or procedures.

10. A Medical Repatriation.
11. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
12. Nasal or sinus surgery, unless surgery made necessary as the result of a Covered Injury.
13. Expenses which the Covered Person is not legally obligated to pay.
14. Expenses for Custodial Services or services provided by a private duty nurse unless such expenses are incurred as a result of a Covered Injury.
15. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the Covered Injury has caused further impairment in the underlying bodily condition.
16. Treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of a Covered Injury.

## Association for Entrepreneurship (AFE)

### Membership Information

The MetLife Group Term Life Insurance with AD&D is available in most states. It offers decreasing term coverage up to age 80. For ages 18 to 44, it provides ten thousand dollars in Life and AD&D coverage, with a buy-up option of seventy-five thousand dollars. It's one or the other, not both. A six-month waiting period applies to the death benefit, and coverage starts on the first of the month. The default beneficiary is the insured's estate, but members can update this in the member portal, with the change of beneficiary form.

Primary Digital Health, that provides Acute, Primary, Physical Therapy, and Pet Coverage through their App. This gives you direct access to healthcare for Acute and Primary with no out of pocket.

For those who want to access the Mental Health benefits, within the App, it is a \$50 per visit to seek a counseling visit.

So, what about Rx, we offer Welldyne a major Pharmacy Benefit Manager who provides several options to get medications, with a 30-day waiting period.

You get free 125+ Acute generic medications with over 65,000 pharmacies twice (2) every 180 days. The formulary is in your Membership packet.

Also, access to 400+ free maintenance generic medication from the Welldyne Mail Order Program with no limit to the number of meds, on it's formulary. There is a \$9.00 per shipping fee regardless of the number of medications. There is a Welldyne help line to get you started.

Let's talk about Name Brand Medications, MedAfford Global that access medications out of the country mainly Canada. Savings can be significant depending on your meds.

Let's talk about Vision, we offer Vision Service Plan that gives you access to over 30,000 providers nationwide. \*Direct contract with AFE. Contact AFE for questions, benefits, terms and conditions.

ACI Legal coverage gives you access to legal counsel for up to 30 mins free unlimited and if you need additional assistance, you get a 25% discount. Also, there is free access to forms and document preparation and other services.

\*Lastly, this includes also the Encore Dental Savings Program utilizing the Aetna Dental access Network. This gives you access to over 262,000 dentists with average savings of 15%-50% per visit on most dental services. \*\*

The Encore Dental Savings Program provides access to the Aetna Dental Access® network. This network is administered by Aetna Life Insurance Company (ALIC). Neither ALIC nor any of its affiliates offers or administers the Encore Dental Savings Program. Neither ALIC nor any of its affiliates is an affiliate, agent, representative or employee of Encore Dental Savings Program. Dental providers are independent contractors and not employees or agents of ALIC or its affiliates. ALIC does not provide dental care or treatment and is not responsible for outcomes.

\*\*Actual discounts will vary based on the geographic location of the dental provider and the services provided.

This plan is a discount plan NOT a health insurance policy. This plan provides discounts at certain health care providers for medical services. This plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization. The DMPO does make available an up-to-date list of all program providers which includes their name, city & state, and medical specialty prior to purchase, upon request. That the range of discounts for medical services provided under the plan will vary depending on the type of provider and the medical services received. The corporate name and the location of the licensed discount medical plan organization is: Access One Consumer Health, Inc. 84 Villa Road, Greenville, SC 29615; 1-800-896-1962; [www.accessonedmpo.com](http://www.accessonedmpo.com)

**General Disclaimer:** This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative, it is intended to help supplement Comprehensive coverage.

This insurance 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.

Notwithstanding any other terms under this policy, we shall not provide coverage, nor will we make any payments or provide any service or benefit to any insured, beneficiary, or third party who may have any rights under this policy to the extent that such coverage, payment, service, benefit, or any business or

activity of the insured would violate any applicable trade or economic sanctions law or regulation.

Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. Benefits decrease at age 65. Coverage terminates at age 75.

The Zurich Individual Accident Insurance and Zurich Individual Hospital Indemnity Insurance benefits described are underwritten by Zurich American Insurance Company (Zurich), 1299 Zurich Way, Schaumburg, Illinois 60196, 1 800 987 3373 (NAIC # 16535). This provides a general description of certain provisions and features of this insurance program for informational purposes only and does not revise or amend the applicable policies. In the event of a discrepancy, the terms of the policy shall apply. All benefits are subject to the terms and conditions of the policy. Please refer to your policy for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination.

E123 is not a subsidiary or affiliate of Zurich, and use of E123's products and services are independent of and not included within the applicable policy.

**Insurance Premium Disclosure:** The price shown in the shopping cart is the total monthly cost for the plan(s) you chose. The insurance premium is [\$XX.XX] for the Zurich Hospital Indemnity Insurance and [\$XX.XX] for the Zurich Accident Insurance.