

Access Health

Limited Duration Group Short Term Medical Insurance



Carrier & Underwriter



Underwritten by American Financial Security Life Insurance Co in AL, AR, AZ, KY, MS, NE, NV, OH, OK, TX, WI, GA, IL, IN, and VA.
This short-term medical insurance (evidenced by Certificate form AF ST CERT 818) is underwritten by American Financial Services Life Insurance Company.
Non insurance association membership benefits are provided by The National Congress of Employers (NCE).

Product Summary

Deductible Options \$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000

Coinsurance Options 80%/20%

Coinsurance Limit \$2,000 or \$4,000

Length of Coverage Available for up to 36 months of coverage depending upon state regulations.

Network

- PHCS network giving members voluntary access to in-network negotiated rate
- Facility charge: Plan pays up to 150% of Medicare allowable charges
- There is no requirement to go to an in-network provider

Coverage Effective Date Next day coverage; later effective date available, but not to exceed 60 days from date of transmission

Eligibility 18 – 64 1/2 Child coverage policies from 2-17

Waiting Period

- 5 days for sickness
- 30 days for cancer. No waiting period for injuries.

Pre-existing Waiver Rider:

Pre-Existing Waiver Rider option will waive any conditions that were covered during the prior coverage period which means consumers will not have to re-qualify for another term to begin. Terms of coverage and limitations may vary by state.

Who is this plan good for?

- For those who are between jobs or have been laid off
- For those who are waiting for employer benefits
- For those who have part-time or temporary employment • For those who have recently graduated
- For those who are without adequate health insurance

How will consecutive policy terms work?

When a member applies for consecutive terms in one enrollment, they will be issued their initial term of coverage, and subsequent terms will be pending. The waiting period on all subsequent terms will be waived. Members will not have to reapply for additional terms. When subsequent terms of coverage are set to begin, the member will receive an email stating their plan has continued into the next term. The email will provide them with their new monthly rate (if applicable), and they will have the opportunity to opt out at that time.

Will the plan benefits carry-over between terms?

If the member has selected the pre-ex waiver rider, the waiting periods for sickness and cancer will be waived in subsequent terms. Deductible and coinsurance and all benefit limits will reset with each 12 month period of coverage.

DISCLAIMER: THIS COVERAGE IS NOT REQUIRED TO COMPLY WITH CERTAIN FEDERAL MARKET REQUIREMENTS FOR HEALTH INSURANCE, PRINCIPALLY THOSE CONTAINED IN THE AFFORDABLE CARE ACT. BE SURE TO CHECK THE CERTIFICATE CAREFULLY TO MAKE SURE YOU ARE AWARE OF ANY EXCLUSIONS OR LIMITATIONS REGARDING COVERAGE OF PRE-EXISTING CONDITIONS OR HEALTH BENEFITS (SUCH AS HOSPITALIZATION, EMERGENCY SERVICES, MATERNITY CARE, PREVENTIVE CARE, PRESCRIPTION DRUGS, AND MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES). YOUR COVERAGE ALSO HAS LIFETIME AND/OR COVERAGE PERIOD DOLLAR LIMITS ON HEALTH BENEFITS. IF THIS COVERAGE EXPIRES OR YOU LOSE ELIGIBILITY FOR THIS COVERAGE, YOU MIGHT HAVE TO WAIT UNTIL AN OPEN ENROLLMENT PERIOD TO GET OTHER HEALTH INSURANCE COVERAGE. THIS INFORMATION IS A BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF THE GROUP INSURANCE POLICY. COVERAGE MAY NOT BE AVAILABLE IN ALL STATES OR CERTAIN TERMS MAY BE DIFFERENT WHERE REQUIRED BY STATE LAW. PRE-EXISTING CONDITIONS ARE NOT COVERED, AND BENEFITS ARE SUBJECT TO THE POLICY LIMITATIONS AND EXCLUSIONS. REFER TO THE POLICY, CERTIFICATE AND RIDERS FOR COMPLETE DETAILS.

	Plan 1	Plan 2	Plan 3
Deductible Options	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000	\$500, \$1,000, \$2,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Options	80/20	80/20	80/20
Coinsurance Limit	\$2,000, \$4,000	\$2,000, \$4,000	\$2,000, \$4,000
Coverage Period Maximum Options	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000	\$250,000, \$500,000, \$1,000,000
Doctor Office Consultation			
Copay - Physician Office / Urgent Care	\$25, maximum 2	\$15, unlimited	\$25, maximum 2
Copay - Specialist	\$40, maximum 2	\$25, unlimited	\$40, maximum 2
Copay - Wellness	\$50, maximum 1	\$50, maximum 1	\$50, maximum 1
Physician Office Visits and Urgent Care	After the copayment shown above, any additional service performed during a Physician Office or Urgent Care visit will be subject to Deductible and Coinsurance. Physician Office and Urgent Care visit are subject to a combined maximum benefit of \$2,000 per coverage period.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.	After the Copayment shown above, any other covered services or tests performed as part of the office visit will be subject to the Plan Deductible and Coinsurance.
Urgent Care Additional Deductible	No Additional Deductible	\$100, maximum 1	No Additional Deductible
Unless specified otherwise, the following benefits are for Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Benefits are limited to the Usual, Reasonable and Customary for each Covered Expense, in addition to any specific limits stated in the Group Policy.			
Inpatient Hospital Covered Expenses			
Average Standard Room Rate	The benefit payable per day including all miscellaneous expense, is limited to \$1,500.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospital Intensive or Critical Care	Benefits, including nursing services and all miscellaneous medical charges are limited to \$2,000 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Doctor Visits	\$50 per day. Benefits for all Hospital visits during a Hospital stay are limited to \$500 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Expenses			
Outpatient Hospital Surgery or Ambulatory Surgical Center	Benefits, including nursing services and all miscellaneous medical charges are limited to \$1,500 per day.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Miscellaneous Hospital Expenses	The benefit payable for miscellaneous Outpatient Hospital expenses, excluding Outpatient Surgery. Benefits are limited to \$1,500 per Covered Person per Coverage Period for all Eligible Expenses combined.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Room Treatment	The benefit payable for each emergency room visit, including professional and facility services, will not exceed \$250 per visit.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.	Subject to the Emergency Room Additional Deductible shown below, then Deductible and Coinsurance. The Additional Deductible is waived if admitted within 24 hours of Emergency Room Treatment.
Emergency Room Additional Deductible	No Additional Deductible	\$250, maximum 1	No Additional Deductible
Surgical Services			
Surgeon	\$5,000 per surgery, for all Eligible Expenses combined, not to exceed \$10,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Assistant Surgeon	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Administration of Anesthetics	\$1,000 per surgery, for all Eligible Expenses combined, not to exceed \$2,000 per Covered Person per Coverage Period.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

Benefits Continued

	Plan 1	Plan 2	Plan 3
Other Covered Expenses			
Organ, Tissue, Bone Marrow Transplants	Subject to Deductible and Coinsurance up to \$50,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$50,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$50,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.
Extended Care Facility	Subject to Deductible and Coinsurance up to \$100 per day and 30 days per Coverage Period.	Subject to Deductible and Coinsurance up to \$100 per day and 30 days per Coverage Period.	Subject to Deductible and Coinsurance up to \$100 per day and 30 days per Coverage Period.
Hospice Care	Subject to Deductible and Coinsurance up to \$5,000 per Coverage Period.	Subject to Deductible and Coinsurance up to \$5,000 per Coverage Period.	Subject to Deductible and Coinsurance up to \$5,000 per Coverage Period.
Acquired Immune Deficiency Syndrome (AIDS)	Subject to Deductible and Coinsurance up to \$10,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$10,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$10,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.
Joint/Tendon Surgery	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.
Knee Injury or Disorder	Subject to Deductible and Coinsurance up to before 3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses for both left and right knees.	Subject to Deductible and Coinsurance up to before 3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses for both left and right knees.	Subject to Deductible and Coinsurance up to before 3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses for both left and right knees.
Gallbladder Surgery	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.
Appendectomy	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.
Kidney Stones	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.
Temporomandibular Joint Disorder (TMJ)	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.	Subject to Deductible and Coinsurance up to \$3,000 per Coverage Period for all Covered Expenses including Inpatient Hospital, Surgical and Outpatient Miscellaneous Medical Covered Expenses.
Home Health Care	Subject to Deductible and Coinsurance up to \$30 per day and a maximum of 30 days per Coverage Period	Subject to Deductible and Coinsurance up to \$30 per day and a maximum of 30 days per Coverage Period	Subject to Deductible and Coinsurance up to \$30 per day and a maximum of 30 days per Coverage Period
Therapy Services - Physical Therapist, Speech Therapist and Occupational Therapist	Subject to Deductible and Coinsurance up to \$30 per day and a maximum of 15 days per Coverage Period	Subject to Deductible and Coinsurance up to \$30 per day and a maximum of 15 days per Coverage Period	Subject to Deductible and Coinsurance up to \$30 per day and a maximum of 15 days per Coverage Period
Ambulance, Ground or Air	Subject to Deductible and Coinsurance up to \$500 per trip – Ground up to \$1,000 per trip – Air Ambulance	Subject to Deductible and Coinsurance up to \$500 per trip – Ground up to \$1,000 per trip – Air Ambulance	Subject to Deductible and Coinsurance up to \$500 per trip – Ground up to \$1,000 per trip – Air Ambulance
Durable Medical Equipment and Medical Supplies	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

Disclaimer: All benefits are limited to Usual and Customary Fees. Usual and Customary Fees definition may vary by state. Coverage is not limited to the benefits listed; any eligible expenses are subject to plan limitations. Please check the product certificate or Policy for complete details.

Limitations & Exclusions

Pre-existing condition:

1. For which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, Consultations, diagnostic tests or prescription medicines) was recommended or received from a Physician within the 36 months immediately preceding the Covered Person's Effective Date; or 2. That had manifested itself in such a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, Consultations, diagnostic tests or prescription medicines) within the 36 months immediately preceding such person's Effective Date.

1. Treatment, services and supplies which are not related to a specific diagnosis, acute symptoms or course of treatment; medical care or surgery which is not Medically Necessary; and any maintenance type therapy not reasonably expected to improve a Covered Person's condition.
2. Pre-employment or pre-marital examinations; or routine physical examinations.
3. Treatment, services and supplies for Experimental or Investigational procedures, including Experimental or Investigational organ transplant procedures, drugs or treatment methods.
4. Treatment, services and supplies for which the Covered Person is not legally required to pay.
5. Telephone consultations, failure to keep scheduled appointments, completion of claim forms, or providing medical information necessary to determine coverage.
6. Treatment, services and supplies provided by a Close Relative.
7. Treatment, services and supplies provided outside the scope of the license for the institution or practitioner rendering services.
8. Education, training, or bed and board while confined to an institution which is primarily a school or other institution for training, a place of rest or a place for the aged, or a personal residence.
9. Treatment, services or supplies received prior to the Covered Person's Effective Date, or after the end of the Coverage Period.
10. Inpatient Hospital admission occurring on a Friday or Saturday in conjunction with a surgical procedure scheduled to be performed during the following week. A Sunday admission will be eligible only for the procedure scheduled to be performed early Monday morning. (This limitation will not apply to necessary medical admissions requiring immediate attention or to Emergency surgical admissions).
11. Amounts in excess of the Usual, Reasonable and Custom- ary charges made for Covered Expenses.
12. Surgery for a Covered Person for a total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma (subject to all other coverage provisions, including but not limited to the Pre-Existing Condition exclusion); tonsillectomy, adenoidectomy, repair of deviated nasal septum or any type of surgery involving the sinus, myringotomy, tympanotomy, or herniorrhaphy.
13. Outpatient Prescription Drugs, contraceptive drugs and devices, non-prescription drugs, vitamins, minerals and nutritional supplements.
14. Cosmetic Surgery.
15. Infertility and impregnation procedures, such as but not limited to, artificial insemination, in-vitro fertilization, embryo and fetal implantation and G.I.F.T. (gamete intrafallopian transfer).
16. Pregnancy and related services; except for Complications of Pregnancy.
17. Voluntary termination of pregnancy.
18. Voluntary sterilization or reversal thereof.
19. Custodial Care.
20. Dental services.
21. Routine foot care.
22. Speech Therapy.
23. Mental or Nervous Disorders.
24. Substance Use Disorders.
25. Treatment, services, or supplies for obesity, extreme obesity, morbid obesity or weight reduction, including, but not limited to, wiring of the teeth and all forms of surgery including, but not limited to, bariatric surgery, intestinal bypass surgery and complications resulting from any such surgery.
26. Programs, treatment or procedures for tobacco use cessation.
27. Treatment of acne or varicose veins.
28. Diagnosis or treatment of a sleeping disorder.
29. Allergy testing and allergy injections.
30. Diabetic Equipment, Supplies and Self-Management training.
31. Autism Spectrum Disorder.

Limitations & Exclusions Continued

32. Therapy or treatment for learning disorders or disabilities or developmental delays.
33. Participation in Clinical Trials.
34. Prosthetic and Orthotic Devices; except as specifically covered in Section 4 - Benefits.
35. Homeopathy.
36. Orthopedic Manipulation.
37. Private duty nursing services.
38. Acupuncture and Acupressure.
39. Genetic testing or counseling including, but not limited to, amniocentesis and chorionic villi testing.
40. Sex transformation; treatment of sexual function, dysfunction or inadequacy; or treatment to enhance sexual performance or desire.
41. Treatment to stimulate growth and growth hormones for any purpose.
42. Eye examinations, eyeglasses, or contact lenses to correct refractive errors and related services including surgery performed to eliminate the need for eyeglasses, for refractive errors such as radial keratotomy or keratoplasty.
43. Hearing exams, hearing aids, or the fitting of hearing aids.
44. Treatment for cataracts.
45. Orthoptics and visual eye training.
46. Treatment, services and supplies for a Covered Dependent who is a newborn child not yet discharged from the Hospital. This does not apply to charges that are Med-ically Necessary to treat premature birth, congenital Injury or Illness, or Illness or Injury sustained during or after birth.
47. Personal comfort or convenience items, including home- maker services or supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel, including but not limit- ed to bathing, dressing, feeding, routine skin care, bladder care and administration of oral medications or eye drops.
48. The purchase of a noninvasive osteogenesis stimulator (bone stimulator).
49. Services or supplies of a common household use, such as exercise cycles, air or water purifies, air conditioners, allergenic mattresses, and blood pressure kits.
50. Enrollment in health, athletic or similar clubs.
51. Weight loss, non-smoking, exercise or similar programs.
52. Recreational or educational therapy, or non-medical self-care or self-help training, nutritional counseling, marriage, family or goal oriented counseling.
53. Travel or transportation rendered by any person or entity other than professional ground or Air Ambulance.
54. Care in government institutions unless a Covered Person is obligated to pay for such care.
55. Treatment, services and supplies rendered to a Covered Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to You on a pro rate basis.
56. Treatment, services and supplies received outside of the United States or its possessions except as specifically covered in Section 4 - Benefits.
57. Treatment, services and supplies for an Injury caused by an accident that arises out of or in the course of employment or for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Occupational Disease Law or similar legislation.
58. Illness or Injury that results from war or an act of war, (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military.
59. Illness or Injury that results from participation in a riot or insurrection.
60. Illness or Injury that results from commission or attempted commission of a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation.
61. Complications resulting from treatment of conditions which are not covered under the Policy.
62. Suicide or attempted suicide or intentionally self-inflicted Injury, whether while sane or insane.
63. Injuries from participating in organized competitive sports.
64. Treatment, services and supplies resulting from participation in skydiving, scuba diving, hand or ultra light gliding, ballooning, bungee jumping, parakiting, riding an all-terrain vehicle such as a dirt bike, snowmobile or go-cart, racing with a motorcycle, motor vehicle, boat or any form of aircraft, any participation in sports for pay or profit, or participation in rodeo contests.
65. Treatment or services required due to Accidental Injury sustained while operating a motor vehicle where the Covered Person's blood alcohol level, as defined by law, exceeds that level permitted by law or otherwise violates legal standards for a person operating a motor vehicle in the state where the Injury occurred.

Disclaimer: This is a brief description of the Short Term Medical plan limitations and exclusions, terms and conditions may be different where required by state law. Please check the product certificate or Group Policy for complete details on benefits, limitations, and exclusions.

Additional Plan Provisions

Waiting Period for Illness

Covered Persons will only receive Benefits for Illnesses that begin, by occurrence of symptoms and/or receipt of treatment, more than 5 days following the Covered Person's Effective Date.

Covered Persons will only receive Benefits for cancer that begins, by occurrence of symptoms and/or receipt of treatment, more than 30 days following the Covered Person's Effective Date.

There is no waiting period for Injuries.

Premium Rate Changes

We have the right to change the premium We charge. We will send You a notice at least 31 days before We make any premium rate change.

Usual, Reasonable and Customary Amount — means the lesser of:

- (1) The actual charge; or
- (2) What the provider would accept for the same service or supply in the absence of insurance; or
- (3) The amount based on one or more factors such as:
 - a. The amount of resources expended to deliver the service or supply; or
 - b. The amount charged for the same or comparable service or supply in a community similar to where the service or supply is furnished; or
 - c. The costs incurred by providers in a community similar to where the service or supply is furnished and the amount by which the service or supply is commonly marked up by providers; or
 - d. Charging protocols and billing practices generally accepted by the medical community or specialty groups, including charging protocols and billing practices related to Medicare; or
 - e. Inflation trends by geographic region; or
- (4) The negotiated rate; or
- (5) For facility based charges 150% of the Centers for Medicare and Medicaid Services Prospective Payment System amount unadjusted for geographic locality.

Eligibility

American Financial Services Life Insurance Company plans are made available to members of NCE, and their spouses, and dependent children between the ages of 6 months and 64 and 11 months of age who can answer "No" to all the questions in the enrollment application for insurance. Association membership is not required in all states.

Termination of Coverage

Member

A Member's coverage under the Policy will terminate on the earliest of the following dates:

- (1) The last day for which Your premium has been paid;
 - (2) The date You become a full-time member of the Armed Forces of any country if the period of active duty is to exceed 31 days;
 - (3) The date the Policy terminates;
 - (4) The date You reach age 65 or become effective under Medicare;
 - (5) The date You cease to be a Member of the Policyholder;
 - (6) The end of the Coverage Period;
 - (7) The date You die;
 - (8) The date You reach the Coverage Period Maximum Benefit Amount;
 - (9) Your Effective Date in the event of any fraud on Your part in obtaining coverage under the Policy;
- or
- (10) The next premium due date in the event of any fraud on Your part or the part of Your representative in filing a claim.

Additional Plan Provisions

Dependants

Insurance on a Dependent will terminate on the date such Dependent ceases to qualify as a Dependent. Your Dependent insurance will automatically terminate on the earliest of the following dates:

- (1) The date Your insurance terminates;
- (2) The last day for which Your Dependent premium has been paid;
- (3) In the case of Your Dependent child, the date he or she no longer qualifies as a Dependent by attaining the limiting age (see definition of "Dependent").
- (4) In the case of Your Dependent child, the first day following the Dependent's marriage;
- (5) The date Your Dependent enters active duty with the armed services of any country if the period of active duty is to exceed 31 days;
- (6) In the case of a Dependent Spouse or Civil Union Partner, the first day following the date of the final decree of dissolution of marriage; or
- (7) The date a Covered Person reaches the Coverage Period Maximum Benefit Amount.

About American Financial Services Life Insurance Company

The Policy is underwritten by American Financial Services Life Insurance Company, 150 East Palmetto Parkway, Suite 450, Boca Raton, FL, 33432.

Coverage Provisions

This is a brief description of coverage provided under the Certificate of Insurance and is subject to the terms, conditions, limitations and exclusions of the Policy under which the Certificate of Insurance is issued. Please see the Certificate of Insurance for complete details. Coverage may vary or may not be available in all states. The insurance coverage 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, the insurance coverage is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Network

PHCS Network (Private Healthcare Systems)



Persons insured under the Group Policy may choose to be treated within, or out of, the PHCS network. This membership entitles you access to doctors and hospital facilities who have contracted to provide specific medical care at negotiated prices.

- Locate providers at: www.phcs.com
- Approximately 900,000 healthcare providers under contract
- Estimated 57 million consumers accessing the network products
- 110 million claims processed through the networks each year

Facility Charges: Plan pays up to 150% of Medicare allowable charge.

NCE Membership Benefits

NCE Dentachoice: This program utilizes the Aetna Dental Access® network. It is designed to help minimize dental care expenses with an average savings of 15-50% per visit on services such as cleanings, x-rays, fillings, root canals, and crowns as well as specialty care such as orthodontics and periodontics where available. Dentists who participate in the network have agreed to accept discounted contract rates as payment-in-full for services performed. Discounts vary by geographical location. The program has no exclusions for pre-existing conditions, no benefit maximum, no waiting period, and requires no referrals to see a specialist. Additionally, you will receive discounts on Vision.

NCE Discount Prescription Drug Card: This program saves an average of 15% on brand name and 55% on generic medications. Accepted at over 80% of pharmacies in the US and its territories, including Puerto Rico, anyone in your family can use the card, regardless of age.

Rx Mail Order Program: This program saves up to 80% on your brand-name medications through our international mail order program. Ordering your discount brand-name medications is convenient, easy, and secure. Your medications will ship directly to you!

NCE Additional Benefits: Chiropractic Care, Hearing, Imaging, Laboratory, Nurse Helpline, Diabetic Supplies Savings, Pet Savings, CBD Savings, Speech Therapy and More!

Rx Savings Card: Save 15-55%, on average, and up to 80% on your generic medications when you purchase them at your local pharmacy.

International Brand-Name Mail-Order: Save up to 80% on your brand-name medications through our international mail-order program. Ordering your brand-name medications is convenient, easy, and secure.

Pet Rx Savings Card: Save on your pets' medications with your script from the vet when purchasing pet medications at your local pharmacy or online.

Patient Assistance Program: If you still need assistance with your prescription costs and you meet the income guidelines, you can receive low cost prescription medicine after a qualification process.

CBD Products: A natural and effective alternative towards health and healing.

Speech Therapy Savings: Your Online Solution to Speech Therapy.

Discount Rx: Do you pay full price for any of your medications? Does your insurance force you to buy generic when you prefer the brand? Save an average of 15% on brand name and up to 80% on generic medications at over 80% of pharmacies. This discount prescription card can be used immediately and shared with family. You may also request additional cards for family and friends. Your personal information is never collected.

Brand-Name Mail-Order: Do you find it difficult to afford the high cost of brand-name medications? MedAfford Global Inc.'s (MGI) international mail-order program can help you. MGI provides savings up to 80% from Tier One international pharmacies. Ordering your discount brand-name medications is convenient, easy, and secure.

Rx MedAssist: For when you can't afford the drugs you need - even with the Discount Rx or the Brand-Name Mail-Order program. Patient Assistance Programs (PAPs) provide low cost prescription medicine to people who are uninsured or under-insured and meet income guidelines. ("Under insured" can mean your specific prescription medication may not be covered under your drug plan).

Pet Rx: Discounts on the brands you know and trust, for pet medications, pet supplements, pet care products and more!

CBD Products: A natural and effective alternative towards health and healing. CBD Afford Inc. introduces the top CBD producers to help you receive high-quality, broad spectrum CBD products, containing all natural, Non-GMO ingredients, the purest and richest form of Cannabidiol AND less than 0.3% THC by weight.

Speech Therapy: Great Speech Inc. is your online solution to Speech Therapy.

MyTelemedicine is a non-emergency medical service with a nationwide group of licensed physicians who can diagnose, treat and provide prescriptions for non-narcotic/non-DEA/non- state-controlled substances. MyTelemedicine will provide you and your family with an affordable access to healthcare professionals through their unique telemedicine service. We are confident you will find the change to MyTelemedicine a positive addition to your benefit package.