



PRECISE CHOICE &
Short Term Medical



AWA
Affiliated Workers Association



Agent Training

- Agent Use Only -

Training Objectives

Review the following aspects of the AWA & Precise Choice STM:

▶ Affiliated Workers Association

- AWA Membership comes with the AWA Precise Choice STM
- AWA Membership is offered as an optional Add-on for the IND Precise Choice STM

○ Association Benefits

- Health Care
- Business
- Consumer

▶ Eligibility Requirements

- State Availability
- STM Qualification Questions

▶ Short Term Medical Insurance Benefits

- Covered Medical Expenses
- PPO Network





Association Benefits



Membership to Affiliated Workers Association (AWA) has its advantages. The AWA is a non-profit organization comprised of small business owners, self-employed professionals and entrepreneurs from all across America. AWA is committed to providing education, resources and benefits to help our members save money, time and grow their business.

One word that defines our commitment to our members: Empowerment.

- We work tirelessly to research resources and benefits that will help our members reduce overhead expenses and learn how to succeed in their business endeavors.
- AWA members receive valuable resources for information to help them navigate through the complexity of running a business.
- We also offer a wide variety of benefits designed to save time and reduce expenses so they can focus on growing their business and spending time with their families.

We know our members work hard for their money, and we work hard for them. Seeking out the best benefit providers and assuring top-quality services is just part of the day-to-day business for the AWA.



Health Care Programs, Services & Discounts



Patient Advocacy



Discount Rx



Telemedicine



Dental Network¹



Lab Testing^{1,2}



Diabetic Savings Program^{1,2}



MRI, PET, & CT Scans¹



Hearing Network^{1,2}



Vision Network¹



Nutrition Products

Benefit details on the following slides

¹ Benefits not available in AK, FL, OK, UT, VT, WA. ² Benefits not available in IL. Members in these states will not receive access to these benefits.

Karis360 Patient Advocacy

Karis360's team of Advisors offer personalized, caring, expert service helping members navigate the complex and expensive healthcare maze. With services from Healthcare Navigator to Bill Negotiator to Surgery Saver to Chaplaincy, Karis360 will sort through member's healthcare needs, saving them time and money.



Healthcare Navigator

- ✓ Locate a Physician or Hospital
- ✓ Help find Alternative Treatments
- ✓ Provide Health Cost Estimates
- ✓ Organize Transfer of Medical Records
- ✓ Insurance Policy Assistance
- ✓ Schedule Appointments

Bill Negotiator¹

- ✓ Work with healthcare provider to help reduce medical bills
- ✓ Negotiate potential medical costs before a procedure
- ✓ Members see up to 65% average savings

Surgery Saver

- ✓ Experienced on-site Advisor researches up to five surgical facilities for non-emergency procedures with information regarding cost, quality, availability and physician privileges
- ✓ Advisors have found a 66% difference between the highest and lowest quoted surgery costs between facilities

¹All bills must be related to a single medical incident and out-of-pocket medical services must exceed \$2,000.

Note: Karis360 is not insurance and does not provide funds to pay for bills. Despite Karis360's diligent efforts on member's behalf, some providers refuse to make accommodations to help resolve outstanding medical bills.

Teladoc Telemedicine Service

Teladoc is a national network of physicians, available 24/7/365, who use electronic health records, telephone consultations and online video consultations to diagnose, recommend treatment and write short-term, non-DEA-controlled prescriptions, when appropriate.



Teladoc Highlights:	Call Teladoc:	Teladoc Can Treat:
▶ Convenient and Fast Access	▶ When physician is not available	▶ Cold & Flu symptoms / Ear Infection
▶ No fees for consultations	▶ For non-emergency medical care	▶ Bronchitis / Allergies / Sinus problems
▶ Save Time and Money	▶ After normal hours of operation	▶ Poison Ivy / Pink eye
▶ Doctors live and work in U.S.	▶ When on vacation or a business trip	▶ Urinary Tract & Respiratory infections
▶ 95% Member Satisfaction	▶ For second opinions	▶ and more!



Teladoc is simply a more convenient way to resolve many medical issues.



Telemedicine is Not Available in WA. Doctors will provide consults, but will not prescribe medicine in SC and IA.

ScriptSave Prescription Savings

The ScriptSave Prescription Savings Card provides access to discounted prescription drug prices. All household members are covered – including pets, if the pet medication is a common drug that is also used by people. There are no limits on how many times members and their family can use the card.



Features:

- ✓ Save between 15% to 75%, with average savings of 44% (based on 2014 national program savings data)
- ✓ Accepted at over 62,000 participating pharmacies nationwide, including major chains and independent pharmacies
- ✓ Can be used for all prescription drugs, both brand-name and generics
- ✓ Members will always receive the lowest price available on their prescription purchase

Honored at Over 62,000 Participating Pharmacies, including:



Plus Thousands of Additional Chains and Independent Pharmacies Nationwide.

DISCOUNT ONLY - NOT INSURANCE. Discounts are available exclusively through participating pharmacies. The range of the discount will vary depending on the pharmacy or provider chosen and services rendered. The program does not make payments directly to the pharmacies or providers. Members are required to pay for all health care services.

IDLife Nutrition Products

Individually Designed Nutrition Program



A systematic approach to achieving health and wellness!

IDLife products are scientifically formulated to provide therapeutic doses of specific nutrients to:

- Restore nutrients depleted by a Rx program
- Help the body resist Rx side effects
- Improve overall nutrition status thus optimizing health



IDLIFE PRODUCTS:	ENERGY	MEAL REPLACEMENT
APPETITE CONTROL	PRE-WORKOUT	POST-WORKOUT
SLEEP STRIPS	HYDRATE	LEAN

These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.
* IDLife does not represent that its products are certified organic under the United States Department of Agriculture rules and regulations.

Health Care Discounts Disclosure

The following disclosure is required to ensure you are aware that the following benefits are discount services and not insured benefits: Beltone Hearing Network, Cigna Discount Dental Network, Diabetic Supplies Savings, EyeMed Vision Network, MyMedLab/Pathology Network and One Call Care Radiology Network. While these programs offer valuable discounts and savings over the normal cost to AWA members, members are still required to pay for these services (less discounts) at the time they are purchased. It is vitally important that these services are represented as discount services to your clients rather than insured benefits.

Not available in AK, FL, OK, UT, VT, WA. If members move to one of those states, their discount medical benefits will terminate.

Disclosures: The discount medical, health, and drug benefits of this Plan (The Plan) are NOT insurance, a health insurance policy, a Medicare Prescription Drug Plan or a qualified health plan under the Affordable Care Act. The Plan provides discounts for certain medical services, pharmaceutical supplies, prescription drugs or medical equipment and supplies offered by providers who have agreed to participate in The Plan. The range of discounts for medical, pharmacy or ancillary services offered under The Plan will vary depending on the type of provider and products or services received. The Plan does not make and is prohibited from making members' payments to providers for products or services received under The Plan. The Plan member is required and obligated to pay for all discounted prescription drugs, medical and pharmaceutical supplies, services and equipment received under The Plan, but will receive a discount on certain identified medical, pharmaceutical supplies, prescription drugs, medical equipment and supplies from providers in The Plan. The Discount Medical Plan Organization is Alliance HealthCard of Florida, Inc., P.O. Box 630858, Irving, TX 75063. You may call (800) 269-3563 for more information or visit www.a1healthcare.com/members for a list of providers. The Plan will make available before purchase and upon request, a list of program providers and the providers' city, state and specialty, located in the member's service area. Any complaints should be directed to Alliance HealthCard of Florida, Inc. at the address or phone number above. Upon receipt of the complaint, member will receive confirmation of receipt within 5 business days. After investigation of the complaint, Alliance HealthCard of Florida, Inc. will provide member with the results and a proposed resolution no later than 30 days after receipt of the complaint. **Note to DE, IL, LA, NE, NH, OH, RI, SD, TX, and WV consumers:** If you remain dissatisfied after completing the complaint system, you may contact your state department of insurance.

Note to MA consumers: The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.

Cigna Discount Dental

Members and their dependents can save 15% to 50%* on dental care through the Cigna Dental network of over 110,000 participating provider listings, including both general dentists and specialists across America.



Features:

- ✓ Members simply select a participating dentist in their area
- ✓ Present membership card at time of appointment to receive the discounted rates
- ✓ There is no limit to the number of visits
- ✓ Members can change dentists within the network at any time for any reason

*Actual costs and savings vary by geographic area.

N/A in AK, FL, MT, ND, OK, SD, UT, VT, WA, WY. Members in these states will not have access to this benefit.

Vision Savings Network

Members and their dependents have access to a national network of over 65,000 vision providers in 26,000+ locations, including LensCrafters®, Sears Optical®, Target Optical®, JCPenney Optical® and most Pearle Vision® locations. Members enjoy their choice of participating independent optometrists, ophthalmologists and opticians located throughout the country.



Vision Care Services:

- ✓ Exam with Dilation as Necessary
- ✓ Frames*, Lenses*, Len Options* and Contact Lenses
- ✓ Laser Vision Correction
- ✓ Unlimited Frequency

*Complete Pair Eyeglasses Purchase Discounts: Frame, lenses, and lens options must be purchased in same transaction to receive full discount.

THIS IS NOT INSURANCE

Not all discounts available at all providers. Members must pay for products or services at the time they are purchased. This program will provide savings over the normal cost. Limitations & Exclusions apply – see Member Guide for full details of the vision program.

N/A in AK, FL, OK, UT, VT, WA. Members in these states will not have access to this benefit.

MyMedLab

MyMedLab offers an efficient, affordable and confidential solution to medical laboratory testing. Members can purchase the same testing ordered by their doctor at a cost 50% to 80% less than in their doctor's office or local hospital lab.



Features:

- ✓ Testing can be purchased 24 hours a day on the MyMedLab website
- ✓ Nearly 2,000 local Patient Service Centers (PSC)
- ✓ Results are securely uploaded to member's private personal health record (PHR), most within 24-48 hours

How to use MyMedLab



Order Test
Online



Our Doctor
Approves



Print Lab
Order



Visit Local
Lab



View Results
Online



Buy Expert
Review

N/A in AK, FL, IL, OK, UT, VT, WA. Members in these states will not have access to this benefit.

One Call Care

Members can save 20% to 50% on MRIs, PET and CT scans when these tests are ordered by a doctor. As the nation’s largest diagnostic imaging network, One Call Care offers PPO access to a specialty panel of over 3,000 high-quality radiology imaging centers nationwide. Since 1993, One Call Care has been the preferred solution for ensuring access to high-quality radiology testing at lower cost for participants.



Savings Example*

Scan	Average Charge	Average OCC Cost	Percent Savings	Dollar Savings
MRI	\$1,600	\$1800	50%	\$800
CT	\$900	\$500	45%	\$400
Other	\$3,000	\$1,700	45%	\$1,300

*This example is for illustrative purposes only. Individual results may vary.

N/A in AK, FL, OK, UT, VT, WA. Members in these states will not have access to this benefit.

**This benefit is not insurance. It is being made available by membership in the AWA.*

Beltone Hearing

Members and their immediate family members (grandparents, parents, spouse and children) will receive complimentary hearing screenings and a 15% discount off the usual and customary retail price of any Beltone hearing instrument.



Features:

- ✓ Over 1500 locations throughout the United States
- ✓ 70 years of experience, highly trained professionals and friendly service
- ✓ Beltone is the most trusted brand among adults 50+
- ✓ Revolutionary digital hearing instruments that offer clear, more comfortable hearing and a virtually invisible appearance
- ✓ Exclusive BelCare™ commitment

Neglecting, denying or ignoring hearing loss can hasten its progression.

Untreated hearing loss is also linked to depression, social isolation—even Alzheimer's disease.

Conversely, early detection can help members hear better for life.

N/A in AK, FL, IL, OK, UT, VT, WA. Members in these states will not have access to this benefit.

Diabetic Savings Program

Through this program, members can get diabetic testing supplies shipped directly to their door each month at a savings of 40% to 60% less than the retail drug store prices! Monthly fees are based on the number of testing times per day and the supplies will meet the member's monthly need.



**The
Diabetic Program**

Features:

- ✓ Includes glucose meter, ultra-thin lancets, test strips and carrying case
- ✓ No inconvenient trips to the pharmacy; supplies delivered to the member's home with free shipping
- ✓ Automated shipments to ensure testing supplies never run out
- ✓ No health restrictions and no limit on the number of times a year this service can be used
- ✓ Nine Years of Experience; knowledgeable and courteous customer service representatives
- ✓ 100% satisfaction guaranteed

Reliable, affordable testing supplies for the thousands of diabetics who are uninsured, under-insured or have to pay out of pocket.

N/A in AK, FL, IL, OK, UT, VT, WA. Members in these states will not have access to this benefit.

Business Solutions



Payroll Processing – Receive a 25% discount on processing costs and a free month of payroll processing. In addition, the one-time setup fee will be waived.



Web Services – Members can access discounts on website development and maintenance as well as web hosting. Their experienced staff of programmers and graphic designers offer creative and intuitive websites custom-built to your specifications.



Office Supplies – Save 15% off hundreds of brand name office supplies and 60% off printing. Buy online, by phone/fax, or in stores. Save on hundreds of items, plus pick 10 more for your personal 15% off.



Sprint Wireless Services – New business subscribers can have unlimited freedom, better choice of plans and up to \$250 in service credits.



Shipping-National and Worldwide – This UPS program offers discounts on delivery services for a variety of next day, 2-day and 3-day shipping options.

Business Solutions



Shipping-National and Worldwide – Members can save up to 54% off list rate Priority & Standard Overnight; Save up to 39% off list rate Express Saver; Save up to 53% off list rate on select FedEx Ground® services plus other options!



Computer and Technology Products – Hewlett-Packard offers affordable pricing on business and home office products. Receive discounts on HP notebooks, laptops, desktops, servers, printers, digital cameras, handhelds, point-of-sale (scanners, cash registers, etc.) and more.



Office Supplies – Through this program, we ensure that our members are receiving the guaranteed lowest prices on office supplies. Penny Wise offers a vast selection of 20,000 products and free, fast delivery within the contiguous United States. Next day shipping is also virtually guaranteed from the 40 Penny Wise distribution centers nationwide.



Paint Supplies – Members receive exclusive discounted pricing of up to 40% on key product lines such as paint and accessories. Free next day delivery, electronic and centralized invoicing.

These are just a few of the Business Solutions available to members through the Business AdvantEdge Program.

Consumer Discounts



Interactive Health and Fitness Programs – GymAmerica gives members all the resources they need to develop a personalized plan for better health. You will receive personalized meal plans tailored to your needs, interactive tools for keeping you on track with fitness and nutrition goals, smart weekly shopping lists and much more.



Retail Benefits – Retail Benefits is an online shopping site with a wide array of offerings. Members can earn up to 40% cash back at more than 5,000 leading merchants.



Gifts and Flowers – Members will save 15% when they order flowers and gifts from 1-800-Flowers, either online or by phone.



Member Auto Buying Service – Save time and money shopping for a new or used car through True Car's network of thousands of Certified Dealers. Members receive exclusive pricing and price protection, so you will be guaranteed to receive the lowest price and will experience hassle-free buying at home and at the dealer.



Car Rental Discounts – Members can take advantage of affordable auto rental rates from Avis®, Budget® and Dollar® Rent A Car.

Consumer Discounts



Gym Memberships – Receive discounted gym memberships at more than 10,000 gyms nationwide including, 24 Hour Fitness, Bally, Curves, Anytime Fitness, plus regional chains (New York Sports Clubs, etc.) and local favorites. Members can also take advantage of exclusive member savings on home exercise products, Nutrisystem, exercise videos and health coaching.



Massage Envy – A spa day isn't just a way to pamper yourself—a massage can also offer health benefits to many people. Whether you suffer from chronic pain such as headaches and back issues or have a high-stress life, a massage may help. Members receive up to 20% off many of the plans and services at Massage Envy.



Moving Services – Cord North American, an agent for North American Van Lines, offers members valuable discounts on moving and relocation services while providing the highest level of service and customer satisfaction.

MAGAZINES

Magazine Discounts – Members save up to 85% off regular subscription rates on popular titles through these magazine subscription discount services.



PRECISE CHOICE

Short Term Medical



Benefits & Eligibility

About Precise Choice STM

Precise Choice STM provides Short Term Medical insurance for individuals and families who find themselves without major medical coverage for a period of time. Members choose the deductible, coinsurance and term length that best suits their needs. Precise Choice STM is designed to be a temporary solution that can provide members with the confidence they need to safely navigate a time of transition with minimal risk.

The AWA provides members with a variety of Value-Added benefits including health care programs, services and discounts to help them manage everyday healthcare expenses, as well as business solutions and consumer and lifestyle discounts.

All the benefits in the AWA Membership and the Precise Choice STM plans work together to provide a complete solution and help members maximize savings!

Precise Choice STM Can Be The Perfect Solution For Those Who ...

- Missed the last open enrollment period
- Are in between jobs or their employer doesn't offer insurance coverage
- Are a new hire and have a waiting period until they are eligible for their company plan
- Are a student or recent graduate who is no longer eligible to remain on their parent's plan
- Want an alternative to costly COBRA coverage
- Are waiting for Medicare eligibility

Precise Choice STM Plan Summary

Precise Choice STM offers an affordable way for individuals and families to obtain coverage for their health care needs. Some of the advantages of a Precise Choice STM plan include:

- ▶ Deductible and coinsurance options allow members to choose the plan that fits their budget and coverage needs
- ▶ Standard Issue and Guaranteed Issue plans ensure members will be able to qualify for a plan
- ▶ One (1), Two (2) or Three (3) month less one day term options
- ▶ Aetna Open Choice PPO Network offers pre-negotiated, reduced rates

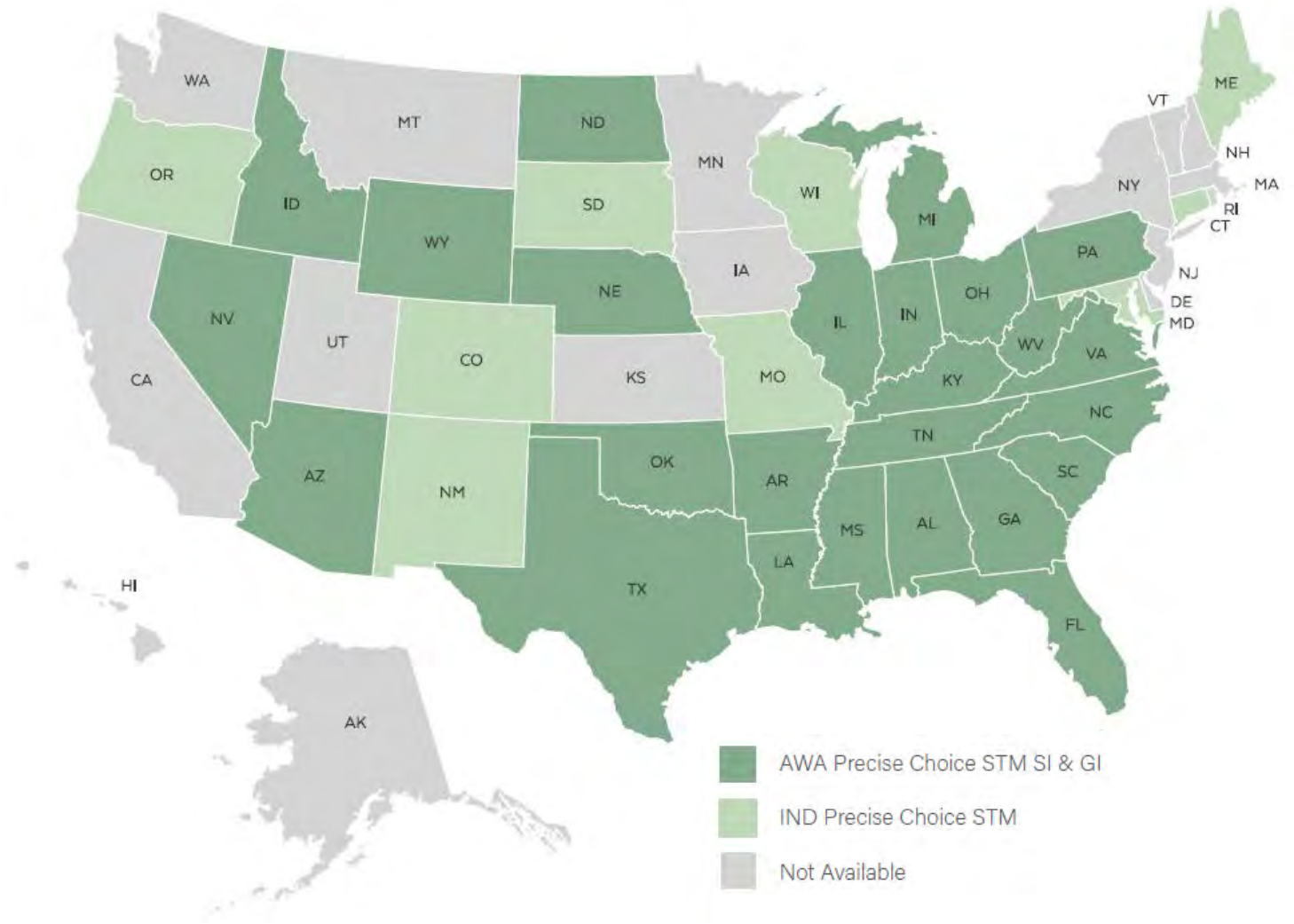
The following is a list of covered services as a result of a covered injury of sickness. Covered services may be subject to copays, deductibles and coinsurance and must be incurred while the coverage is in force. All benefits are subject to the terms, conditions, limitations, exclusions and maximums stated in the certificate. Covered services may vary by state.

Doctor’s Office Visits	Anesthesia	Organ Transplant and Marrow Reconstitution or Support
Urgent Care Facility Visits	Outpatient Hospital Surgery	Miscellaneous Medical Services and Supplies
Emergency Room Visits	Diagnostic Testing	Radiation Therapy and Chemotherapy
Ambulance Trips	Mammography	Oxygen
Inpatient Doctor Visits	Dental Care for Injuries	Hemodialysis
Hospital Covered Expenses	Durable Medical Equipment	Skilled Nursing Facility
Surgeon	Physical Therapy	Home Healthcare

State Availability

AWA Membership and Precise Choice STM are available in the following states:

Alabama	Nebraska
Arizona	Nevada
Arkansas	New Mexico
Colorado	North Carolina
Connecticut	North Dakota
District of Columbia	Ohio
Florida	Oklahoma
Georgia	Oregon
Idaho	Pennsylvania
Illinois	South Carolina
Indiana	South Dakota
Kentucky	Tennessee
Louisiana	Texas
Maine	Virginia
Maryland	West Virginia
Michigan	Wisconsin
Mississippi	Wyoming
Missouri	



* GI Association STM plans are NOT available in IL; GI Individual STM plans are NOT available in CO, CT, ME, MD, NM, OR.

State Restrictions & Variations

The following states have rewrite limits or requirements:

Colorado	Maximum of 2 plans with any carrier in 12 months before a 6 month gap is required for additional STM plan.
Connecticut	30 day wait before purchasing another plan.
Idaho	64 day wait before purchasing another plan.
Maine	Combined total of the new policy and successive policies cannot exceed 24 months.
Maryland	63 day wait before purchasing another plan.
Michigan	Limited to 185 days of Short Term Medical Coverage in any 365 day period.
Nevada	Limited to 185 days of Short Term Medical Coverage in any 365 day period.
North Dakota	6 month wait before purchasing another plan.
Oregon	Limited to a maximum of 12 consecutive months of STM before a 60 day gap in coverage is required.
Tennessee	30 day separation required between policies. Not more than 2 years total under any short term policy.
Wisconsin	64 day wait before purchasing another plan.

Eligibility Requirements

AWA Membership and Precise Choice STM Eligibility Requirements:

- Between the ages of eighteen (18) and sixty-four (64) at time of enrollment
- Legal resident of the United States residing in an available state
- Not eligible for or enrolled in Medicare, Medicaid, Medical Disability or any other Federal or state-funded program
- Legal Spouse and Domestic Partners accepted
- Dependent children under age twenty-four (25)
- Not a full-time member of the armed forces
- Not covered under hospital, major medical, group health or other medical insurance coverage
- Not pregnant at the time of application
- Meet the carrier's underwriting requirements in force at the time of application



Health Eligibility Questions*– Standard Issue Only

Individuals need to answer the questions below for all family members applying for coverage.

1. Will any applicant have other health insurance in force on the policy effective date or be eligible for Medicaid
2. Are you or any applicant:
 - a. Now pregnant, an expectant father, in process of adoption, or undergoing infertility treatment?
 - b. Over 300 pounds if male or over 250 pounds if female?
3. Within the last 5 years has any applicant been diagnosed, treated, or taken medication for or experienced signs or symptoms of any of the following: cancer or tumor, stroke, heart disease including heart attack, chest pain or had heart surgery, COPD (chronic obstructive pulmonary disease) or emphysema, Crohn's disease, liver disorder, degenerative disc disease or herniation/ bulge, rheumatoid arthritis, kidney disorder, diabetes, degenerative joint disease of the knee, alcohol abuse or chemical dependency, or any neurological disorder?
4. Have you or any applicant been hospitalized for mental illness in the last 5 years or seen a psychiatrist more than 5 times during the last 12 months?
5. Within the last 5 years has any applicant been diagnosed or treated by a physician or medical practitioner for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)?
6. If you are not a US Citizen, do you expect to legally reside in the US for the duration of the policy?

** Generic Eligibility Questions shown. Actual Eligibility questions vary by state.*

If the answer is “YES” to questions 1 through 6 or “NO” to question 7, Individuals will not qualify for Standard Issue coverage, but may enroll in a Guaranteed Issue Short Term Medical plan.

Standard Issue and Guaranteed Issue Short Term Medical plans do not cover any pre-existing conditions. (Not applicable in IL)

Creditable Coverage and Rewrite Questions - SI & GI

Residents in the following states need to answer the questions below for all family members applying for coverage.

- **Colorado:** Have you or any other person to be insured been covered under two or more nonrenewable short-term policies during the past twelve (12) months? (If “yes”, then this policy cannot be issued. You must wait six (6) months from the date of you last such policy to apply for a short-term policy.)
- **Connecticut:** Have you or any person applying for coverage, had prior Short Term Medical coverage with Us¹? (You must wait at least 30 days between plans.)
- **Idaho:** Have you or any person to be insured had prior Short Term Medical coverage with Us¹ within the last 64 days? (You must wait at least 64 days between plans.)
- **Maine:** Including the coverage you are applying for, have you or any person applying for coverage been insured with a Short Term Medical plan where the total number of months of coverage exceeds 24 months (2 years)?
- **Maryland, Missouri, South Dakota & Utah:** Have you or any person applying for coverage had prior health insurance with any carrier including a Short Term Medical with Us¹? (If so, you must wait at least 64 days between plans.)
- **Michigan & Nevada:** In the last 12 months, have you or any person applying for coverage been insured with a Short Term Medical plan with Us¹ for 185 days (6 months)?
- **North Dakota:** Have you or any person applying for coverage, had more than one Short Term Medical plan(s) with Us¹? (You must wait at least 11 months between plans.)
- **Oregon:** Including the coverage you are applying for, have you or any person applying for coverage been insured with a Short Term Medical plan(s) marketed by National General Accident & Health where the total number of months of coverage exceeds 12 continuous months? (If so, you must wait at least 60 days between plans.)
- **Tennessee:** Have you or any person applying for coverage been covered under a Short Term Medical plan in the last 30 days? (You must wait at least 30 days between plans.)
- **Wisconsin:** Have you or any person to be insured had prior Short Term Medical coverage marketed by Us within the last 64 days? (You must wait at least 64 days between plans.)

If the answer is “YES” to any question above, Individuals will not be able to enroll in a Short Term Medical plan.

¹ “Us”: National General Accident & Health markets products underwritten by National Health Insurance Company, Time Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.



PRECISE CHOICE

Short Term Medical



Insurance Benefits

About the Carrier

National General Accident & Health

National General Holdings Corp. (NGHC) is a publicly traded company with approximately \$2.5 billion in annual revenue. The companies held by NGHC provide personal and commercial automobile insurance, recreational vehicle and motorcycle insurance, homeowner and flood insurance, self-funded business products, life, supplemental health insurance products, Short Term Medical, and other niche insurance products.

National General Accident & Health, a part of NGHC, is focused on providing supplemental and short term coverage options to Individuals, Associations and Groups. Products are underwritten by National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These three companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia and have all been rated as A- (Excellent) by A.M. Best. Each underwriting company is financially responsible for its respective products.



Standard Issue Short Term Medical Insurance Benefits

Options – Choose Deductible & Coinsurance				
Deductible ¹	\$1,000	\$2,500	\$5,000	\$10,000
Coinsurance	80/20%	80/20%	80/20%	100/0%
Out-of-Pocket Maximum (in addition to Deductible)	\$1,500	\$1,500	\$2,500	\$0
Details – All Plans				
Lifetime Maximum Amount	\$1,000,000			
Length of Coverage	Choice of 1 month, 2 months, or 3 months less one day term options			
Pre-Existing Conditions Limitation	12 month lookback in most states (6 months in ID, NE, NV, NM, SD). NA in IL. ²			
Free Look Period	A 10-day period to return your certificate for a full refund. ³			
Coverage Rewrite	Certificates are non-renewable. Re-applications are allowed, unless otherwise restricted by state regulation (varies by state).			
PPO Network	Aetna Open Choice® PPO			

¹ Per-person deductible and out-of-pocket amounts capped at 3x the individual amounts for a family greater than three. This means that when three insured family members satisfy their individual deductibles and out-of-pocket amounts, the remaining individual deductibles and out-of-pocket amounts will be deemed as satisfied for the remainder of the coverage term.

² Pre-Existing Conditions Limitation does not apply in Illinois.

³ Certificates returned within the free look period will be terminated back to the effective date and member will forfeit any potential claims in lieu of a full refund including the enrollment fee. After the free look period, cancellations require a minimum 10-day cancellation notice and will not be eligible for refund or any pro-rated fees. We have the right to change the premium we charge. If we plan to make a change, we will send you a notice at least 60 days before we make it. We may change premium rates at any time for reasons which affect the risk assumed, including but not limited to if a change occurs in the plan design, the named insured moves or changes his/her address or a new law or a change in any existing law is enacted which applies to this plan.

Guaranteed Issue Short Term Medical Insurance Benefits

Options – Choose Deductible & Coinsurance		
Deductible ¹	\$3,500	\$5,000
Coinsurance	80/20%	90/10%
Out-of-Pocket Maximum (in addition to Deductible)	\$6,500	\$5,000
Details – All Plans		
	\$100,000	
Length of Coverage	Choice of 1 month, 2 months, or 3 months less one day term options	
Pre-Existing Conditions Limitation	12 month lookback in most states (6 months in ID, NE, NV, SD).	
Free Look Period	A 10-day period to return your certificate for a full refund. ²	
Coverage Rewrite	Certificates are non-renewable. Re-applications are allowed, unless otherwise restricted by state regulation (varies by state).	
PPO Network	Aetna Open Choice® PPO	

¹Per-person deductible and out-of-pocket amounts capped at 3x the individual amounts for a family greater than three. This means that when three insured family members satisfy their individual deductibles and out-of-pocket amounts, the remaining individual deductibles and out-of-pocket amounts will be deemed as satisfied for the remainder of the coverage term.

²Certificates returned within the free look period will be terminated back to the effective date and member will forfeit any potential claims in lieu of a full refund including the enrollment fee. After the free look period, cancellations require a minimum 10-day cancellation notice and will not be eligible for refund or any pro-rated fees. We have the right to change the premium we charge. If we plan to make a change, we will send you a notice at least 60 days before we make it. We may change premium rates at any time for reasons which affect the risk assumed, including but not limited to if a change occurs in the plan design, the named insured moves or changes his/her address or a new law or a change in any existing law is enacted which applies to this plan.

Precise Choice Short Term Medical Insurance Benefits

Benefits	
Hospital Confinement / ICU Confinement	Subject to Deductible and Coinsurance; Not to exceed average semi-private room and board rate.
Inpatient Physician / Surgeon	Subject to Deductible and Coinsurance.
Assistant Surgeon	Subject to Deductible and Coinsurance; up to 20% Surgeon's Benefit.
Emergency Room	Unlimited visits; \$250 access fee per visit, waived if admitted to hospital. Subject to Deductible and Coinsurance.
Ambulance	Unlimited trips; plan pays a maximum of \$250 per trip.
Doctor's Office Visits	Subject to Deductible and Coinsurance (Plan will pay \$50 for the first office visit per coverage term in CO, FL, MD, NM, OH and OR only)
Urgent Care	Unlimited visits; \$50 copay per visit, then subject to coinsurance.
Outpatient Anesthesia	Subject to Deductible and Coinsurance; up to 20% Surgeon's Benefit.

Precise Choice Short Term Medical Insurance Benefits

Benefits (cont)	
Diagnostic Tests	Subject to Deductible and Coinsurance. Tests include: MRI; CAT Scan; PET Scan; Colonoscopy; Bone Marrow Test; Stress Test, Laboratory Test, Mammography; EEG; X-Ray; Breast Ultrasound; Sigmoidoscopy.
Physical Therapy	Subject to Deductible and Coinsurance; Maximum benefit of \$50 per day.
Skilled Nursing Facility	Subject to Deductible and Coinsurance. Maximum 50 days per coverage term and maximum of \$150 per day.
Home Healthcare	Subject to Deductible and Coinsurance. Maximum 60 visits per coverage term; a visit is defined as up to 4 consecutive hours of home healthcare services in a 24 hour period. Maximum of 1 visit per day.
Transplant	Subject to Deductible and Coinsurance; \$100,000 benefit per coverage term.

Insurance benefits are subject to the definitions, limitations, exclusions and other provisions provided in the coverage certificate(s). May not be available in all states. Coverage may vary by state. Underwritten by National Health Insurance Company, Integon National Insurance Company or Integon Indemnity Corporation, depending on the state of issue. **This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore, individuals may be subject to a tax penalty. This is not designed as a substitute for comprehensive major medical coverage.** Individuals should review their certificate of coverage for full benefit descriptions and definitions of coverage. This document is intended to give a brief overview of the product and how it may be used. This in no way serves as a certification of coverage and should be used for educational purposes only. For a copy of the full certificate including all covered benefits, exclusions and limitations, please contact National Health Insurance Company.

Pre-Authorization Notice

Persons insured under a Short Term Medical plan are required to notify us of all hospital admissions, outpatient surgeries and certain other services. The notification process must be followed in its entirety to receive maximum benefits, the full list of services that require pre-authorization are listed in the insureds certificate/policy. Benefits for unauthorized services or otherwise covered expenses will be reduced.

Each Short Term Medical identification card includes the phone number to call for authorizations.

Refer to the state specific contract for detailed information regarding which services require notification.

Reduction of Payment

These authorization requirements are included to assist a covered person in obtaining the most appropriate medical care. Follow the requirements described above so you can receive the full benefits of coverage under the policy. If you do not obtain authorization for the services listed above or if the course of treatment is not performed in the manner authorized, your benefits will be reduced for otherwise Covered Expenses by the amount shown on the Benefit Schedule. The reduced amount, or any portion thereof, will not be applied to any deductible or out-of-pocket maximum determination.

In addition, NO benefits will be paid for expenses:

1. That are not for medically necessary services; or
2. That are otherwise not considered a covered expense; or
3. For organ transplant or marrow reconstitution or support if the procedure was not authorized prior to the beginning of the transplant evaluation, testing, preparative treatment or donor search.

AN AUTHORIZATION IS NOT THE SAME AS “VERIFICATION OF BENEFITS” AND DOES NOT GUARANTEE THAT BENEFITS WILL BE PAID. AUTHORIZATION ADDRESSES ONLY THE MEDICAL NECESSITY AND APPROPRIATENESS OF THE CARE TO BE RECEIVED, INCLUDING THE TYPE OF TREATMENT AND FACILITY. PAYMENT OF BENEFITS IS SUBJECT TO ALL THE TERMS, LIMITS, AND CONDITIONS IN THE POLICY, CERTIFICATE AND BENEFIT SCHEDULE.

THE REVIEW PROCESS MUST BE REPEATED IF TREATMENT IS RECEIVED MORE THAN 30 DAYS AFTER OUR REVIEW OR IF THE TYPE OF TREATMENT, ADMITTING DOCTOR OR FACILITY DIFFERS FROM WHAT WE AUTHORIZED .

Short Term Medical Insurance Limitations & Exclusions

Limitations & Exclusions

Limitations and exclusions may vary by state. Please check your policy certificate for a full list of limitations and exclusions. This plan will not pay benefits for Sickness or Injuries that are caused by or expenses incurred for:

1. Intentionally self-inflicted Sickness or Injury, whether sane or insane.
2. Sickness or Injury to the extent that benefits are paid by Medicare or any other government law or program, except Medicaid (Medi-Cal in California); or medical coverage under any automobile or no fault insurance.
3. Sickness or Injury eligible for benefits under worker's compensation, employers' liability or similar laws even when You do not file a claim for benefits.
4. Treatment of Sickness or Injury caused by or contributed to by war or any act of war; or participation in the military service of any country. Any premium paid for a time not covered will be returned pro-rata.
5. Dental treatment unless a Hospital stay is required due to Injury from an accidental blow to the mouth causing trauma to sound, natural teeth, the gums or supporting structures of the teeth. A sound, natural tooth has no decay and has never had a filling, root canal therapy or crown. Inpatient Hospital care must be the least expensive setting needed to produce a professionally adequate result and the Hospital charges only are Covered Expense. The treatment must be received while the Policy is in force.
6. Eyeglasses, contact lenses, eye exams, eye refraction or eye surgery for correction of refraction error; vision therapy; or artificial hearing devices.
7. Normal pregnancy or childbirth; routine well baby care including Hospital nursery charges at birth; or abortion, except as provided in the complications arising from pregnancy provision in the Benefits section.
8. Infertility diagnosis and treatment for males and females including, but not limited to, drugs and medications, artificial insemination, in-vitro fertilization and reversal of sterilization.
9. Genetic testing or counseling including, but not limited to, amniocentesis and chorionic villi testing.
10. Sex transformation; treatment of sexual function, dysfunction or inadequacy; or treatment to enhance sexual performance or desire.
11. Treatment and medication to stimulate growth and growth hormones for any purpose.
12. Treatment, services or supplies to address quality of life or lifestyle concerns including, but not limited to: smoking cessation; snoring or sleep disorders; the treatment or prevention of hair loss; change in skin pigmentation; or cognitive enhancement.
13. Sterilization and drugs or devices used directly or indirectly to promote or prevent conception.
14. Weight reduction or weight control programs or treatment; or surgery for weight control, obesity or morbid obesity.

Short Term Medical Insurance Limitations & Exclusions (cont)

15. All treatments for varicose veins.
16. Therapy or treatment for learning disorders or disabilities or developmental delays.
17. Sales tax or gross receipt tax; provider administrative expenses including, but not limited to, charges for claim filing, contacting utilization review organizations, or case management fees.
18. Cosmetic treatment or reconstructive or plastic surgery that is primarily a cosmetic procedure, including medical or surgical complications arising therefrom, except as provided in the Benefits section.
19. Treatment of Mental Health Conditions or substance abuse; and outpatient treatment of mental and nervous disorders, except as specifically covered.
20. Treatment or services rendered by, or supplies purchased from, a member of Your Immediate Family or an employer.
21. Treatment or services required due to accidental Injury sustained in operating a motor vehicle while 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. This exclusion applies whether or not the Injury occurred in connection with an incident involving the operation of a motor vehicle, and whether or not the Covered Person is charged with any violation in connection with the accident.
22. Treatment or services required due to Injury received while engaging in any hazardous occupation or other activity, including the following: Participating, instructing, demonstrating, guiding or accompanying others in parachute jumping, hang-gliding, bungee jumping, flight in an aircraft other than a regularly scheduled flight by an airline, racing any motorized or non-motorized vehicle, rock or mountain climbing, professional or semi-professional contact sports of any kind. Also excluded are treatment and services required due to Injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity.
23. Treatment or services required due to Injury received while engaging in any hazardous occupation or other activity for which compensation is received, including the following: Participating, instructing, demonstrating, guiding or accompanying others in skiing and horse riding. Also excluded are treatment and services required due to Injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity.
24. Treatment or services required due to Injury sustained while participating in any interscholastic or inter-collegiate sport, contest or competition or while practicing, exercising, undergoing conditioning or physical preparation for any such sport, contest or competition.
25. Treatment or services required for Sickness or Injury resulting from being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Sickness or Injury took place).
26. Expense incurred due to Sickness or Injury of which a contributing cause was the Covered Person's voluntary attempt to commit, participation in or commission of a felony, whether or not charged, or as a consequence of the Covered Person's being under the influence of illegal narcotics or non-prescribed controlled substances.

Short Term Medical Insurance Limitations & Exclusions (cont)

27. Custodial Care; respite care; rest care; or supportive care.
28. Expenses incurred outside of the United States or its possessions or Canada.
29. Expenses incurred for Experimental or Investigational Treatment, subject to the Pre-Authorization section.
30. Private duty nursing services rendered during Hospital confinement and charges for standby Health Care Practitioners.
31. Dental braces, dental appliances, corrective shoes, repairs to or replacement of prosthetic devices, or orthotics, except as provided in the Benefits section.
32. Reduction mammoplasty; revision of breast surgery for capsular contraction or replacement of prosthesis, except as provided in the Benefits section.
33. Services or supplies for foot care, including care of corns, bunions or calluses, except capsular or bone surgery.
34. Treatment, services or supplies rendered or received when coverage under the Policy is not in effect, except as provided under the Extension of Benefits provision.
35. Any amount in excess of the Usual, Reasonable and Customary Amount, as determined by Us under this Policy.
36. Prophylactic treatment or services. Prophylactic means any surgery or other procedure performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
37. Treatment, services or supplies that are not Medically Necessary as determined by Us under this Policy.
38. Treatment, services or supplies that are prescribed, provided or furnished in a manner primarily for the convenience of the Covered Person or Doctor.
39. Treatment, services or supplies not described in the Benefits section.
40. Expenses for marital counseling or social counseling.
41. Outpatient Prescription Drugs, medications, vitamins, and mineral or food supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor except as provided in the Benefits section for diabetes.
42. Treatment, services or supplies provided at no cost to the Covered Person.
43. Telephone consultations or failure to keep a scheduled appointment.
44. Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.
45. Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
46. Treatment for cataracts.
47. Treatment of the temporomandibular joint unless Medically Necessary and caused by a congenital or developmental deformity, Sickness or Injury and except as specifically covered.

Short Term Medical Insurance Limitations & Exclusions (cont)

48. Biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy, except as provided in the Benefits section for acquired brain injury.
49. Orthoptics and visual eye training.
50. Hypnotherapy when used to treat conditions that are not recognized as Mental or Nervous Disorders by the American Psychiatric Association, and biofeedback, and nonmedical self-care or self-help programs.
51. Any services or supplies in connection with cigarette smoking cessation.
52. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
53. Treatment for or related to any congenital condition, except as it relates to a newborn or adopted child added as a Covered Person to this Policy and as provided in the Benefits section for reconstructive surgery for craniofacial abnormalities and temporomandibular joint disorder.
54. Spinal manipulation or adjustment.
55. Sclerotherapy for veins of the extremities.
56. Chronic fatigue or pain disorders; or immunodeficiency disorders.
57. Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
58. Kidney or end stage renal disease.
59. Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless related to a covered Injury.
60. Hospice care.
61. Costs of services or supplies for personal comfort or convenience, including homemaker 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 limited to bathing, dressing, feeding, routine skin care, bladder care and administration of oral medications or eye drops, except as specifically covered.
62. Expenses for surgery during the first 6 months after the Effective Date of Coverage 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 Conditions exclusion); tonsillectomy, adenoidectomy, repair of deviated nasal septum or any type of surgery involving the sinus, myringotomy, tympanotomy, herniorrhaphy, or cholecystectomies.

Short Term Medical Insurance Limitations & Exclusions (cont)

Pre-existing Condition Exclusion

Charges resulting directly from a pre-existing condition are excluded from coverage. Pre-existing conditions are referred to as conditions for which medical advice, diagnosis, care, or treatment (including services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received within the 12 months immediately preceding the effective date*, unless a lesser period is required by state regulation. Pre-existing Condition Exclusion does not apply in IL.

Short Term Medical is Nonrenewable

This Short Term Medical policy is nonrenewable, and plan termination is not considered a qualifying life event for purposed of enrolling in a major medical plan. Therefore, depending on the length of your coverage term, you may have a gap in insurance coverage until you can begin coverage with a new Short Term Medical or other health plan.

If you choose to purchase a new Short Term Medical plan, you must submit a new application. Any illness or conditions that developed and was covered under your previous plan is considered a pre-existing condition and will not be covered by subsequent Short Term Medical plans. Reapplication may not be available in all states. Pre-existing Condition Exclusion does not apply in IL.

Short Term Medical Insurance Limitations & Exclusions (cont)

Short Term Medical does not meet Minimum Essential Coverage as mandated by the Affordable Care Act

Short-Term, limited duration plans are not subject to certain provisions of federal health care reform, including the provisions related to Essential Health Benefits, lifetime limits, preventive care, guaranteed renewability, and pre-existing conditions. The pre-existing condition exclusion for Short Term Medical plans will apply for all insureds, including those under the age of 19. Know your plan. Short Term Medical plans offer affordable medical coverage, but are medically underwritten (so you can be declined) and do not provide Minimum Essential Coverage.

What does this mean for the applicant? They may have to pay a tax penalty, depending on their income level and the cost of plans available. Examples of the claims Short Term Medical plans do not cover are for most preventive care, maternity, mental health and treatment related to medical conditions they had prior to the plan's effective date. Because these plans are not guaranteed renewable, the applicant may not be eligible for another short-term plan after the plan's termination date; and the pre-existing condition exclusion will apply to any conditions that arose during any prior short-term plans.

Dependent Definitions

Spouse: Your lawful spouse, common law spouse, or domestic partner, on the day we issue your certificate.

Dependent Children: Any natural children, step-children, legally adopted children, children placed into your custody for adoption including children for whom you are a party in a suit in which the adoption of the child is being sought or grandchildren if your grandchildren are dependents of yours for federal income tax purposes at the time of application for coverage of the grandchildren are made; and who are under 26 years of age.

Insurance Products Underwritten by National Health Insurance Company in: AL, AZ, AR, DC, GA, ID, IL, IN, KY, LA, ME, MD, MI, MS, MO, NE, NV, NM, NC, ND, OH, OK, OR, PA, SC, SD, TN, TX, VA, WV, WI, WY; Integon National Insurance Co in: CO, CT; and Integon Indemnity Corporation in FL.

PPO Network

Nationwide Provider → Aetna Open Choice® PPO Network is a Preferred Provider Organization (PPO), or network of doctors and healthcare facilities that agree to provide services at a pre-negotiated, reduced rate. Containing more than 850,000 participating physicians and ancillary providers and 6,900 hospitals, Aetna's network provides services with strong, negotiated rates, helping you to save on the cost of healthcare.



Aetna's Added Healthcare Services → Aetna's network provides our members with the benefit of Aetna's specialty programs, including dialysis, lab services and transplant services.

Locate Preferred Providers → With Aetna's comprehensive provider participation, many of your preferred doctors may already be in the Aetna network. To verify whether or not a doctor or healthcare facility participates, visit www.aetna.com/docfind/custom/mymeritain.

Important Steps to Remember → Members need to show their ID card when they visit a doctor or facility and they should request that a copy is placed in their file. Their ID card identifies Aetna as their PPO network. This can help to ensure they receive all applicable network discounts.

**For any questions regarding the Aetna Open Choice® PPO Network,
contact Meritain Health customer service at (866) 596-5817.**

Overview

- Monthly premium for the STM insurance is based on Age, Gender, Zip Code, Deductible and Coinsurance.
- **All AWA memberships and Precise Choice STM plans offer 1st & 15th Effective dates:**
 - Enrollments taken on the 1st – 9th will set an active date of the 15th
 - Enrollments taken on the 10th – 25th will set an active date of the 1st
 - Enrollments taken on the 26th – EOM will set an active date of the 15th of the following month
 - ▶ Monthly Billing Dates will be the 10th for 15th effectives and the 25th for 1st effectives
- Agents are required to upload the WAV file recording of the verification call to the member record.
- After enrolling, individuals receive:
 - Welcome letter from NGAH including login instructions to access certificate and other insurance documents, within 7-10 business days via mail
 - Separate envelope with STM ID cards from New Benefits, within 7-10 business days via mail
 - Welcome email for STM and if applicable, welcome email for AWA Value-Added Benefits, including Member ID and access to Benefits Guide and ID cards at www.a1healthcare.com/members (Member Portal)
- **Agents need to instruct individuals to login to the Member Portal and e-sign the Authorization form.**
- Individuals have a 10-day free-look period to review all materials.
 - The free-look period begins on the on the individual's effective date.
 - If an individual chooses to cancel their policy within the free-look period, they will receive a full refund.



**Thank you for your participation
at today's Agent Training**

Please login to your E123 Back Office for copies of all the Sales Materials.