Unified Health
Limited Benefit
Health Insurance

For Individuals and Families in California

100% Guaranteed Coverage for Individuals and Families Who Cannot Afford or Qualify for Full Comprehensive Medical Plans

Guaranteed Issue and Instant Electronic Fulfillment

Underwritten by Unified Life Insurance Company (B++)
NCE Membership Exclusively Offered through National Congress of Employers Association
### Plan Overview

**Benefits are based on an annual period from effective date.**
There is a 30 day waiting period for all sickness benefits.

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>100</th>
<th>200</th>
<th>200+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Confinement</strong></td>
<td>Per Day</td>
<td>$100 30</td>
<td>$200 30</td>
</tr>
<tr>
<td>The carrier will pay the benefit shown if you incur charges for and are confined in a hospital due to accident or sickness.</td>
<td><strong>Maximum Days</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Doctor's Office Visit (Primary Care or Specialist)</strong></td>
<td>Per Visit</td>
<td>$50 3</td>
<td>$50 5</td>
</tr>
<tr>
<td>The carrier will pay the benefit shown if you incur charges for and require a doctor's office visit due to injuries received in an accident or due to an illness.</td>
<td><strong>Maximum Visits (Primary and Specialty Care Visits Combined)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wellness Office Visit Benefit</strong></td>
<td>Per Visit</td>
<td>$50 1</td>
<td>N/A N/A</td>
</tr>
<tr>
<td>Coverage for routine examination or well child care. Covered services include: medical history, immunizations, physical examination, X-rays and laboratory tests including a Pap test, colorectal screening, prostate cancer screening, mammography and bone density screening.</td>
<td><strong>Maximum Visit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>Per Visit</td>
<td>$50 1</td>
<td>$50 1</td>
</tr>
<tr>
<td>The carrier will pay the benefit shown when an emergency room visit is made due to an accident or illness.</td>
<td><strong>Maximum Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Accidental Death Benefit:</strong></td>
<td>Accidental Death Principal Sum for Insured</td>
<td>$10,000 50%</td>
<td>$10,000 50%</td>
</tr>
<tr>
<td>Spouse and Child(ren) Accidental Death Principal Sum as a percentage of Primary Insured. Loss within 90 days from the date of the Accident.</td>
<td>Accidental Death for Spouse</td>
<td>$10,000 25%</td>
<td>$10,000 25%</td>
</tr>
<tr>
<td></td>
<td>Accidental Death for Child(ren)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Plan Overview

Benefits are based on an annual period from effective date. There is a 30 day waiting period for all sickness benefits.

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Benefit (Per Insured)</th>
<th>300</th>
<th>500</th>
<th>750</th>
<th>1000</th>
<th>1000+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor’s Office Visit</td>
<td>Per Visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care or Specialist</td>
<td>Maximum Visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The carrier will pay the benefit shown if you incur charges for and require a doctor’s office visit due to injuries received in an accident or due to an illness.</td>
<td>$50</td>
<td>5</td>
<td>$50</td>
<td>5</td>
<td>$75</td>
<td>5</td>
</tr>
</tbody>
</table>

| Emergency Room                           | Per Visit             |     |     |     |      |       |
|                                         | Maximum Visits        |     |     |     |      |       |
| The carrier will pay the benefit shown when an emergency room visit is made due to an accident or illness. | $50 | 5     | $75 | 5     | $100 | 5     | $200 | 5 |

| Hospital Admission                       | Per Admission         |     |     |     |      |       |
|                                         | N/A                   |     |     | N/A |      | N/A   |
| The carrier will pay the benefit shown when admitted to a hospital due to accident or sickness. |                       |     |     | N/A |      | $1,000|

| Hospital Confinement                     | Per Day               |     |     |     |      |       |
|                                         | Maximum Days          |     |     |     |      |       |
| The carrier will pay the benefit shown if you incur charges for and are confined in a hospital due to accident or sickness. | $300 | 30    | $500 | 30    | $750 | 30    | $1,000| 30 |

| ICU/CCU                                  | Per Day               |     |     |     |      |       |
|                                         | N/A                   |     |     | N/A |      | N/A   |
| The carrier will only pay benefits if the Hospital Confinement Benefit is also payable. Benefit will be payable in addition to the Hospital Confinement Benefit. |                       |     |     | N/A |      | $1,000|

| Surgery and Anesthesia (Inpatient and Outpatient) | RBRVS* Percentage 3 Maximum Surgeries per Coverage Period |  |  |  |  | |
|                                                | Anesthesia Percentage of amount paid to Surgeon          | 50% | 70% | 80% | 100% | 100% |
|                                                |                                                           | 20% | 20% | 20% | 20%  | 25%  |
| California Residents: Maximum benefit is $10,000 a year |                                                            |     |     |     |      |      |

| Wellness and Preventive Care              | Per Visit             |     |     |     |      |       |
|                                         | Maximum Visits        |     |     |     |      |       |
| Coverage for routine examination or well child care. Covered services include: medical history, immunizations, physical examination, X-rays and laboratory tests including a Pap test, colorectal screening, prostate cancer screening, mammography and bone density screening. | $100 | 1     | $100 | 1     | $100 | 1     | $200 | 1 |

| Diagnostic, X-Ray and Laboratory Tests    | Per Visit             |     |     |     |      |       |
|                                         | Maximum Visits        |     |     |     |      |       |
| The carrier will pay the benefit shown if you incur charges for Outpatient diagnostic, x-ray, and/or laboratory testing caused by an accident or illness. | N/A                   | $50 | 2     | $75  | 3     | $200 | 3 |

| Accidental Death Benefit                  | Maximum Benefit       |     |     |     |      |       |
| Covered Spouse - 50% of Benefit           |                       | $10,000 | $10,000  | $10,000 | $10,000 | $10,000 |
| Covered Child(ren) - 25% of Benefit       |                       |     |     |     |      |       |
### Additional Benefits

<table>
<thead>
<tr>
<th>Benefits are based on an annual period from effective date. There is a 30 day waiting period for all sickness benefits.</th>
<th>Benefit Description (Per Insured)</th>
<th>300</th>
<th>500</th>
<th>750</th>
<th>1000</th>
<th>1000+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Mental Health</strong></td>
<td><strong>Carrier</strong> will pay the Mental Health Inpatient Benefit, shown on the Certificate Schedule, for each day of confinement if a Covered Person is confined to a Hospital or licensed institution to provide treatment for Mental Illness.</td>
<td>Per Day</td>
<td>Days Per Coverage Year</td>
<td>$150</td>
<td>$250</td>
<td>$375</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>60 Days</td>
<td>60 Days</td>
<td>60 Days</td>
<td>60 Days</td>
</tr>
<tr>
<td><strong>Outpatient Mental Health</strong></td>
<td>For Outpatient Benefit, the <strong>carrier</strong> will pay the Mental Health Outpatient Benefit, shown on the Certificate Schedule, for Covered Persons receiving treatment as a result of Mental Illness.</td>
<td>Per Treatment</td>
<td>Days Per Coverage Year</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20 Visits or $1,000</td>
<td>20 Visits or $1,000</td>
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<td>20 Visits or $1,000</td>
</tr>
<tr>
<td><strong>Supplemental Accident Benefit†</strong></td>
<td><strong>Carrier</strong> will pay the Supplemental Accident Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges for Appropriate Treatment of an injury sustained in a Covered Accident received within 180 days of the Covered Accident. We will pay this Supplemental Accident Benefit in addition to any benefits payable under the Policy.</td>
<td>ER Visit, Per Accident</td>
<td>Per Coverage Year</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Emergency Room†</strong></td>
<td><strong>Carrier</strong> will pay the Emergency Room benefit if a Covered Person incurs charges for Emergency Room services as a result of a Covered Accident.</td>
<td>Inpatient Admission, Per Accident</td>
<td>Per Coverage Year</td>
<td>$500</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### LIMITED MEDICAL BENEFIT PLAN

This is a limited medical insurance policy. Policy #UL10012011
NCE Membership Benefits

Monthly Membership – Does not include one-time association enrollment fee

Effective dates are available either on the 1st or 15th of the month. Initial premium draft inclusive of the non-refundable one-time enrollment fee is processed the day of enrollment. Future drafts occur on the 20th of each month (for 1st effective dates) and the 5th of each month (for 15th effective dates). Please make sure you have sufficient funds before you enroll. Credit cards and bank automatic draft is available. Rates above do not include an association one-time non-refundable enrollment fee, which is applied at the time of enrollment.

Membership Packet and ID Cards

Once a successful payment has been processed with an application, members will instantly receive a Welcome Email. The Welcome Email includes a Sample Certificate of Coverage, the NCE Optum Health Allies Member Handbook and electronic membership cards.

Within three business days of enrollment, members will be mailed their membership packet which includes the NCE Unified Health One card, Unified Life Insurance Company Certificate of Insurance, the NCE Optum Health Allies Discount Card, and the NCE Optum Health Allies Member Handbook. Per the USPS, please allow 7-10 business days for delivery of ground mail.

Membership Eligibility Information

The Limited Benefit Health Insurance Plan is provided to eligible members of National Congress of Employers (NCE) Association who are under age 65 and not Medicare eligible.

Spouses and dependent children up to age 26 if a full time student.

Coverage cannot be issued to a child only (under age 18).

There are no waiting periods or pre-existing condition limitations on the following membership benefits!

- Medical PPO Discount through MultiPlan
- Pharmacy Discount Card
- Vision Care
- Dental Care
- Hearing
- Alternative Care
- Infertility Treatment

MultiPlan Provider Network Discounts

As an NCE Association member, you will enjoy the savings you will receive when you use a MultiPlan provider.

See any Doctor

You are free to see any doctor you choose, but your coverage goes further if you select a participating Preferred Network Provider and take full advantage of the pre-negotiated network rates to reduce your medical bills before the insurance benefits applied.

If there is a benefit that is not covered under the limited medical plan, or if you have exhausted your benefits for the policy year, and you use a network provider, your claims are re-priced, therefore “reducing” your out-of-pocket costs.

All plans pay the same dollar amounts whether or not the network is utilized, and there is no reduction in benefits. Simply present the NCE Member ID card at the time of service. The provider will send the claim direct to the carrier’s claims department (payor) for re-pricing and benefit payments.

Practitioners in all 50 states!

- Doctors and Physicians (includes specialists)
- Hospitals or Surgical Centers (IN/OUT)
- Clinics and Specialty Centers
- Laboratories and Imaging Centers

Look up MultiPlan providers on line at http://www.multiplan.com

Even if you elect to see a Non-Network Provider, the full insured benefit amount will still be applied to the bill for covered charges, but without the network rate.
NCE GapAfford Plus Program Benefits

NCE GapAfford Plus

The NCE GapAfford Plus Program is a great way for individuals and families to save money on out-of-pocket medical expenses. Your savings start from the first dollar, with no limits. Our cost savings program gives members access to pre-negotiated, lowered rates.

There are no:

- Deductibles
- Pre-existing condition limitations
- Medical exams
- Claim forms
- Limitation on usage
- Age restrictions

The Aetna Dental Access® Network

As a member of the NCE GapAfford Plus program, you and your family have access to a national network of over 132,000 available dental practice locations through one of the largest dental discount networks in America, the Aetna Dental Access® Network. Participating dental locations provide savings that range from 15-50% per visit, on average, on dental services including cleanings, x-rays, fillings, root canals, crowns, bridges and orthodontia.

Advantages of this discount program:

- No pre-existing condition exclusions
- No benefit maximum
- Cosmetic dentistry included
- Orthodontia always included
- Can be use in addition to dental insurance or enhance existing dental insurance

Prescription Discount Benefits

Use our discount Rx card and save an average of 15% on brand-name and 55% on generic medications at participating pharmacies.

- All FDA approved drugs are discounted with the card. Even lifestyle drugs can be obtained at greatly reduced rates.
- The pharmacy network is national in scope.
- Cards can be used for all family members. There is no limit on the number of prescriptions filled.
- No forms to fill out. You do not have to activate the card.

The card can be used over and over. Simply present your member ID card to the pharmacist, along with your prescription to receive the discounts.

The OUTLOOK Vision Network

We have contracted with over 10,000 eye care locations nationwide. The OUTLOOK Vision provider panel includes ophthalmologists, optometrists, independent optical centers and national chain locations.

The vision program provides:

- Savings of 10% to 50% on most prescription eyeglasses, frames, and lenses, through a national network of over 10,000 independent and chain vision optical centers.
- 10% to 30% discounts on medical eye exams and surgical procedures, such as PRK and LASIK (where available and approved).

Pet Rx

About 50% of the medications prescribed by your vet are actually the same medications prescribed to people, only in different dosages. You can fill these prescriptions at your neighborhood pharmacy. We have even made arrangements with a US FDA-approved specialty, mail-order pharmacy to fill those special medications and compounds not available at your local pharmacy.

Alternative Medicine

Save an average of 25% at over 8,000 trained, qualified, and fully credentialed providers nationwide including acupuncture, massage and other integrated wellness therapies.

*The benefits described on this page, GapAfford Plus, are not insurance and are not affiliated with Unified Life Insurance Company. The GapAfford Plus program does not meet the requirements of the PPACA. You must pay for services at the time they are rendered. If you use a participating dentist, you will receive a discount. Neither GapAfford Plus, Aetna, NBBI, nor the DMPO will pay for any services received. The GapAfford Plus program is not available in Alaska, Connecticut, Delaware, Montana, Rhode Island, Utah, Vermont and Washington.
NCE GapAfford Plus Program Benefits

Chiropractic Care
Program offers a free initial consultation and up to 50% savings on diagnostic services and x-rays (if necessary), and unlimited treatments at 30% savings from a national network of over 12,000 chiropractors.

Hearing Savings Program
Receive customized care and, if needed, purchase brand name hearing aids at substantial savings. Save 20% to 50% off Manufacturer’s Suggested Retail Pricing.

Imaging Savings Program
Our network providers can save members an average of 60% off of the usual cost for advanced radiology testing, such as Magnetic Resonance Imaging (MRI) and Computerized Tomography (CT) scans.

Laboratory Savings Program
The Laboratory Savings Program offers services offer an efficient, affordable, and confidential solution to medical laboratory testing. Members are able to browse a wide array of medical laboratory tests, become informed on both the tests and diseases, and have the ability to purchase the medical lab test directly on the website. MyMedLab’s online solution is centralized around the PHR (Personal Health Record) system and allows the member to see specific test results and monitor their overall health. Not available in NY, NJ or RI.

Medical Bill Negotiations
Members can save on their existing medical bills. Patient advocates work on your behalf to protect your interests and save you money. No minimum bill requirement.

Medical Supplies and Equipment
Save from 20% to 50% off your medical supply needs. Items include a broad selection of ambulatory aids and bathroom safety items such as wheelchairs, scooters, hospital beds, and much more.

Physical Therapy
Save an average of 20% at over 1,200 offices with 4,000 rehabilitation and physical therapy providers in 23 states.

Vitamins and Supplements
Members can save up to 75% off retail pricing on a huge selection of natural products including vitamins, supplements, and more.

24/7 Health Information Line
The Health Information Line provides you with access to a comprehensive library of health information that is available to you over the phone or online.

24/7 Nurse Help Line
Have 24/7 access to a registered nurse (RN) to answer questions on family health issues. Services in over 100 languages are included with medical information assistance.

*The benefits described on this page, GapAfford Plus, are not insurance and are not affiliated with Unified Life Insurance Company. The GapAfford Plus program does not meet the requirements of the PPACA. You must pay for services at the time they are rendered. If you use a participating dentist, you will receive a discount. Neither GapAfford Plus, Aetna, NBBI, nor the DMPO will pay for any services received. The GapAfford Plus program is not available in Alaska, Connecticut, Delaware, Montana, Rhode Island, Utah, Vermont and Washington.*
Limited Medical Policy Exclusions and Limitations

Waiting Period For Sickness
Loss caused by or relating to Sickness will not be covered for this first 30 days after the Certificate Effective Date of each Covered Person.

Limitations and Exclusions
We will not pay benefits for treatment, services or supplies which:

- Are not Medically Necessary;
- Are not prescribed by a Doctor as necessary to treat Sickness or injury;
- Are experimental/investigational in nature, except as required by law;
- Are received without charge or legal obligation to pay; or
- Is provided by an immediate family member.

Additional Limitations and Exclusions:
- Except as specifically provided for in this Policy or any attached Riders, We will not pay benefits for Sickness or injuries that are caused by:
  - Dental Procedures - Dental care or treatment except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly.
  - Elective Procedures and Cosmetic Surgery - Cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
  - Felony or Illegal Occupation Commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.
  - Manipulations of the Musculoskeletal System - care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation or of or in the vertebral column.
  - Policy maximum limits are based on coverage year.
  - Suicide or Injuries Which Any Covered Person Intentionally Does to Himself- suicide, attempted suicide or intentionally self-inflicted injury.
  - War or Act of War. War or act of war (whether declared or undeclared; participation in a felony, riot or insurrection; service in the Armed Forces or units auxiliary thereto. Losses as a result of acts of terrorism committed by individuals or groups will not be excluded from coverage unless the Covered Person who suffered the loss committed the act of terrorism.
  - Work-related Injury or Sickness. Work-related Injury or Sickness, whether or not benefits are payable under any state or federal Workers' Compensation, employer's liability or occupational disease law or similar law.
  - Pregnancy

Pre-existing Condition Limitation:
There is no coverage for a pre-existing condition for a continuous period of 12 months following the effective date of coverage under this Policy.

This limitation does not apply to:

- genetic information in the absence of a diagnosis of the condition related to such information; and
- a newborn child who is enrolled in the plan within 31 days after birth; nor to a child who is adopted or placed for adoption before attaining 18 years of age; and as of the last day of the 31-day period beginning on the date of birth, adoption or placement for adoption, is covered under creditable coverage.

Always refer to the certificate for full definitions of benefits and eligible expenses. You will receive the policies in your fulfillment package.

This insurance is not major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. The plan limitations are disclosed in the certificate of coverage provided in the fulfillment kit. The Limited benefit plan has a pre-existing condition limitation. A pre-existing condition, physical or mental, regardless of cause or condition, for which medical advice, diagnosis, care or treatment was recommended or received from a physician within a 12 month period preceding the effective date of covered person. Plans are not available in all states. Check the state availability on the website. Certain provisions of the plan vary by state. There is a 30 day free look period.