Healthcare Basic is an innovative limited-benefit health plan that offers the flexibility and affordability that all small employers need.

Best of all, once you offer this package, your employees are eligible to purchase Healthcare Basic medical coverage that includes prescriptions, inpatient hospital stays, labs, x-rays and more. There are also additional options for Critical Illness, Accident, Dental, and even Executive plans for company owners and top management.

NOTICE: The insurance described in this proposal provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance 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, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.
Helping Your Workers Stay Healthy, Happy and Productive

Whether your employees are suffering from the flu, a broken arm or depression, health issues may be taking a toll on your business. By offering Healthcare Basic to your employees, you can reduce absenteeism and boost productivity while attracting and retaining high quality employees.

A simple solution for your health coverage needs

Healthcare Basic can fit the needs of all kinds of small employers, from restaurants, hair salons, auto mechanics, retailers and more. Because we know that small businesses don’t have a lot of time to dedicate to managing employee benefits, Healthcare Basic offers hassle-free administration. In fact, it takes just minutes to get everyone enrolled since there is no census or health history required. You’ll need just three enrollees and minimum $500/month in premium to initiate coverage.
Value-Added Services, Savings, and Online Tools!

**Healthcare Basic** includes the following services* to enhance your plan value and provide increased savings:

**First Health Medical PPO Network** provides access to network discounts at over 590,000 participating First Health Network physicians and hospitals.

**RxEDO** members can use their card for prescription fills and refills at over 56,000 participating pharmacies for co-pay benefits that will be processed in real-time at the point-of-purchase at the pharmacy.

**DenteMax Network** With DenteMax, members have access to network discounts averaging 20% - 40% at over 137,000 providers in all 50 states.

With **ScriptSave®** members enjoy instant savings of up to 50% on brand name and generic medications for their entire household.

**Telemedicine With Teladoc**, offers 24/7/365 unlimited access to affordable care through phone, email and video consultations with board-certified physicians.

**SupportLinc - Employee Assistance Program** offers unlimited telephonic access to behavioral health professionals to help individuals with a variety of life and mental health issues, as well as three in-person counselor visits.

*These services are not insurance and are not provided by AXIS Insurance Company.
GROUP PARTICIPATION REQUIREMENT:
You’ll need just three enrollees and minimum $500/month in premium to initiate coverage.

EMPLOYEE ELIGIBILITY:
Employee eligibility is defined by the employer. W2 employees must be offered coverage in order to include Independent Contractors (1099 employees) as eligible.

INDIVIDUAL UNDERWRITING:
None. Guarantee issue with no medical evidence or questions required.

COVERAGE AVAILABILITY:
Not available in all 50 states and all industries. See your representative to check availability in your state and industry.

ISSUE AGES:
Employee/spouse – ages 18 through 64
Dependent child – to age 26

PRE-EXISTING CONDITION LIMITATION:
6/12 pre-ex on inpatient & surgery only. See exclusions for details

CONTINUATION OF COVERAGE WHEN EMPLOYMENT ENDS:
Included in the coverage provision of the policy.

How Do I Get Started?

Just follow these simple steps:

1. Complete and sign the Request for Coverage form. Make sure you keep a copy for yourself and that you have checked the box indicating your preferred contact method.

2. Make copies of the enrollment form and give one to each eligible employee to complete and sign. Be sure to keep the Master Copy of the enrollment form on file in order to duplicate it for new hires. You can also download new forms at www.agentra.com/employee-benefits

3. For groups with any W2 employees fax or email your Request for Coverage form and all completed enrollments along with a voided check if ACH payment is chosen to the fax number or the email address on the Request for Coverage form. If no W2 employees are enrolling you do not need to send in a voided check. Employers with fewer than 50 employees may be required to include a copy of their Employer Quarterly Wage Report.

What happens then?

► You will be contacted within three business days to confirm your acceptance.

► Each enrolled employee will receive an ID Card and plan information at the home address listed on his or her enrollment form.

► Ongoing, give every eligible new employee a copy of the enrollment form. Fax/email completed forms to Agentra.

W2 Billing Information:

► Initial coverage begins the first of the month following setup – new employees are effective the first of the month following our receipt and approval of their Enrollment Form.

► You will receive a bill by the 25th of the month prior to the effective date listing all enrollee information.

► You will have until the 1st of the month to make changes to the enrollee list.

► On the 5th of each month, either your checking account or credit card will be debited for the month’s premium.

Independent Contractor (1099 employees) Billing Information:

► Payment will be deducted from the debit or credit card upon enrollment.

► Going forward, the debit or credit card will be deducted on the 20th of each month.
**HealthCare Basic Plans**

Provides limited medical coverage for accidents, illness and specified disease to help cover basic, minor to moderate medical expenses.

### HealthCare Basic Plans

<table>
<thead>
<tr>
<th>INPATIENT BENEFIT (1)</th>
<th>PLAN 1 - Basic</th>
<th>PLAN 2 - Choice</th>
<th>PLAN 3 - Premier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Confinement</td>
<td>$1,000 per day x 1 day</td>
<td>$2,000 per day x 1 day</td>
<td>$4,000 per day x 1 day</td>
</tr>
<tr>
<td>Day 1 benefit amount</td>
<td>$500 thereafter</td>
<td>$1,000 thereafter</td>
<td>$2,000 thereafter</td>
</tr>
<tr>
<td>Days 2+ benefit amount per day</td>
<td>N/A</td>
<td>5 days per year</td>
<td>20 days per year</td>
</tr>
<tr>
<td>- Maximum benefit</td>
<td>N/A</td>
<td>$750 per day x 5 days</td>
<td>$1,000 per day x 5 days</td>
</tr>
<tr>
<td>Days 1+ additional ICU benefit amount per day</td>
<td>$1,000 per day x 1 day</td>
<td>$2,000 per day x 1 day</td>
<td>$4,000 per day x 1 day</td>
</tr>
<tr>
<td>Surgery benefit amount (incl. maternity) per day</td>
<td>$250 per day x 1 day</td>
<td>$500 per day x 1 day</td>
<td>$1,000 per day x 1 day</td>
</tr>
<tr>
<td>Anesthesia benefit amount - per day</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Potential Inpatient Maximum Benefit Total

|          | $4,750 | $13,250 | $54,000 |

### OUTPATIENT ILLNESS BENEFIT (1)

<table>
<thead>
<tr>
<th>Physician Office Visit Pre-pay (2)</th>
<th>Benefit amount per day</th>
<th>Benefit amount per day</th>
<th>Benefit amount per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Benefit amount per day</td>
<td>$65 per day x 5 days</td>
<td>$85 per day x 5 days</td>
<td>$100 per day x 10 days</td>
</tr>
<tr>
<td>- Annual Physical (Wellness) benefit amount per day</td>
<td>Not Covered</td>
<td>$125 per day x 1 day</td>
<td>$200 per day x 1 day</td>
</tr>
<tr>
<td>- Well child care (up to age 4) daily benefit amount</td>
<td>Not Covered</td>
<td>$100 per day x 4 days</td>
<td>$100 per day x 4 days</td>
</tr>
<tr>
<td>Accident maximum benefit amount per year up to:</td>
<td>$10,000 per year</td>
<td>$10,000 per year</td>
<td>$10,000 per year</td>
</tr>
<tr>
<td>- Benefit % payable</td>
<td>80% U&amp;C</td>
<td>80% U&amp;C</td>
<td>80% U&amp;C</td>
</tr>
<tr>
<td>- Deductible per accident</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Emergency Room (sickness) benefit amount per day</td>
<td>$200 per day x 1 day</td>
<td>$500 per day x 1 day</td>
<td>$750 per day x 1 day</td>
</tr>
<tr>
<td>Surgery benefit amount per day</td>
<td>N/A</td>
<td>$1,000 per day x 1 day</td>
<td>$2,000 per day x 1 day</td>
</tr>
<tr>
<td>- Anesthesia benefit amount - per day</td>
<td>N/A</td>
<td>$250 per day x 1 day</td>
<td>$500 per day x 1 day</td>
</tr>
<tr>
<td>Diagnostic, X-ray, lab - benefit amount per:</td>
<td>$30 per day x 2 days</td>
<td>$30 per day x 2 days</td>
<td>$30 per day x 4 days</td>
</tr>
<tr>
<td>Class I: Laboratory-Blood work, CMP, Lipid Panel, ECG, Pap/PSA, urinalysis and all other laboratory tests</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>– Maximum number of days for laboratory test including blood work, comprehensive metabolic panel, lipid panel, all other lab per Plan Year</td>
<td>$75 per day x 2 days</td>
<td>$100 per day x 2 days</td>
<td>$125 per day x 2 days</td>
</tr>
<tr>
<td>Class II: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram</td>
<td>$125 per day x 1 day</td>
<td>$150 per day x 1 day</td>
<td>$200 per day x 1 day</td>
</tr>
<tr>
<td>Class III: Imaging CT, PET</td>
<td>$250 per day x 1 day</td>
<td>$400 per day x 1 day</td>
<td>$750 per day x 1 day</td>
</tr>
</tbody>
</table>

### Potential Outpatient Maximum Benefit Total

|          | $1,100 | $4,035 | $6,170 |

### PRESCRIPTION BENEFIT

| Retail - Generic RX Copay | $10 | $10 | $10 |
| Retail - Preferred Brand RX Copay* | Discount | $30 | $30 |
| Mail Order - Generic RX Copay | $30 | $30 | $30 |
| Mail Order - Preferred Brand RX Copay* | Discount | $90 | $90 |
| Monthly Benefit Maximum - INDIVIDUAL/FAMILY | $100/$200 | $100/$200 | $200/$400 |

### AD&D/LIFE

| Accidental Death & Dismemberment(1) benefit amount* | $10,000/5,000/1,000 | $10,000/5,000/1,000 | $10,000/5,000/1,000 |
| Term Life Insurance(4) benefit amount* | $10,000/5,000/1,000 | $10,000/5,000/1,000 | $10,000/5,000/1,000 |

### OTHER SERVICES (5)

| Teladoc: Telephonic Doctor Office Visits 24/7 – $0 Copay | Yes | Yes | Yes |
| SupportLinc Employee Assistance Program First Health | Yes | Yes | Yes |
| PPO Discounts | Yes | Yes | Yes |

### MONTHLY RATES

<table>
<thead>
<tr>
<th></th>
<th>Member Only</th>
<th>Member + 1 Dependent</th>
<th>Member + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$102.96</td>
<td>$188.15</td>
<td>$299.14</td>
</tr>
<tr>
<td></td>
<td>$219.39</td>
<td>$405.56</td>
<td>$646.41</td>
</tr>
<tr>
<td></td>
<td>$316.74</td>
<td>$589.16</td>
<td>$939.97</td>
</tr>
</tbody>
</table>

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(1) The Fixed Hospital Indemnity, Outpatient Accidental-Only and AD&D Benefit Plans are underwritten by AXIS Insurance Company. (2) The office visit pre-pay is a service through the First Health PPO Network. (3) Prescription benefits are underwritten by an A.M. Best Carrier. (4) Term Life is underwritten by Minnesota Life. (5) These services are not insurance and are not provided by the underwriting companies shown here. *Benefit amounts listed are for: Member/Spouse/Child(ren)

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## HealthCare Assist Plans

Provides supplemental insurance coverage for members who may have other high deductible plans. These plans focus on the unexpected by offering outpatient accident, medical, hospitalization and critical illness coverage at a price members can afford.

*Note: This plan is for individuals who are currently enrolled in a major medical plan.*

### OUTPATIENT ACCIDENT COVERAGE **(1)**
- Deductible per Accident
- Paid at

<table>
<thead>
<tr>
<th>Plan</th>
<th>$2,500 Plan</th>
<th>$5,000 Plan</th>
<th>$10,000 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

### INPATIENT BENEFIT **(1)**
- Day 1 cash benefit
- Day 2 cash benefit per day

<table>
<thead>
<tr>
<th>Plan</th>
<th>$2,500 Plan</th>
<th>$5,000 Plan</th>
<th>$10,000 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>$500 per day x 1 day</td>
<td>$1,000 per day x 1 day</td>
<td>$1,000 per day x 1 day</td>
</tr>
<tr>
<td>Day 2</td>
<td>$500 per day x 4 days</td>
<td>$800 per day x 5 days</td>
<td>$1,000 per day x 9 days</td>
</tr>
</tbody>
</table>

### CRITICAL ILLNESS **(1)**
Payable for 10 conditions:
Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer’s, ALS, Terminal Illness

<table>
<thead>
<tr>
<th>Plan</th>
<th>$2,500 Plan</th>
<th>$5,000 Plan</th>
<th>$10,000 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>$2,500</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

### ACCIDENTAL DEATH & DISMEMBERMENT

<table>
<thead>
<tr>
<th>Role</th>
<th>Member Only</th>
<th>Member + 1 Dependent</th>
<th>Member + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>$5,000</td>
<td>$10,000</td>
<td>$15,000</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,000</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

### MONTHLY RATES

<table>
<thead>
<tr>
<th>Plan</th>
<th>Member Only</th>
<th>Member + 1 Dependent</th>
<th>Member + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$28.29</td>
<td>$42.46</td>
<td>$56.90</td>
</tr>
<tr>
<td></td>
<td>$59.75</td>
<td>$90.92</td>
<td>$122.68</td>
</tr>
<tr>
<td></td>
<td>$85.25</td>
<td>$130.59</td>
<td>$176.79</td>
</tr>
</tbody>
</table>

**(1)** The HealthCare Assist Benefit Plans are underwritten by AXIS Insurance Company.

### NOTICE

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A buy-up option for members enrolled in HealthCare Basic that are looking for enhanced coverage for catastrophic events OR, a stand-alone option (instead of HealthCare Basic or HealthCare Assist) for members who are willing to self-pay their day-to-day medical expenses because they are more concerned about major events.

Note: If a member chooses to enroll in a plan that already has the Critical Illness benefit this stand-alone plan is not available.

Critical Illness Plan

Critical Illness (1)
Payable for 10 conditions:
Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer’s, ALS, Terminal Illness

$15,000

MONTHLY RATES

<table>
<thead>
<tr>
<th></th>
<th>Member</th>
<th>Member + Dependent</th>
<th>Member + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Illness</td>
<td>$11.50</td>
<td>$25.30</td>
<td>$36.80</td>
</tr>
</tbody>
</table>

(1) Critical Illness Benefit Plan is underwritten by AXIS Insurance Company.

NOTICE

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**Accident & Assistance Plan**

Members enrolled in a HealthCare Basic plan are not eligible to enroll in an additional accident medical plan. **Note: Members may only elect one plan with an accident medical benefit.**

### Accident & Assistance Plan

<table>
<thead>
<tr>
<th>OUTPATIENT ACCIDENT MEDICAL COVERAGE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Deductible per Accident</td>
<td>$100</td>
</tr>
<tr>
<td>- Paid at</td>
<td>80%</td>
</tr>
<tr>
<td>Per year up to a maximum of</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACCIDENTAL DEATH &amp; DISMEMBERMENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>$10,000</td>
</tr>
<tr>
<td>Spouse</td>
<td>$5,000</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rx Discount Card</th>
<th>Discounts on Generic and Brand Prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teladoc – 24/7 access to affordable care by phone or online with $0 Copay. Teladoc provides members with on-demand access to U.S. based licensed Physicians for information, advice and treatment, including prescriptions for medication when appropriate.</td>
<td></td>
</tr>
<tr>
<td>SupportLinc Employee Assistance Program – Access to behavior change experts, providing a full range of proven practices to help individuals attain healthier and more balanced lifestyles. 24/7 access to care plus up to 3 face-to-face visits included.</td>
<td></td>
</tr>
<tr>
<td>RX Discount Card – Savings average 22% up to 50% on brand name and generic prescription drugs at over 500,000 participating pharmacies.</td>
<td></td>
</tr>
</tbody>
</table>

### MONTHLY RATES

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Only</td>
<td>$14.95</td>
</tr>
<tr>
<td>Member + 1 Dependent</td>
<td>$32.89</td>
</tr>
<tr>
<td>Member + Family</td>
<td>$47.84</td>
</tr>
</tbody>
</table>

(1) These services are not insurance and are not provided by AXIS Insurance Company:

Accident & Assistance Plan is underwritten by AXIS Insurance Company. Accident & Assistance Plan is a limited medical plan. It is not considered creditable, coverage under HIPAA, is not major medical insurance, and is NOT designed to replace, provide, or modify major medical insurance. This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which policy is delivered. The policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms may be different if required by state law. This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

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Members enrolled in a HealthCare Basic plan are not eligible to enroll in an additional accident medical plan.

*Note: Members may only elect one plan with an accident medical benefit.*

### AccidentPlus Plan

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Benefit maximum per year</th>
<th>Deductible per Accident</th>
<th>Paid at</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTPATIENT ACCIDENT MEDICAL COVERAGE</strong> (1)</td>
<td>$10,000</td>
<td>$0</td>
<td>80%</td>
</tr>
<tr>
<td><strong>INPATIENT ACCIDENT MEDICAL COVERAGE</strong> (1)</td>
<td>$10,000</td>
<td>$0</td>
<td>80%</td>
</tr>
<tr>
<td><strong>ACCIDENTAL DEATH &amp; DISMEMBERMENT</strong> (1)</td>
<td>$20,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUPPLEMENTAL ASSIST PACKAGE** (2)

- **Teladoc** (2) – 24/7 access to affordable care by phone or online with $0 Copay. Teladoc provides members with on-demand access to U.S. based licensed Physicians for information, advice and treatment, including prescriptions for medication when appropriate.

- **SupportLinc Employee Assistance Program** (2) – Access to behavior change experts, providing a full range of proven practices to help individuals attain healthier and more balanced lifestyles. 24/7 access to care plus up to 3 face-to-face visits included.

- **RX Discount Card** (2) – Savings average 22% up to 50% on brand name and generic prescription drugs at over 500,000 participating pharmacies.

### MONTHLY RATES

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Only</td>
<td>$33.06</td>
</tr>
<tr>
<td>Member + 1 Dependent</td>
<td>$64.81</td>
</tr>
<tr>
<td>Member + Family</td>
<td>$112.09</td>
</tr>
</tbody>
</table>

(1) Outpatient Accidental-Only, inpatient Accidental-Only, and AD&D are underwritten by AXIS Insurance Company. (2) These services are not insurance and are not provided by AXIS Insurance Company.

**NOTICE**

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The dental plans provide members the opportunity to obtain services with dental professionals at an affordable price.

Following is the benefit information for the Healthcare Basic voluntary dental plan for owners, members and their family members.

*DENTAL PLAN No deductibles; Reimburses 100% of usual of amounts listed.*

<table>
<thead>
<tr>
<th>Dental Plan</th>
<th>Dental $2,000</th>
<th>Dental $3,500</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum Plan Year Limit (Excluding Orthodontics)</td>
<td>$2,000</td>
<td>$3,500</td>
</tr>
<tr>
<td>Periodontics Lifetime Maximum</td>
<td>$1,000</td>
<td>$1,750</td>
</tr>
<tr>
<td>Orthodontics Per course of treatment</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

| Type 1: Preventive & Diagnostic | $43 | $75 |
| Oral exams, Including prophylaxis | $5 | $11 |
| Bitewings, per film | $43 | $75 |
| X-Ray, panoramic or cephalometric | $13 | $23 |
| Sealants / topical fluoride | $129 | $226 |
| Space maintainers | $190 | $331 |

| Type 2: Major Restorative | $216 | $250 |
| Crowns, bridges & dentures | $72 | $126 |
| Pre-fabricated crowns | $57 | $100 |

| Type 3: Minor Restorative | $50 | $88 |
| Fillings | $28 | $49 |
| Crowns, bridges & denture repair | $72 | $126 |

| Type 4: Endodontics | $230 | $250 |
| Root canals, apicoectomies | $115 | $201 |
| Root amputation | $72 | $126 |
| Therapeutic pulpotomy, retrograde fillings, apexification, hemisection | $43 | $49 |
| Gingivectomy (per tooth) | $28 | $75 |

| Type 5: Periodontics | $1,000 | $1,750 |
| Lifetime maximum | $115 | $201 |
| Tissue grafts or bone surgery | $72 | $126 |
| Gingivectomy (per quadrant) | $43 | $49 |
| Periodontal scaling, periodontal splinting, root planning, gingival curettage (per quadrant) | $28 | $75 |

| Type 6: Oral Surgery | $144 | $250 |
| Surgeries Level 1 (Ex. Removal of exostosis) | $79 | $138 |
| Surgeries Level 2 (Ex. Removal of impacted tooth) | $43 | $75 |
| Surgeries Level 3 (ex. Simple Extraction) | $86 | $151 |

| Type 7: General Anesthesia and IV | $1,000 | $2,000 |
| IV, first half hour general, each | $59.16 | $126.50 |
| Additional 1/4 hour general | $90.43 | $174.51 |

Types 1 through 7 subject to annual maximum of $2,000 or $3,500
Types 2, 5, 6a, and 8 are subject to 12 month waiting period.
**Executive Care Option 1 - 100% Employer Paid**

Provides limited medical coverage for accidents, illness and specified disease to help cover basic, minor-medical expenses.

### Executive Care Option 1

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Indemnity</strong></td>
<td>$1,000 1st day&lt;br&gt;$750 up to 5 days&lt;br&gt;$4,750 Potential Maximum Benefit</td>
</tr>
<tr>
<td><strong>Inpatient Surgery</strong></td>
<td>$1,000 per day x 1 day - Surgery&lt;br&gt;$250 per day x 1 day - Anesthesia&lt;br&gt;$1,250 Potential Maximum Benefit</td>
</tr>
<tr>
<td><strong>Executive Physicals</strong></td>
<td>$1,000 per day x 1 day&lt;br&gt;$1,000 Potential Maximum</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>Outpatient Accident- $3,000 per year, paid at 100% U&amp;C; $0 deductible&lt;br&gt;Emergency Room (sickness)- $500 per day x 1 day</td>
</tr>
<tr>
<td><strong>Diagnostic</strong></td>
<td>$35 per day x 4 days - Laboratory: Blood work, CMP, Lipid Panel, ECG, Pap/PSA, urinalysis and all other laboratory tests&lt;br&gt;$100 per day x 2 days - Radiology, Ultrasound, Mammogram, Sonogram, Angiogram&lt;br&gt;$250 per day x 1 day - Imaging CT, PET&lt;br&gt;$500 x 1 day - Other Diagnostic test: Endoscopy, Bronchoscopy, Colonoscopy, without Biopsy, MRI&lt;br&gt;$1,090 Potential Maximum Diagnostic Services</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>$1,000 per day x 1 day&lt;br&gt;$250 per surgery x 1 surgery - Anesthesia&lt;br&gt;$1,250 Potential Maximum Outpatient Surgery Benefit</td>
</tr>
<tr>
<td><strong>AXIS Accident Solution</strong></td>
<td>$100,000 AD&amp;D, 24 hour accident protection for business and pleasure. For additional information see page 7</td>
</tr>
<tr>
<td><strong>Critical Illness Benefits</strong></td>
<td>$15,000&lt;br&gt;Critical Illness payable for 10 conditions: Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer’s, ALS, Terminal Illness</td>
</tr>
<tr>
<td><strong>Vision Benefit</strong></td>
<td>$1,000 Lasik Benefit per day x 1 day</td>
</tr>
<tr>
<td><strong>Scheduled Dental Benefit</strong></td>
<td>$2,000 Annual Maximum/$1,000 Orthodontics Lifetime Maximum</td>
</tr>
</tbody>
</table>

### Non-Insurance Benefits Value Added Services

- Telemedicine Program
- EAP Program
- Support & Resource for Caring for Aging Loved Ones
- Discounts on Travel, Dining, Entertainment, Vision, Hearing and Online Health & Wellness Resources

### MONTHLY RATES - 100% Employer Paid

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Only</td>
<td>$166.83</td>
</tr>
<tr>
<td>Executive + Spouse</td>
<td>$390.95</td>
</tr>
<tr>
<td>Executive + Child(ren)</td>
<td>$324.98</td>
</tr>
<tr>
<td>Executive + Family</td>
<td>$526.45</td>
</tr>
</tbody>
</table>

(1) The fixed indemnity, outpatient accidental-only, critical illness and AD&D benefit plans are underwritten by AXIS Insurance Company. (2) These non-insurance services are not provided by AXIS Insurance and should not be considered part of any insurance policy.

**NOTICE**

The insurance described in this proposal provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. This insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.
Executive Care Option 2 - 100% Employer Paid

Provides limited medical coverage for accidents, illness and specified disease to help cover basic, minor-medical expenses.

### Executive Care Option 2

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Indemnity</strong></td>
<td>$1,500 1st day, $1,000 up to 5 days, $6,500 Potential Maximum Hospital Indemnity Benefit</td>
</tr>
<tr>
<td><strong>Inpatient Surgery</strong></td>
<td>$1,500 per day x 1 day - Surgery, $375 per day x 1 day - Anesthesia, $1,875 Potential Maximum Inpatient Surgery Benefit</td>
</tr>
<tr>
<td><strong>Executive Physicals</strong></td>
<td>$1,000 per day x 1 day, $1,000 Potential Maximum Executive Physicals</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>Outpatient Accident Medical - $3,000 per year, paid at 100% U&amp;C; $0 deductible, Emergency Room (sickness) - $1,000 per day x 1 day</td>
</tr>
<tr>
<td><strong>Diagnostic</strong></td>
<td>$35 per day x 4 days - Laboratory - Blood work, CMP, Lipid Panel, ECG, Pap/PSA, urinalysis and all other laboratory tests, $100 per day x 2 days - Radiology, Ultrasound, Mammogram, Sonogram, Angiogram, $250 per day x 1 day - Imaging CT, PET, $1,000 x 1 day - Other Diagnostic test - Endoscopy, Bronchoscopy, Colonoscopy, without Biopsy, MRI, $1,590 Potential Maximum Diagnostic Services</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>$1,500 per day x 1 day, $375 per surgery x 1 surgery - Anesthesia, $1,875 Potential Maximum Outpatient Surgery Benefit</td>
</tr>
<tr>
<td><strong>AXIS Accident Solution</strong></td>
<td>$100,000 AD&amp;D, 24 hour accident protection for business and pleasure. For additional information see page 7</td>
</tr>
<tr>
<td><strong>Critical Illness Benefits</strong></td>
<td>$15,000, Critical Illness payable for 10 conditions: Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer’s, ALS, Terminal Illness</td>
</tr>
<tr>
<td><strong>Vision Benefit</strong></td>
<td>$1,000 Lasik Benefit per day x 1 day</td>
</tr>
<tr>
<td><strong>Scheduled Dental Benefit</strong></td>
<td>$2,000 Annual Maximum/ $1,000 Orthodontics Lifetime Maximum</td>
</tr>
</tbody>
</table>

### Non-Insurance Benefits Value Added Services

- Telemedicine Program
- EAP Program
- Support & Resource for Caring for Aging Loved Ones
- Discounts on Travel, Dining, Entertainment, Vision, Hearing and Online Health & Wellness Resources

### MONTHLY RATES - 100% Employer Paid

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Only</td>
<td>$222.96</td>
</tr>
<tr>
<td>Executive + Spouse</td>
<td>$523.98</td>
</tr>
<tr>
<td>Executive + Child(ren)</td>
<td>$435.57</td>
</tr>
<tr>
<td>Executive + Family</td>
<td>$706.08</td>
</tr>
</tbody>
</table>

(1) The fixed Indemnity, Outpatient Accidental-Only, Critical Illness and AD&D Benefit Plans are underwritten by AXIS Insurance Company. (2) These non-insurance services are not provided by AXIS Insurance and should not be considered part of any insurance policy.

**NOTICE**
The insurance described in this proposal provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. This insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.
FOR EXECUTIVE PLANS:

AD&D: $100,000

Bereavement & Trauma Counseling: $100 per session x 20 sessions
Death or Covered Loss: $2,000 maximum benefit per covered injury
Carjacking Benefit: $25,000 maximum
Child Care Center Benefit: $5,000 maximum per year up to 4 years
Coma Benefit: 1% of the Principal Sum for first 11 month, 100% of the Principal Sum for the 12th month
Home Alteration & Vehicle Modification: Maximum of $25,000
Paralysis Benefit:
  - Quadriplegia- 100% of the Principal Sum
  - Paraplegia- 75% of the Principal Sum
  - Hemiplegia- 75% of the Principal Sum
  - Uniplegia- 50% of Principal Sum
Parent Care Benefit: 5% of the Principal Sum, maximum of $5,000
Repatriation Benefit: 100% of usual & customary Charges
Seatbelt Benefit: 25% of the Principal Sum, maximum of $50,000
Airbag Benefit: 10% of the Principal Sum, maximum of $25,000

Benefit Summary
If an Insured Person or covered dependent suffers any of the losses below as the result of a covered injury, a percentage of the principal sum will be paid as listed. The maximum percentage paid for losses from one accident is 100%.

Covered Injury means Accidental bodily injury:
1. which is sustained by an Insured Person as a direct result of a Covered Accident that is external to the body;
2. which results directly and independently from all other causes from a Covered Accident (independent of Sickness, disease, mental incapacity, bodily infirmity or any other cause) and causes a Covered Loss; and
3. suffered by the Insured Person within the applicable time period specified in the Schedule of Benefits.

The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

AD&D
A benefit is payable if an insured person perishes or suffers any of the covered dismemberments or injuries due to a covered accident. The AD&D benefit for an eligible Spouse is 50% of the employee’s AD&D benefit amount and the AD&D benefit amount for each eligible dependent child is 20% of the employee’s AD&D benefit amount.

Bereavement and Trauma Counseling Benefit
The Bereavement and Trauma Counseling Benefit is payable if an insured person or immediate family member requires bereavement and trauma counseling as a result of a Covered Death or Covered Loss.

Carjacking Benefit
The Carjacking Benefit is payable if an Insured Person suffers a Covered loss during a carjacking of a private passenger vehicle of a private passenger automobile that the insured person was operating, entering, exiting or riding in.

Child Care Center Benefit
The Child Care Center Benefit pays a benefit if the Insured Person suffers a Covered Death and is survived by Dependent Children who are enrolled in a Child Care Center or enrolls in a Child Care Center within the days shown in the proposal.

Coma Benefit
The Coma Benefit is payable if an Insured Person becomes Comatose or suffers a Covered Loss that results in a Coma.
Exposure and Disappearance
The Accidental Death Benefit is payable if an insured person suffers a covered loss which results from unavoidable exposure to the elements or if the insured person disappears and is not found within 1 year following the date of the wrecking, sinking or disappearance of the conveyance in which the insured person was riding in the course of the trip.

Home Alteration and Vehicle Modification Benefit
The Home Alteration and Vehicle Modification Benefit is payable if an insured person suffers a Covered Loss which results in the Insured Person requiring adaptation of his/her residence and/or vehicle.

Medical Evacuation Benefit
The Medical Evacuation Benefit pays eligible expenses when an Insured Person suffers a Covered Loss that occurs 100 miles or more away from the insured’s primary place of residence and requires an emergency evacuation.

Parental Care Benefit
The Parental Care Benefit pay In the event of a covered accidental death of an Insured Person, the Parental Care benefit pays a fixed dollar amount on behalf of any dependent parents of the covered insured. Only one Parental Care benefit will be paid regardless of the number of dependent parents who survive the Insured Person.

Repatriation Benefit
The Repatriation Benefit pays in the event of a covered accidental death that occurs 100 or more miles away from the insured person’s primary residence. The Repatriation benefit pays on behalf of the Insured Person, any eligible expenses, subject to the maximum benefit amount, to return the Insured Persons body to his/her current place of primary residence.

Seat Belt & Supplemental Restraint System Benefit
The Seat Belt and Supplemental Benefit is payable if an Insured Person dies from a Covered Accident while operating or riding as a passenger in a private passenger automobile while wearing a seatbelt and being positioned in a seat protected by a properly-functioning and properly deployed supplemental restraint system.

Travel Assistance Services
AXIS Accident & Health has contracted with and pays Europ Assistance USA to make arrangements for certain travel assistance services in conjunction with insurance benefits. Europ Assistance can make arrangements for these services whenever insured persons and covered family members travel at least 100 miles away from home. Europ Assistance USA will make arrangements for the following services; however, neither Europ Assistance USA nor AXIS Accident & Health will pay the expenses associated with these services.

- Access to 24/7 Security Assistance Center
- Cash Advance
- Cultural Information & Embassy / Consular referrals
- Emergency Message Relay
- Emergency Travel Arrangements
- Law-Related Services
- Location of Medical Providers
- Medical Monitoring
- Pre-trip Informational Assistance
- Referral Services
- Replacement of Eyeglasses or Medications
- Translation Services
As part of your coverage, Europ Assistance USA will make arrangements for the following services, subject to certain terms and conditions up to $5,000 per occurrence.

- Return of Dependent Children
- Return of Traveling Companion
- Transport Companion
- Vehicle Return
- Visit of a Family Member or Friend

Europ Assistance USA will make arrangements for the following services.

Advance of Emergency Medical Expenses as a condition of the Insured Person’s admission to the Hospital (Depending on the cause of the hospital care, AXIS Accident & Health may advance these amounts when the Out of Country Benefit is provided in the insurance policy, otherwise the insured or policyholder may have to post security for the advanced funds.)

- Medical Evacuation and / or Medical Repatriation when the insured person’s covered injury or emergency sickness warrants emergency evacuation (Depending on the cause of the medical condition requiring evacuation or repatriation, AXIS Accident & Health may reimburse the cost of the evacuation or repatriation when the Medical Evacuation Benefit is provided in the insurance policy.)

- Repatriation of Remains when the insured person suffers loss of life due to a covered injury or emergency sickness (AXIS Accident & Health may reimburse the cost of the repatriation of remains when the Repatriation Benefit is provided in the insurance policy.)

- Lost Item Search (AXIS Accident & Health when direct physical loss (including theft) of checked baggage occurs while in possession of a common carrier, AXIS Accident & Health may reimburse the insured person for costs.

- Associated with the lost or delayed baggage when the Checked, Lost or Stolen Baggage Benefit is provided in the insurance policy.)

If the expenses associated with the services or any advanced payments are not covered under the insurance policy, the policyholder or the covered person shall be responsible for payment. AXIS Accident & Health reserves the right to recover any amounts paid outside of the terms of the policy from any third party who would otherwise be responsible for payment in the absence of the policy benefits.

Europ Assistance is an assistance company and is not an insurance carrier and does not provide insurance benefits.
**FOR EXECUTIVE PLANS:**

**Non-Insurance Benefits Value Added Services**

A **TELEMEDICINE PROGRAM THAT PROVIDES 24/7/365 ACCESS TO BOARD-CERTIFIED PHYSICIANS**

Now your executives can consult with a doctor without ever leaving their home or office. Teladoc gives these individuals unlimited telephonic, email and/or video access with a licensed U.S. physician day or night. There is no charge for the consultation and diagnoses can be made for many common health conditions. This program is the perfect solution for executives that travel frequently or won’t take time out to see a physician because of their busy lifestyle.

**SUPPORT AND ASSISTANCE FOR A VARIETY OF MENTAL HEALTH ISSUES AND LIFE CHALLENGES**

Behavioral health issues can take a toll on an individual’s well-being, as well as their productivity. It is not uncommon for executives to suffer from issues like depression and anxiety, especially if they have high stress jobs. Now you can provide a resource that will allow your executives to receive the discrete support and guidance they need, 24/7/365 through trained professionals that are just a phone call away. This assistance program also includes three in-person counselor visits that can be used to provide additional support for a variety of life challenges.

**SUPPORT AND RESOURCES FOR INDIVIDUALS CARING FOR AN AGING LOVED ONE**

The stress and strain of caring for an aging loved one can take a serious toll on an individual’s health and emotional well-being. In fact, many people neglect their own health, immediate family and work while spending their time and energy to care for an aging family member. Now you can offer a comprehensive program that provides advocacy, resources and support to your executives during these challenging times. This program will provide: assistance locating paid caregivers, a guide to assisted living benefits, a caregiving information center and most importantly, access to a compassionate and knowledgeable case manager for answers and assistance.

**A VALUE-ADDED BENEFIT PACKAGE THAT INCLUDES THE FOLLOWING:**

- **Discounts on Travel, Dining & Entertainment** — Executives work hard and play hard. Reward them with discounts on the things they enjoy such as movie tickets, theme parks and more.
- **Online Health & Wellness Resources** — You can provide health information, guidance and support as well as discounts on many everyday wellness products and services that your executives will value. This online resource center also includes interactive tools that make it easier for these individuals to meet their fitness, nutrition and disease prevention goals.
- **Discounts on Vision & Hearing Products** — Help your members save on eyeglasses, contact lenses, hearing aids and other vision and hearing-related products.
## What’s Not Covered

### Under the Group Indemnity Policy, we will not pay for any loss, injury or sickness that is caused by, or results from:

- Pre-existing Conditions occurring in the first 12 months of coverage (applies to Hospital Confinement and Surgery and Anesthesia benefits only). “Pre-existing Condition” means an illness, disease, or other condition of the Covered Person, that was treated, diagnosed or required medications in the 6 month period before the Covered Person’s coverage became effective under this Policy.
- Intentionally self-inflicted injury, suicide or attempted suicide.
- War or any act of war, whether declared or not.
- Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- Commission of, or attempt to commit, a felony.
- Flight in, boarding or alighting from any aircraft except as a fare-paying passenger on a regularly scheduled commercial airline.
- An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator’s license, except while participating in Driver’s Education Program.
- Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice. (This exclusion applies to the Accidental Death and Dismemberment benefit.
- Travel or activity outside the United States, Canada or Mexico, except for a Medical Emergency.
- Travel in any aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An aircraft will be deemed to be “controlled” by the Policyholder if the aircraft may be used by the Policyholder for more than 10 straight days, or more than 15 days in any year.
- Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor unless specifically provided herein.
- Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration.
- While the covered person is legally intoxicated (as determined by that state’s laws) or while under the influence of any drug unless administered under the advice and consent of a Doctor.
- Electrolyte Abnormalities. Electrolyte Abnormalities means an abnormality of any reason other than to preserve the life of the female upon whom the abortion is performed.
- Mental and Nervous Disorders.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an injury or sickness.
- Experimental or Investigational drugs, services, supplies or any procedure held to be experimental or investigatory by Us at the time the procedure is done.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
- Sexual reassignment surgery, sexual transformation surgery, or sexual transgression.
- Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.
- Treatment or services provided by a private duty nurse, unless provided for in the Policy.
- Organ or tissue transplants and related services.
- Personal comfort or convenience items.
- Rest or custodial cures.
- Hearing aids.
- Radial keratotomy.
- Treatment by a family member or member of the Covered Person’s household.
- Routine dental care and treatment, except for treatment of Injury as specified in the Policy.

### Under the Accident Medical Expense Policy, we will not pay for any loss, injury or sickness that is caused by, or results from:

1. Suicide or attempted suicide, intentionally self-inflicted injury.
2. War or any act of war, whether declared or not.
3. A Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
4. Sickness, disease, or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. Piloting or serving as a crew member or riding in any aircraft except as a fare-paying passenger on a regularly scheduled charter airline.
6. Injury that occurs while the Covered Person is legally intoxicated (as determined by that state’s law) or while under the influence of any drug unless administered under the advice and consent of a Doctor.
7. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice.
8. Commission of, or attempt to commit, a felony.
9. Aggravation or re-injury of a prior injury the Covered Person suffered prior to his or her coverage effective date, unless We receive a written medical release from the Covered Person’s Doctor.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit from providing insurance, including, but not limited to, the payment of claims.

### In addition to the above Exclusions, under the Accident Medical Expense Policy, we will not pay for any loss, treatment or services resulting from or contributed by:

- Treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of the Covered Person’s household.
- Treatment of sickness, disease or infections except pyogenic infection or bacterial infections that result from the accidental ingestion of contaminated substances.
- Treatment of hernia, Osgood-Schlatter’s Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident.
- Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- Mental and nervous disorders (except as provided in the Policy).
- Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy).
- Expenses incurred for treatment of temporomandibular or Craniofacial joint dysfunction and associated myofacial pain (except as provided by the Policy).
- Injury covered by Workers’ Compensation, Employer’s Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an injury.
- Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- Eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
- Expenses payable by any automobile insurance Policy without regard to fault. (This exclusion does not apply in any state where prohibited.)
- Conditions that are not caused by a Covered Accident.
- Participation in any activity or hazard not specifically covered by the Policy.
- Any treatment, service or supply not specifically covered by the Policy. This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit from providing insurance, including, but not limited to, the payment of claims.
In addition, Critical Illness Benefits will not be paid for:

- Any Preexisting Condition, except where coverage has been in effect for a period of twelve (12) consecutive months following the covered person's effective date of coverage. “Preexisting Condition” means a Sickness suffered by a covered person for which he or she sought or received medical advice, consultation, investigation, or diagnosis, or for which treatment was required or recommended by a Doctor during the 24 months immediately prior to the covered person's effective date of coverage, that directly or indirectly causes the condition to occur within the first 12 months from the covered person's most recent effective date of coverage. For Critical Illness Benefit, Covered Person must be under age 65.

No Prescription Drug Benefits will be paid for:

- All over-the-counter products and medications unless shown in the Definition of Prescription Drug. This includes, but is not limited to, electrode replacement, infant formulas, miscellaneous nutritional supplements and all other over-the-counter products and medications.
- Blood glucose meters and insulin injecting devices.
- Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.
- Biologicals (including allergy tests); blood products; growth hormones; hemophilic factors; MS injectables; immunizations; and all other injectables unless shown in the definition of Prescription Drug.
- Medical supplies and durable medical equipment.
- Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid, and Niacin – used in treatment verses as a dietary supplement; and all other Legend Drug vitamins and nutritional supplements.
- Anorexants; any cosmetic drugs including, but not limited to, Renova and skin pigmentation preps; any drugs or products used for the treatment of baldness; and topical dental fluorides.
- Refills in excess of that specified by the prescribing Doctor, or refills dispensed after one year from the original date of the prescription.
- Any drug labeled "Caution – limited by Federal Law for Investigational Use" or experimental drugs.
- Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.
- Drugs needed due to conditions caused, directly or indirectly, by a covered person taking part in a riot or other civil disorder; or the covered person taking part in the commission of a felony.
- Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or any act of war; or drugs dispensed to a covered person while on active duty service in any armed forces.
- Any expenses related to the administration of any drug.
- Drugs or medicines taken while in or administered by a Hospital or any other health care facility or office.
- Drugs covered under Worker's Compensation, Medicare, Medicaid or other governmental program.
- Drugs, medicines or products which are not medically necessary.
- Diaphragms; erectile dysfunction Legend Drugs; and infertility Legend Drugs.
- Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; and Imitrex-auto injection.
- Smoking deterrents, Legend or over-the-counter drugs.
- Replacement of stolen medication (except under circumstances approved by us), or lost, spoiled, broken or dropped Prescription Drugs.
- Vacation supplies of Prescription Drugs (except under circumstances approved by us).
- All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit from providing insurance, including, but not limited to, the payment of claims.

No Dental indemnity Benefits will be paid for expenses incurred:

- For services and supplies not listed in the Coverage Schedule, not recognized as essential for the treatment of the condition according to accepted standards of practice or considered experimental.
- For cosmetic procedures, including but not limited to veneers and bleaching of teeth and procedures performed primarily for cosmetic reasons.
- For services related to, performed in conjunction with, or resulting from a non-covered procedure.
- For charges in excess of the Usual and Customary rate.
- For any treatment program which began prior to the date the Insured is covered under the Policy.
- For crowns, inlays and onlays on teeth that can be restored by direct placement materials.
- For the replacement of crowns, bridges, dentures, inlays or onlays that can be restored to normal function.
- For the replacement of crowns, bridges, inlays, onlays or prosthetic appliance within 5 years from the date of last placement.
- For any unraveled child age 19 and over unless he is dependent upon you for support and you claim as an exemption on your federal income tax and/or while a full-time student. A full-time student is one who is enrolled for 12 semester hours of credit in an accredited junior college, college, or university. Any exemption will end at age 26.
- For services or supplies payable under any medical expense, auto or no-fault plan.
- For any condition covered under any Worker’s Compensation Act or similar law.
- For services applied without cost by any municipal, county or other political subdivision or for which there would be no charge in the absence of insurance.
- During any waiting period we require. When you voluntarily end your insurance without a qualifying event and re-enroll at a later date, your waiting period is 2 years and begins on the date your coverage first ended.
- For services that are applied toward the satisfaction of a Deductible, if any.
- For services subject to a waiting period that were incurred during the waiting period.
- For charges resulting from changing from one provider to another while receiving treatment, or from receiving treatment from more than one provider for one dental procedure to the extent that the total charges billed exceed the amount incurred if one provider had performed all services.
- For hospital facility charges for any dental procedure, including but not limited to: emergency room charges, surgical facility charges, hospital confinement.
- For drugs or the dispensing of drugs.
- For oral hygiene instruction; plaque control; acid etch; prescription or take-home fluoride; broken appointments; completion of a claim form; OSHA/Sealant fees (Occupational Safety & Health Agency); or diagnostic photographs (except for orthodontic purposes), unless included within the Coverage Schedule.
- For implants; myofunctional therapy; athletic mouth guards; precision or semi-precision attachments; treatment of fractures, cysts, tumors, or lesions; maxillofacial prosthesis; orthognathic surgery; TMJ dysfunction; cleft palate; or anodontia.
- For orthodontia, unless included within the Coverage Schedule.
- For services to replace teeth that were missing (exacted or congenitally) prior to the effective date of coverage on Our Plan. This limitation ends after 36 months of continuous coverage on the Plan. Abutment teeth will be reviewed for eligibility of prosthetic benefits.
- For composite, resin, or white fillings on posterior primary teeth. Benefits will be reduced to that of an amalgam or silver filling.
- For the replacement of a filling within 24 months of placement, unless for specific health reasons.
- For the replacement of retainers.
- For sealants not applied to permanent bicuspids or molars; applied at age 15 or older; applied 3 years from a previous sealant application; applied to a decayed tooth.
- For lab fees for higher metals or porcelain crowns, bridges, inlays, or onlays, unless included within the Coverage Schedule.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit from providing insurance, including, but not limited to, the payment of claims.

ADDITIONAL EXECUTIVE PLAN PROVISIONS

Exclusions and Limitations

For Executive Care we will not pay benefits for any loss, injury or sickness that is caused by, or results from:

For Hospital Indemnity:

- Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
- Commission or attempt to commit a felony or an assault;
- Commission of or active participation in a riot or insurrection;
- Declared or undeclared war or act of war;
- Release, whether or not accidental, or by any person unlawfully or intentionally; of nuclear energy or radiation, including sickness or disease resulting from such release;
- An injury or sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
- Travel or activity outside the United States, Canada or Mexico, except for a Medical Emergency;
- Flight in, boarding or alighting from an Aircraft except as:
  - a fare-paying passenger on a regularly scheduled commercial or charter airline;
  - a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
- Travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its
An Aircraft will be deemed to be “controlled” by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
• Bungee-jumping, parachuting, skydiving, parasailing, hang-gliding;
• Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
• The Insured Person’s intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer’s report, or similar items will be considered proof of the Insured Person’s intoxication;
• An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator’s license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver’s education instructor;
• Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Physician unless specifically provided herein;
• Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
• Repair, replacement, examinations for prescriptions or the fitting of eyeglasses or contact lenses;
• Elective Abortion. Elective Abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
• Mental and nervous disorders;
• Elective surgery or cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury or Covered Sickness;
• Experimental or Investigational drugs, services, supplies. For the purposes of this exclusion, “Experimental or Investigational” means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The covered service will also be considered Experimental or Investigational if the Insured Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption;
• Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications;
• Sexual reassignment surgery, sexual transformation surgery, sexual transgendering surgery;
• Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a Covered Injury or Covered Sickness;
• Treatment or services provided by a private duty nurse;
• Organ or tissue transplants and related services;
• Personal comfort or convenience items;
• Rest or custodial cures;
• Hearing aids.

In addition, benefits will not be paid for services or treatment rendered by any person who is:
1. employed or retained by the Policyholder; Subscriber;
2. living in the Insured Person’s household;
3. an Immediate Family Member of either the Insured Person or the Insured Person’s Spouse;
4. theInsured Person.

For Outpatient Accident:
We will not pay benefits for any loss or Injury that is caused by, results from, or is contributed to by:
• Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
• Commission or attempt to commit a felony or an assault;
• Commission of or active participation in a riot or insurrection;
• Declared or undeclared war or act of war;
• An injury or sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
• Flight in, boarding or alighting from an Aircraft except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
• Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
• Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice;
• The Insured Person’s intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officers report, or similar items will be considered proof of the Insured Person’s intoxication;
• Aggravation or re-injury of a prior injury the Insured Person suffered prior to His Coverage Effective Date, unless the Company receives a written medical release from the Insured Person’s Physician;
• Sickness, disease or any bacterial infection, except one that results from an Accidental cut or wound, or pyogenic infections that result from Accidental ingestion of contaminated substances;
• Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
• Travel in any Aircraft owned, leased or controlled by the policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be “controlled” by the policyholder if the Aircraft may be used as the policyholder wishes for more than 10 straight days, or more than 15 days in any year.

In addition, benefits will not be paid for services or treatment rendered by any person who is:
• employed or retained by the Policyholder;
• living in the Insured Person’s household;
• an Immediate Family Member of either the Insured Person or the Insured Person’s spouse;
• the Insured Person.

Excluded Expenses
In addition to Common Exclusions, the Company will not pay Outpatient Accident Medical Expense Benefits for any Covered Medical Expense, treatment or services resulting from or contributed by:
• treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of the Covered Person’s household;
• treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances;
• treatment of hernia, Osgood-Schlatter’s Disease, osteochondritis, appendicitis;
• osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness;
• detached retina unless caused by a Covered Accident;
• mental disorder or psychological or psychiatric care or treatment whether or not caused by a Covered Accident;
• pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions;
• mental and nervous disorders;
• damage to or loss of dentures or bridges, or damage to existing orthodontic equipment;
• expenses incurred for treatment of temporomandibular or craniofacial joint dysfunction and associated myofacial disorders;
• injury covered by Workers’ Compensation, Employer’s Liability Laws or similar occupational benefits, including any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident, or while engaging in activity for monetary gain from sources other than the Policyholder.
• all surgery, including cosmetic and elective surgery;
• any elective treatment, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States;
• eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
• expenses payable by any automobile insurance policy without regard to fault;
• conditions that are not caused by a Covered Accident; or
• any treatment, service or supply not specifically covered by the Policy
• injuries paid under medical payment coverage or no-fault coverage contained in an
automobile insurance policy or liability insurance policy.

In addition, Critical Illness Benefits will not be paid for:
• the Insured Person’s suicide or intentional self-inflicted injury or Sickness, while
sane or insane;
• the Insured Person’s being under the influence of an excitant, depressant,
hallucinogen, narcotic, and other drug, or intoxicant including those taken as
prescribed by a Physician;
• the Insured Person’s commission of or attempt to commit an assault or felony;
• the Insured Person’s engaging in an illegal activity or occupation;
• the Insured Person’s voluntary participation in a riot;
• any illness, loss or condition specifically excluded from the definition of any Critical
Illness;
• a Critical Illness that was initially Diagnosed before the Coverage Effective Date;
• war, whether declared or not;
• balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial
procedure unless covered under this Certificate; or
• any injury or Sickness covered under any state or federal Worker’s Compensation,
Employer’s Liability law or similar law.

Accidental Death & Dismemberment Common Exclusions:
In addition to any state- or benefit-specific exclusion, benefits will not be paid for any
Covered Injury: Covered Loss or Covered Expense, which directly or indirectly, in whole
or in part, is caused by or results from any of the following unless coverage is
specifically provided for by name in the Coverage or Benefits Sections:

• Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
• Declared or undeclared war or act of war or any act of declared or undeclared war
unless specifically provided by this policy;
• A Covered Accident or Emergency Sickness that occurs while on active duty service
in the military, naval or air force of any country or international organization. Upon
our receipt of proof of service, the Company will refund any premium paid for this
time. Reserve or National Guard active duty training is not excluded unless it extends
beyond 31 days.
• Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the
Earth’s surface, except as:
  a. a fare-paying passenger on a regularly scheduled commercial or
charter airline;
  b. a passenger in a non-scheduled, private Aircraft used for pleasure
purposes with no commercial intent during the flight;
  c. a passenger in a Military Aircraft flown by the air mobility command or
its foreign equivalent;
• Travel in any Aircraft owned, leased, operated or controlled by the Policyholder, or
any of its subsidiaries or affiliates. An Aircraft will be deemed to be “controlled” by
the Policyholder, if the Aircraft may be used as the Policyholder wishes for more
than 10 straight days, or more than 15 days in any year;
• Sickness, disease, bodily or mental infirmity, bacterial or viral infection or
medical or surgical treatment thereof, including exposure, whether or not
accidental, to viral, bacterial or chemical agents whether the loss results directly
or non-directly from the treatment except for any bacterial infection resulting from
an accidental external cut or wound or accidental ingestion of contaminated food;
• Medical or surgical treatment, diagnostic procedure, administration of anesthesia,
or medical mishap or negligence, including malpractice;
• Commission or attempt to commit a felony or an assault;
• Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed
or taken under the direction of a Physician and taken in accordance with the
prescribed dosage;
• Operating any type of vehicle or Conveyance while under the influence of alcohol
or any drug, narcotic or other intoxicant including any prescribed drug for which
the Insured Person has been provided a written warning against operating a
vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes
of this exclusion, means intoxicated, as defined by the motor vehicle laws of the
state in which the Covered Loss occurred;

In addition, benefits will not be paid for services or treatment rendered by any person who is:
• Employed or retained by the Policyholder;
• Living in the Insured Person’s household;
• An Immediate Family Member of either the Insured Person or the Insured Person’s
Spouse;
• The Insured Person.

The insurance coverage provided herein may be considered a welfare benefit plan
pursuant to the Employee Retirement Income Security Act of 1974 (“ERISA”). If ERISA
applies the plan sponsor has certain responsibilities. Please consult with your legal or
tax counsel for guidance as to whether ERISA would apply to this coverage and the
responsibilities of a plan sponsor.

Coverage may not be available in all U.S. states and jurisdictions. Product availability
and plan design features, including eligibility requirements, descriptions of benefits,
exclusions or limitations may vary depending on state laws.

This insurance does not apply to the extent that trade or economic sanctions or
regulations prohibit AXIS Insurance Company from providing insurance, including, but
not limited to, the payment of claims.

Payment of claims under any insurance policy issued shall only be made in full
compliance with all United States economic or trade and sanction laws or regulation,
including, but not limited to, sanctions, laws and regulations administered and en-
forced by the U.S. Treasury Department’s Office of Foreign Assets Control (“OFAC”).

These limited benefit insurance products are underwritten by AXIS Insurance Compa-
y, and marketed and administered by Terrian Insurance Group LLC. These products
are not considered creditable coverage under HIPAA, are not major medical insurance,
and are NOT designed to replace, provide, or modify major medical insurance. These
products are subject to the laws of the state in which it is issued. Coverage may not
be available in all states or certain terms may be different if required by state law.

This insurance provides limited benefits. Limited benefits plans are insurance
products with reduced benefits and are not intended to be an alternative to or
integrated with comprehensive coverage. Further, this insurance does not coordinate
with any other insurance plan. It does not provide major medical or comprehensive
medical coverage and is not designed to replace major medical insurance. Further,
this insurance is not minimum essential benefits as set forth under the Patient
Protection and Affordable Care Act.

* Please note that certain exclusions and limitations listed in the “What’s
Not Covered” sections may vary by state law.

NOTICE

Insurance policies providing certain health insurance coverage issued or renewed
on or after September 23, 2010 are required to comply with all applicable require-
ments of the Patient Protection and Affordable Care Act (PPACA). However, there are
a number of insurance coverages that are specifically exempt from the require-
ments of the PPACA.

Based on our understanding of the current law and regulations, it is our belief that
the accident and health benefits provided under this program are exempt from the
relevant provisions of the PPACA. Similarly, we do not believe that the accident
and health coverage qualifies as minimum essential benefits as set forth in the PPACA.

AXIS Insurance Company continues to monitor PPACA laws and regulations and
guidelines to determine any impact on its products. Should there be any change that
requires modification of this plan, we reserve the right to change the policy and rates
accordingly.

Please understand that this is not intended as legal advice. For legal advice on the
PPACA, please consult with your own legal counsel or tax advisor directly.
Employer/Independent Contractor Request for Coverage Form

Note: Not available in all 50 states and all industries. Please see your representative for availability in your state and industry.

PARTICIPATING EMPLOYER (POLICYHOLDER) INFORMATION
1. Business Name: _________________________________ EIN/TAXID: ______________________
2. Contact Name and Title: _________________________________
3. Company Address: _________________________________ City: _________________________________ State: ______ Zip Code: __________
4. Check preferred contact method: [ ] Phone: _________________________________ [ ] E-mail: _________________________________
6. Number of Eligible Employees: ____________
   # Eligible Hourly Employees: ____________ # Eligible W2 Employees: ____________
   # Eligible Owners: ____________ # Eligible Independent Contractors (1099 employees): ____________
7. Requested Plan Effective Date: _________________________________ (Must be the first of the month.)

BROKER/AGENT INFORMATION
Agent Name: _________________________________ Agency Name: _________________________________
Address: _________________________________
Phone: _________________________________ Email: _________________________________

METHOD OF PAYMENT (CHOOSE ONE OPTION)
[ ] Debit my Checking Account (You must include a copy of a voided check with this form.)
   Bank: ____________________________________________________________
   Branch Name/Address: ____________________________________________
[ ] Debit my Credit Card
   Card Type: [ ] Visa [ ] MasterCard [ ] American Express [ ] Discover
   Card Number: _________________________________ Expiration Date: __/__/____ Security Number: ____________
   Billing Name: _________________________________
   Billing Address: _________________________________

[ ] I hereby authorize Genius Avenue on behalf of AXIS Insurance Company to initiate debit entries to the Checking Account or Credit Card listed above. I acknowledge that the origination of debit transactions to my account must comply with the provisions of U.S. law.

ACKNOWLEDGMENT AND AGREEMENT
BY SIGNING BELOW: The employer ("Group") understands and agrees that the requested insurance coverage will not become effective on the proposed effective date until this completed Request for Coverage form is reviewed, approved, and signed by the Administrator. The group insurance policy will serve as the contractual agreement between the Group and the insurance company with respect to the terms of the insurance coverage and the cost thereof. Group acknowledges that the information on this form is complete and accurate to the best of knowledge. Group understands that the medical plans to be offered (if any) are fixed indemnity sickness and accident policies and are not considered creditable coverage under HIPAA, and are not intended to be a substitute or replacement for comprehensive or major medical health insurance plans or workers compensation plans. Group agrees that it is solely responsible for any applicable obligations under employer legislation and that the Administrator and the insurance carrier assume no liability. FOR CA AND FL EMPLOYERS: By signing below, you are acknowledging that you are aware that the Healthcare Basic plan is not a qualified small employer health benefit plan under state law. As such, your role is facilitating administration and premium collection. Therefore, you may not contribute directly or indirectly to the employee’s medical plan premium.

Signature: __________________________________ Date: ________________
Print Name: __________________________________ Title: ______________________

FAX OR EMAIL COMPLETED FORM TO: 877-811-8383 or memberservices@myhealthcarebasic.com
Questions? Call 877-811-8383

www.agentra.com

Agentra
Agents for change, for you
Employee Enrollment Form

W2 Employees

Company Name:

**Step 1:** Select the plan(s) you want: (Note: Members may only elect one plan with an accident medical or critical illness benefit.)

<table>
<thead>
<tr>
<th>HealthCare Basic</th>
<th>HealthCare Assist</th>
<th>Critical Illness</th>
<th>Accident &amp; Assistance</th>
<th>AccidentPlus</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Plan 1 Basic</td>
<td>☐ $2,500 Plan</td>
<td>☐ Yes</td>
<td>☐ Yes (Note: Not available in FL, NV, NM or WV)</td>
<td>☐ $2,000 Plan</td>
<td>☐ $3,500 Plan</td>
</tr>
<tr>
<td>☐ Plan 2 Choice</td>
<td>☐ $5,000 Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Plan 3 Premier</td>
<td>☐ $10,000 Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Step 2:** Select who you want to cover: CHECK ONLY ONE.

- ☐ I want to cover myself only
- ☐ I want to cover myself and one dependent (spouse or child)
- ☐ I want to cover myself and my family

**Step 3:** Provide the information that we need in order to enroll you and/or your family members.

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Gender (M/F)</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>Hire Date</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Primary Phone #</td>
<td>☐ Home ☐ Work ☐ Cell</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DEPENDENT INFORMATION (IF ANY):** For more than three dependents attach additional sheet.

<table>
<thead>
<tr>
<th>Spouse/Child</th>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Gender (M/F)</th>
<th>Birth Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BENEFICIARY INFORMATION:** Person who will receive benefits in the case of your death. You will be the beneficiary for dependents.

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Gender (M/F)</th>
<th>Relationship to You</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
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</table>

**WARNING:** IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Employee’s Signature: ___________________________ Date Signed: ________________

Declination Waiver: (check the box below if you are not enrolling in the plan; YOU ARE STILL REQUIRED TO SIGN AND DATE THE FORM):

- ☐ I choose not to enroll in the Limited Accident & Sickness Insurance Plan offered by my employer. I understand that, if at a later date, I wish to enroll in this plan, I will not be able to do so until there is another open enrollment period.

---

I have read the Healthcare Basic enrollment brochure, including the exclusions and limitations, and accept the terms and conditions of the coverages outlined in it. I understand fixed indemnity insurance plans are not considered creditable coverage under HIPAA and do not provide Major Medical or Comprehensive Medical coverage. I have read the enrollment brochure and understand my coverage is subject to the terms and conditions of the policy issued to my employer. I understand my coverage will go into effect on the date stated in the brochure only if I am in active service with my employer on that date. If I am not in active service on that date, my coverage will go into effect on the date I return to active service. If I have elected coverage for my dependents, their coverage will not go into effect prior to my effective date. I authorize my employer to deduct the required premium for the plan I have elected from my pay. To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, the Insurance Company will ask me for written authorization to disclose information about me.

**FAX OR EMAIL COMPLETED FORM TO:** 877-811-8383 or memberservices@myhealthcarebasic.com

**Questions?** Call 877-811-8383
Enrollment Form for Group Insurance
AXIS Global Accident and Health Insurance

Independent Contractor (1099 employee)

Company Name: ____________________________

**Step 1:** Select the plan(s) that you want: *(Note: Members may only elect one plan with an accident medical or critical illness benefit.)*

<table>
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<tr>
<th>HealthCare Basic</th>
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</tbody>
</table>

**Step 2:** Select who you want to cover. CHECK ONLY ONE EVEN IF MULTIPLE PLANS ABOVE ARE SELECTED.

☐ I want to cover myself only    ☐ I want to cover myself and 1 dependent (spouse or child)    ☐ I want to cover my family

**Step 3:** Provide the information that we need in order to enroll you and/or your family members.

First Name: ____________________________  M.I. __________________________________ Last Name: ____________________________
Gender (M/F): ____________________________  Date of Birth: ____________________________
Social Security Number: ____________________________
Hire Date: ____________________________
Street Address: ____________________________  City: ____________________________  State: ____________________________  Zip Code: ____________________________
Email Address: ____________________________
Primary Phone #: ____________________________  Home: ____________________________  Work: ____________________________  Cell: ____________________________

**DEPENDENT INFORMATION (IF ANY):** For more than 3 dependents attach additional sheet.

Full Time Student? Yes ☐ No ☐
Spouse/Child  First Name: ____________________________  M.I.: ____________________________  Last Name: ____________________________  Gender (M/F): ____________________________  Birth Date (mm/dd/yyyy): ____________________________
Full Time Student? Yes ☐ No ☐
Full Time Student? Yes ☐ No ☐

**BENEFICIARY INFORMATION:** Person who will receive benefits in the case of your death. You will be the beneficiary for dependents.

First Name: ____________________________  M.I.: ____________________________  Last Name: ____________________________  Gender (M/F): ____________________________  Relationship to You: ____________________________

**BILLING INFORMATION:** Payment Method: ☐ Credit  ☐ Debit  Card Type: ☐ VISA  ☐ MasterCard  ☐ Discover
Billing occurs on the 20th of each month following initial enrollment payment.

Cardholder Name as it Appears on Card: ____________________________  Card Number: ____________________________  3 Digit Code: ____________________________  Expiration Date: ____________________________
Street Address: ____________________________  City: ____________________________  State: ____________________________  Zip Code: ____________________________

**Declination Waiver:** (check the box below if you are not enrolling in the plan; YOU ARE STILL REQUIRED TO SIGN AND DATE THE FORM):

☐ I choose not to enroll in the Limited Accident & Sickness Insurance Plan offered by my employer. I understand that, if at a later date, I wish to enroll in this plan, I will not be able to do so until there is another open enrollment period.

I have read the Axis Insurance Company enrollment brochure, including the exclusions and limitations, and accept the terms and conditions of the coverages outlined in it. I understand the fixed indemnity insurance plans are not considered creditable coverage under HIPAA and do not provide Major Medical or Comprehensive Medical coverage. I have read the enrollment brochure and understand my coverage is subject to the terms and conditions of the policy issued to my employer. I understand my coverage will go into effect on the date stated in the brochure only if I am in active service with my employer on that date. If I am not in active service on that date, my coverage will go into effect on the date I return to active service. If I have elected coverage for my dependents, their coverage will not go into effect prior to my effective date. I authorize my employer to deduct the required premium for the plan I have elected from my pay. To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, the Insurance Company will ask me for written authorization to disclose information about me.

Employee’s Signature: ____________________________  Date Signed: ____________________________