

# Benefits Packet

---



---

**Benefit** *Protect*



Through BenefitProtect, any person in all **50 states** can now receive the best health benefits available. Some programs are guaranteed or simplified issue, meaning a health exam is not required.

### Do You or Your Family Need?

- Major Medical
- Limited Medical
- Discount Medical Programs
- Discount Dental/Vision
- Rx
- Critical Illness
- Term Life
- Accident Insurance

### Things To Consider

- Recent studies show that many Americans are one hospital stay away from bankruptcy.
- Many individuals know that the average cost of one day at the hospital, being \$3,000.00 plus co-pay, is financially crippling.
- Employers know that group insurance can be cost-prohibitive or not accessible.
- With guaranteed and simplified issue products and enrollment specialists... BenefitProtect is designed to make benefits accessible to you!

### Carriers and Networks

- All A-rated or better insurance carriers (A.M. Best rating)
- Network includes:
  - PHCS
  - Beechstreet
  - Galaxy
  - AETNA Dental
  - Advanced PCS / Caremark

### Enrolling is Easy!

- Get more information online at [www.BenefitProtect.com/ACSI](http://www.BenefitProtect.com/ACSI)
- Call Toll Free [888.414.0197](tel:888.414.0197)

---

## Major Medical Insurance

Our Major Medical Program design provides you peace of mind protection through our rate guarantees. That means your premium stays the same (provided your location and benefit choice remain the same). Our plans include features you would expect from a group health plan, such as:

- Nationwide access to over 300,000 providers, 3,700 hospitals and 44,000 pharmacies
- Office visit co-payment option
- Prescription drug coverage
- Variety of deductible options
- Inpatient & outpatient services
- Preventative care
- Online tools and resources including a personal home page

**Multiple Deductible options available from \$500.00 - \$10,000/year**  
**Co-Pays from \$50.00 depending upon plan chosen**

**All carriers are A-rated by AM Best**  
**including, John Alden (Assurant), Humana, and Empire Blue Cross**

The applicant's primary residence must be a state in which the product is approved for sale. If the applicant is not a US citizen, he or she must have lived in the US for a minimum of two years, hold a permanent Visa or Green card, and have consulted a physician in the US within the past two years.

Issue Age: Up to 63 years old

Maximum issue age using the child rate is 24 years old if the child is a full-time student. The maximum issue age is 18 years old if the child is not a full-time student. (Dependent ages may vary by state.) To consider a child at two months of age, the child must have completed his or her two-month well-baby exam that resulted in a well-child diagnosis with no adverse findings. Issue ages are based on the applicant's age as of the effective date. Across the board, whether it is a family or individual, 92% of households claim under \$1,100.00 per year.

## Limited Medical Insurance

With our 3 levels of plans, you can now afford reasonable protection for yourself and loved ones, at affordable rates. Check out the benefits below. For a couple of dollars a day, you can have that checkup you've been putting off for so long and for a few dollars more, your whole family can be protected against those unforeseen emergencies that occur.

- No Deductible
- No Discrimination (age, gender, smoker)-Single Rate Nationwide
- Covers pregnancy provided conception occurs after effective date of coverage

Benefit	Description	Plan I	Plan II	Plan III
Prescription Drug Benefit		See Rx	See Rx	See Rx
Outpatient Sickness Rider	Pays the actual expenses incurred up to the Maximum Rider Benefit for treatment received in a Physician's Office or other Out-of-Hospital facility due to a sickness. Up to one and one half the Maximum Rate Benefit will be paid if treatment is received in a Hospital Emergency Room. Payment of the benefit is limited to 4 occurrences per year, per insured Category. All Eligible Dependent Children are counted as one Insured Category.	\$50.00	\$75.00	\$75.00
Annual Wellness Rider	Provides the actual charge up to the benefit maximum for the following benefits for each insured person, subject to a \$100.00 deductible  1. Annual Physical Examination (up to benefit amount listed; one examination every 12 months) 2. Annual Eye Examination (up to benefit amount listed; one examination every 12 months) 3. Prescription Lenses and Frames (up to benefit amount listed; one eyewear purchase every 24 months) 4. Annual Hearing Examination (up to benefit amount listed; one examination every 12 months) 5. Hearing Aid (up to benefit amount listed; one hearing aid purchase every 24 months) 6. Routine Dental Visits (up to benefit amount listed; maximum 2 visits every 12 months) 7. Annual Flu Shot and Pneumonia Vaccination (up to benefit amount listed; maximum of one shot each for flu and pneumonia)	- - - - - - -	See Below \$100.00 \$40.00 \$50.00 \$40.00 \$100.00 \$25.00 \$20.00	See Below \$100.00 \$40.00 \$50.00 \$40.00 \$100.00 \$25.00 \$20.00
Emergency Accident Rider	\$200.00 Pays the actual expenses incurred for Emergency Care of a Covered injury up to the Maximum Rider Benefit. Payment of the benefit is limited to 4 occurrences per year, per insured Category. All Eligible Dependent Children are counted as one Insured Category.	\$200.00	\$200.00	\$200.00
Surgical and Anesthesia Inpatient and Outpatient	\$5,000.00 Pays the actual expenses incurred up to the Maximum Rider Benefit if an insured Person requires Surgery and Anesthesia due to a Covered Injury or Sickness, Mammography, Screening, Pap Smear and PSAS.	\$2,400.00	\$3000.00	\$5,000.00

Benefit	Description	Plan I	Plan II	Plan III
First Hospital Admission Rider AAW-DR236	Pays the Benefit Amount for an Insured's First Hospital Confinement according to the following schedule: One day hospital confinement = \$500, Two days = \$1,000, Three days = \$2,000, Four Days = \$3,000, Five days = \$4,000, and Six days = \$5,000. Benefits for the rider will be limited to the First Hospital Admission each Policy Year for each insured. (This includes one continuous Hospital Confinement or several Hospital Confinements for the same or a related cause which are separated by less than 90 days from date of discharge). This benefit is not a cumulative benefit and will not exceed \$5,000 for each Insured for each Policy Year.	\$5,000.00	\$5,000.00	\$5,000.00
Intensive Care Unit Rider AAW-DR228	Pays a daily benefit if an Insured Person is confined to a Hospital's Intensive Care Unit, up to a maximum of 20 days per Period of Confinement.	NA	\$500.00	\$500.00
Private Duty Nurse Rider AAW-DR227	Pays a daily benefit for each day an Insured Person requires the services of a Private Duty Nurse at least 8 hours a day while Confined in a Hospital or to the primary residence due to a Covered Injury or Sickness, up to a maximum of 30 days per Period of Confinement Hospital	NA	\$100.00	\$100.00
Hospital Indemnity Plan AAW-D114	Pays a daily benefit for Hospital Confinement due to a Covered Accident or Sickness. It has an elimination period of 0 days of Hospital Confinement due to a Covered Accident or Sickness.	\$100.00	\$200.00	\$250.00
Accident Expense AAW-A117	<p><b>Accidental Death Benefit-</b> Pays the principle sum if you sustain an accident that results in the following within 90 days of covered accident:</p> <p><b>Dismemberment or Loss of Life-</b> Pays your beneficiary the principle sum if you sustain an accident that results in the loss of your life within 90 days of a covered accident.</p> <ul style="list-style-type: none"> <li>- Loss of both hands, both feet, or the sight of both eyes</li> <li>- Loss of one foot and one hand</li> <li>- Loss of one hand, one foot or the sight of one eye</li> </ul>	<p>I - \$50,000.00 S - \$25,000.00 C - \$10,000.00</p> <p>I - \$50,000.00 S - \$25,000.00 C - \$10,000.00</p> <p>I - \$50,000.00 S - \$25,000.00 C - \$10,000.00</p> <p>I - \$25,000.00 S - \$12,500.00 C - \$5,000.00</p>	<p>I - \$50,000.00 S - \$25,000.00 C - \$10,000.00</p> <p>I - \$50,000.00 S - \$25,000.00 C - \$10,000.00</p> <p>I - \$50,000.00 S - \$25,000.00 C - \$10,000.00</p> <p>I - \$25,000.00 S - \$12,500.00 C - \$5,000.00</p>	<p>I - \$50,000.00 S - \$25,000.00 C - \$10,000.00</p> <p>I - \$50,000.00 S - \$25,000.00 C - \$10,000.00</p> <p>I - \$50,000.00 S - \$25,000.00 C - \$10,000.00</p> <p>I - \$25,000.00 S - \$12,500.00 C - \$5,000.00</p>

I = Individual    S = Spouse    C = Child(ren)

## Limited Medical Insurance (continued)

Benefit	Description	Plan I	Plan II	Plan III
Fracture Benefit	Pays the actual charges made by a Physician for a covered fracture due to a covered accident. If a fracture is not listed the amount paid is similar in severity and complexity to the list below.  Hip, Thigh (femur, pelvis, except coccyx), Skull (except bones of face and nose), Arm, between shoulder and elbow (shaft), Shoulder Blade (Scapula), Collar Bone (Clavicle), Forearm (Radius or Ulna), Foot (except toes), Hand or Wrist (except fingers), Lower Jaw (except Alveolar Process), Two or more ribs, fingers, toes, bones of face and nose, One Rib, Finger, toe or coccyx.	See Policy	See Policy	See Policy
Hospital Indemnity	Pays the daily benefit shown up to a maximum of 60 days per covered accident for each day an insured person is confined to a hospital due to covered accident.	\$200.00 per day all insured	\$200.00 per day all insured	\$200.00 per day all insured
X-Ray and Emergency Medical Service	Pays the expenses for an accident that is incurred within 72 hours of such covered accident. If the X-Ray and Medical Services are received in the emergency room of a Hospital, maximum benefit is \$100.00.	\$300.00 per accident all insured	\$300.00 per accident all insured	\$300.00 per accident all insured
Ambulance	Pays the benefits listed for emergency transportation expenses in a licensed ambulance (\$400.00 if by air).	\$200.00 per accident all insured	\$200.00 per accident all insured	\$200.00 per accident all insured
Loss of Time	Pays the benefit listed, after a seven day waiting period, the monthly benefit if you are totally disabled. Monthly Benefits will be paid while you are disabled up to a maximum of six months.	\$600.00 per month primary only	\$600.00 per month primary only	\$600.00 per month primary only

		Plan I	Plan II	Plan III
<b>Monthly Rate</b>	Individual	<b>\$111.27</b>	<b>\$148.45</b>	<b>\$167.06</b>
	Individual & Spouse	<b>\$191.77</b>	<b>\$275.12</b>	<b>\$312.35</b>
	Individual & Children	<b>\$170.50</b>	<b>\$238.48</b>	<b>\$266.84</b>
	Family	<b>\$266.10</b>	<b>\$364.95</b>	<b>\$411.73</b>

### Additional Benefits SEE POLICY FOR LIMITATIONS AND EXCLUSIONS

- **Tuition & Day Care Benefits** - \$2500 per year up to four years for tuition and Child Care
- **Coma Benefit** - \$500 per month, up to 100 months as long as the insured is in a coma.
- **Rehabilitation Benefit** - See Policy
- **Seat Belt and/or Air Bag**

---

## Prescription Drug (Rx)

(Included in Limited Medical Plans 1, 2 & 3)

This program is designed to educate you on the use of generic and other low-cost brand name drugs. This program is designed to help you find drugs within the same therapeutic class as a drug you may be currently taking. Most of all, this program is designed to save you money on your prescription drug costs. The Rx Card is accepted nationwide at over 42,000 chain and independent pharmacies.

### Outpatient Prescription Drug Card

To fill a prescription, a member must present the card with a physician's prescription at a participating pharmacy and pay the applicable prescription level amount.

### Prescription Levels

The prescription level per medication is the dollar amount paid by the member, as described below:

- Level 1 - \$10.00 or less - You pay \$10.00 or less for up to a maximum supply of 30 days at participating pharmacies
- Level 2 - \$20.00 or less - You pay \$20.00 or less for up to a maximum supply of 30 days at participating pharmacies
- Level 3 - \$40.00 or less - You pay \$40.00 or less for up to a maximum supply of 30 days at participating pharmacies
- Level 4 - \$40.00 or more - You pay \$40.00 or more for up to a maximum supply of 30 days at participating pharmacies

Savings may vary based on your prescription, your pharmacy and where you live. For a current listing of medications and corresponding quantities for each prescription level, please log on to [www.catalystrx.com/discount](http://www.catalystrx.com/discount)

### Participating Pharmacies

- |                      |                      |                     |
|----------------------|----------------------|---------------------|
| - A & P              | - Fox Drug           | - Osco Drug         |
| - Albertson's        | - Fred Myer Pharmacy | - Pharmhouse        |
| - American Drug      | - Giant Eagle        | - Phar-Mor          |
| - CVS                | - HyVee              | - Publix Pharmacy   |
| - Drug Emporium      | - Kroger             | - Rite Aid          |
| - Duane Reade        | - Kash N' Karry      | - Target            |
| - Eckerd Drug        | - Long's (except HI) | - Von's Food & Drug |
| - Farmer Jack        | - Medicine Shoppe    | - Wal-Mart Stores   |
| - Fedco Professional | - Meijer Pharmacy    | - Walgreen's        |

## Medical Discount Program

### Doctors and Hospitals

Through contracts with major PPO networks, BenefitProtect offers individuals access to the same favorable rates that the insurance companies have been enjoying for years. Access savings of up to 50% through a network of 386,000 quality providers including:

- Alternative/Chiropractic
- Internal Medicine
- Family Practice
- OB/GYN & Pediatric

### Dental

The network allows access to savings of 15% to 50%, and sometimes more, from over 3,600 hospitals. There are also great savings at MRI clinics, DME providers and many other types of ancillary services.

### Vision

With nationally known providers, as well as smaller retail establishments, you will receive savings on services from regional and national vision care centers, optometrists and opticians. Enjoy free exams and savings on prescriptions from one of our 14,000 providers nationwide.

### RX

Our prescription network can generate savings of up to 40% on generic drugs and as much as 15% off name brands. With many insurance companies limiting their prescription drug coverage, Pharmacies in the program include: Drug Emporium, Kmart, Eckerd's, Publix, Target, Phar-Mor, Randall's, Safeway, Hy Vee, Winn-Dixie, Rite Aid, Medicine Shoppe, Kroger and many more.

### Hearing

Our Medical Discount Program also offers significant savings on hearing aids, with savings of up to 15%. You will have access to the latest technology, with a 30-day, 100% no-risk refund guarantee on hearing aids. The Lifetime Care program includes a complipuncture to get your energy flowing at peak performance, BenefitProtect is there to answer that need.

### Alternative Health

Whether you're looking for hypnotherapy to help you stop smoking, a chiropractor to alleviate lower back pain, meditation therapy for stress management, or acupuncture to get your energy flowing at peak performance. BenefitProtect is there to answer that need.

### Long Term Care

You will receive savings of up to 30% on long-term care services such as: Home Healthcare, Nursing Homes and Assisted Living.

## Monthly Rates

**Individual**  
- \$39.95-

**Family**  
- \$49.95-

---

## Term Life Insurance

Every day, families are devastated by the loss of a loved one; but perhaps more devastating are the long-term financial realities of a wage earner's death. Mortgage and loan payments continue, education costs loom, and medical and burial fees must be paid which may put retirement programs and savings plans at risk. At BenefitProtect we recognize that Life Insurance is a universal need. Most employees realize the importance of life protection, but may have little or no coverage because of the cost. And as their lives change with marriage, children and retirement, this coverage becomes even more important. Our 10 year level premium term protection is a low cost, convertible and portable solution!

**Benefit Highlights** Rates will remain stable for 10 years. Issue ages 17 to 65 with uniform rates for men and women. Policy is portable and convertible with a minimum issue: \$3.00 weekly premium or a \$10,000.00 benefit. Maximum issue: \$10.00 weekly premium for maximum benefit of \$100,000.00 or \$300,000.00 with underwriting.

---

## Critical Illness Insurance

Think of it. Treatment and recovery expenses can be overwhelming and there are many costs that are not covered by group health insurance, disability benefits or government programs such as Medicare or Medicaid. This creates a significant gap between what you have and what you might need.

Taking into account the financial strains posed by a critical illness, you can see how important it is for you to have a plan in place that will provide a living benefit so that you won't have to worry about how you are going to pay the bills. Instead you can focus on getting better and putting your life first.

**What is Critical Illness Insurance?** A critical illness is a health-related condition where the patient has a good chance of surviving. See policy for more details. Rates are based upon age. Some types of conditions for Critical Illness include:

- Heart Attack
- Dismemberment
- Invasive Cancer
- Blindness
- Cancer: Carcinoma
- Stroke
- Severe Burns
- Coronary Artery Bypass
- Terminal Illness
- Major Organ Transplantation
- Paralysis
- Kidney Failure
- Angioplasty (see policy for more details)

Benefit	Description	Plan
Accidental Death Benefit	Pays your beneficiary the principle sum if you sustain an accident that results in the loss of your life within 90 days of a covered accident.	I - \$50,000.00 S - \$25,000.00 C - \$10,000.00
Dismemberment or Loss of Life	Pays the principle sum if you sustain an accident that results in the following within 90 days of a covered accident.  - Loss of both hands, both feet or the sight of both eyes Loss of one foot and one hand  - Loss of one hand, one foot or the sight of one eye	I - \$50,000.00 S - \$25,000.00 C - \$10,000.00  I - \$25,000.00 S - \$12,500.00 C - \$5,000.00
Hospital Indemnity	Pays the daily benefit shown up to a maximum of 60 days per covered accident for each day an insured person is confined to a hospital due to covered accident within 72 hours of such accident.	\$200.00 per day all insured
X-Ray and Emergency Medical Service	Pays the expenses for an accident that are incurred within 72 hours of such covered accident. If the X-Ray and Medical Services are received in the emergency room of a Hospital, maximum benefit is \$100.00.	\$300.00 per accident all insured
Ambulance	Pays the benefits listed for emergency transportation expenses in a licensed ambulance (\$400.00 if by air)	\$200.00 per accident all insured

I = Individual    S = Spouse    C = Child(ren)

Description	Monthly Rate
Individual	<b>\$39.99</b>
Individual & Spouse	<b>\$79.99</b>
Individual & Children	<b>\$69.99</b>
Family	<b>\$99.99</b>

*\*The above Accident Insurance is included in the Limited Medical Program or it can be purchased as a stand-alone product at the rates listed above*

### Additional Benefits

#### SEE POLICY FOR LIMITATIONS AND EXCLUSIONS

- **Tuition & Day Care Benefits** - \$2500 per year up to four years for tuition and Child Care
- **Coma Benefit** - \$500 per month, up to 100 months as long as the insured is in a coma.
- **Rehabilitation Benefit** - See Policy

**TOLL FREE 888.414.0197**

---

---

**[www.BenefitProtect.com/ACSI](http://www.BenefitProtect.com/ACSI)**

