

LIMITATIONS AND EXCLUSIONS

Hospital Indemnity Insurance product only disclosures:

Pregnancy will not be covered if conception was before the Effective Date of an Insured Person's Certificate. Pregnancy will be covered as any other sickness when date of conception is after the Insured Person's Effective Date of coverage.

We will not pay benefits for loss contributed to, caused by, or resulting from: 1. War - participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service. 2. Suicide - committing or attempting to commit suicide, while sane or insane. 3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally. 4. Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica. 5. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician. 6. Illegal Acts - participating or attempting to participate in an illegal activity, or working at an illegal job.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of policy form series A CA6500-MP.

THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE. HOSPITAL INDEMNITY PLANS ARE EXEMPT FROM COORDINATION OF BENEFITS PROVISIONS.

Non-insurance Disclosures:

1. The products are non-insurance; 2. The products provide discounts at certain health care providers for medical services; 3. The products do not make payments directly to the providers who have contracted with the network; 4. Providers are subject to change without notice and program may vary in some states; 5. This is a membership program and may be discontinued or modified at any time.

ENROLLMENT AND MEMBER SERVICES
ADMINISTERED BY:
CLAIMS & BENEFIT MANAGEMENT, INC.
CALL TOLL FREE: 1-888-297-5777

INSURANCE BENEFITS
UNDERWRITTEN BY:



NON-INSURANCE BENEFITS
ADMINISTERED BY:
ACCESSONE CONSUMER HEALTH, INC.
84 VILLA ROAD
GREENVILLE, SC 29615
A REGISTERED DISCOUNT MEDICAL
PROVIDER ORGANIZATION (DMPO)

MedAfford+

"Helping with the commitments you make."
A division of National Way Health Care Association



An affordable Limited Benefit Program for Benjamin Moore Associates and Contractors

Guaranteed Issue—No health questions asked

No pre-existing conditions (except pregnancy)

Non-insured saving programs included

MedAfford+ Program

This program helps full-time and part-time employees cut down on out of pocket health related costs.

The insurance portion of this program is a basic group hospital indemnity insurance coverage with no pre-existing exclusion (except pregnancy) and pays regardless of any existing insurance coverage.

Other features include:

- All plans have access to a network of over 300,000 physicians, 4,000 hospitals and 50,000 ancillary facilities where the member gets significantly reduced rates.
- Benefits are payable whether you go in or out of the network.
- In addition to insured benefits, this program provides all plans with a dental, vision and prescription drug discount program as well as a 24-hour nurse hot line.



PLAN BENEFITS

Insurance Benefits (CAIC Hospital Indemnity):

- **Physician's office visits • Hospital confinement • Ambulance • Surgical • Anesthesia**
- **Wellness • Diagnostic test • Outpatient surgery • Well baby benefit • Outpatient diagnostic lab.**

Non-insurance saving programs:

- **Dental utilizing the Aetna Dental Access™ reduced-fee-network**
- **Vision savings program**
- **Prescription drug reduced-fee network**
- **E-Doc and 24-hour Nurse Line**

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HOSPITAL INDEMNITY INSURANCE PLAN OPTIONS

Underwritten by Continental American Insurance Company

COVERAGE	BASIC AGES 18-64	ENHANCED AGES 18-64	DELUXE AGES 18-64
PHYSICIAN VISIT/HOSPITAL EMERGENCY ROOM VISIT (sickness)	\$60 6 visits per year	\$75 6 visits per year	\$75 8 visits per year
HOSPITAL ADMISSION BENEFIT (per admission)	\$500	\$1,000	\$1,000
DAILY HOSPITAL CONFINEMENT BENEFIT (per day, 30 day max, treatment within 6 months of a covered accident)	\$400	\$700	\$1,000
INTENSIVE CARE BENEFIT* (per day, 30 day max)	\$500	\$1,000	\$1,000
SURGICAL BENEFIT (per schedule maximum, per procedure)	up to \$1,000	up to \$2,000	up to \$5,000
ANESTHESIA BENEFIT (25% of the surgical schedule)	up to \$250	up to \$500	up to \$1,250
AMBULANCE BENEFIT (per accident)	\$100	\$200	\$300
DIAGNOSTIC TESTS (per schedule maximum, per procedure) MRI: up to \$500 • CAT Scan: up to \$500 • X-ray: up to \$100	up to \$1,250	up to \$2,500	up to \$2,500
WELLNESS BENEFIT (per calendar year)	\$50	\$100	\$100
OUTPATIENT FACILITY SURGERY FEE (per surgery)	\$100	\$100	\$100
WELL BABY CARE (per visit, 4 per calendar year max)	\$50	\$50	\$50
OUTPATIENT ACCIDENT FEES	up to \$500	up to \$1,000	up to \$2,000
OUTPATIENT DIAGNOSTIC LAB (per test, 3 per calendar year max)	\$75	\$75	\$75

NON-INSURED DISCOUNT PROGRAMS INCLUDED IN ALL PLANS

- DENTAL (utilizing Aetna Dental Access™) NETWORK ** : average discounts range from 15% to 50%.
- VISION: discounts are 10% to 50%, with average savings of 28% to 39%.
- PRESCRIPTION DRUGS: save an average of 46% on generic and 15% on brand-name drugs.
- E-DOC: simply e-mail your questions about personal and family health issues and concerns to a board certified physician or licensed psychologist with complete confidentiality. You will receive a personalized response to your specific question within 24 hours—most replies arrive within 2-4 hours.
- NURSE-LINE: you can call and speak to a registered nurse 24 hour a day, 7 days a week.

PROGRAM'S MONTHLY COST

	BASIC AGES 18-64	ENHANCED AGES 18-64	DELUXE AGES 18-64
MEMBER	\$110.89	\$156.13	\$187.57
MEMBER & SPOUSE	\$183.96	\$275.19	\$337.70
MEMBER & DEPENDENT CHILDREN	\$148.93	\$154.18	\$255.89
FAMILY	\$222.00	\$333.24	\$399.86

Rates include insurance and non-insurance products. For a complete breakdown of fees, please contact your agent.

TERM LIFE OPTION AVAILABLE FOR ALL PLANS (MEMBERS AGE 18-64)

COVERS	AMOUNT	COVERAGE FOR	MONTHLY COST
MEMBER	\$10,000	Member Only	\$4.70
SPOUSE	\$5,000	Member & Spouse	\$8.00
Child(ren)	\$2,500	Member & Family/Child	\$8.00

* This benefit is paid in addition to the Hospital Confinement and Hospital Admission Benefit.

** Not available in the state of Vermont