

Provided Exclusively by:



The Select Series™

Easy-to-use, affordable Limited Benefit Health Insurance coverage for you and your family

Enrollment Guide



The America Protect Select Series™ programs are administered by ADMU Benefits. Limited Benefit Health Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. Limited Benefit Health Insurance is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage.





Why the Select Series™, Featuring Limited Benefit Health Insurance, May Be Right for You

This broad, affordable limited benefit health insurance coverage was specifically designed for you if:

- You're not covered by employer-provided health care because of your job classification (part-time, temporary, etc.) or
- You want to supplement the coverage you receive at work.
- Limited Benefit Health Insurance can help provide coverage for yourself and your family.
- You'll also find this coverage takes the term easy-to-use to a new level—with no deductibles or copayments, streamlined claims processing and easy access to health care providers.

7 Reasons to Consider The Select Series™ Plans Coverage For You and Your Family

1. **Broad benefits**—You receive a variety of health care options, plus vision and dental coverage, discounts on prescriptions and laboratory tests and accident coverage.
2. **First-dollar coverage**—You get cash payments for your health claims (unless you specify otherwise), without any co-payments or deductible, in addition to any other insurance coverage you may have.
3. **Cash to spend as you need**—You decide how to spend the money you receive—for unreimbursed expenses, treatments, home help, travel or any other purpose.
4. **Discounted networks**—You make your money stretch further when you visit doctor and hospital networks offering discounts.
5. **Simple enrollment**—You spend just a few minutes to complete a simple questionnaire and you're enrolled, no medical questions are asked. Guarantee issue policy, no pre-existing condition limitations.
6. **Easy to afford, easy to pay**—You pay low group rates for coverage through bank draft or credit card.
7. **Fast, responsive claims service**—When you need to use your coverage, you'll find knowledgeable professionals give you skilled help and prompt claims processing.

Added Benefits Included in Your plan

The added coverages and services (except for the vision coverage) are neither underwritten nor provided by National Union Fire Insurance Company of Pittsburgh, Pa., NUFIC assumes no responsibility or liability for any of the listed services, the providers of the services, the quality of the services, the delivery of the services, or the outcomes of the services. Questions or concerns about the services should be addressed directly to the providers.

Prescription Drugs

- Regence PRAM Discount Prescription Card
This drug benefit covers most of the commonly prescribed generic drugs and brand name drugs at a great member discount. Our national pharmacy network has over 54,800 chains nationwide, which includes all of the major chains and most of the nation's independent pharmacies.

Insured Vision Benefit

- Access to thousands of providers nationwide, including the leading optical retailers LensCrafters®, Target Optical®, and most Pearle Vision® and Sears Optical® locations.
- Coverage for regular vision exams
- Discounts for standard eyeglass lenses, frames and contact lenses. (You can also order replacement contacts online and have the contacts mailed to you at home.)

Accident Medical Insurance, Accidental Death & Dismemberment (AD&D) Insurance

Up to a specific Accident Medical insurance amount and up to a specific AD&D insurance for all covered individuals, with a \$100 deductible per occurrence
This item is underwritten by GTL Life Insurance Co.

Select Series™ Benefit Descriptions

Health Screening Benefit—Pays a Per Test Amount when an Insured Person undergoes specified routine examinations or other preventive testing.

Routine Well-Child Benefit—Pays a Per Physician's Visit amount when an Insured Dependent Child visits a Physician and undergoes physical examination and/or appropriate immunizations during the first 12 months following birth.

Hospital Benefits

Hospital Admission Benefit—Pays a lump sum Hospital Admission Benefit if an Insured Person is admitted as an inpatient to a Hospital for treatment of Sickness or Injury.

Hospital Confinement Benefit—Pays a Daily Hospital Confinement Benefit for each day that an Insured Person is charged for a room as an Inpatient when that Insured Person becomes confined as an Inpatient to a Hospital for treatment of Sickness or Injury.

Intensive Care Unit Benefit—If benefits have become payable for an Insured Person under the Hospital Confinement Benefit, and such Insured Person becomes confined in an Intensive Care Unit, pays an additional Daily Intensive Care Unit Benefit for each day an Insured Person is confined in and charged for an Intensive Care Unit.

Surgical/Anesthesia Benefits

Pays a scheduled Surgical Benefit when an Insured Person undergoes a surgical procedure for treatment of Sickness or Injury. (Surgical schedule included in policy).

Anesthesia—Pays an Anesthesia Benefit for the administration of anesthesia for which a charge is incurred during a covered surgical procedure.

Emergency Room Accident Treatment Benefits—Pays a Per Accident Benefit shown when an Insured

Person suffers an injury that, within 72 hours of the accident that caused the injury, requires him or her to receive Emergency Treatment in the Emergency room of a Hospital.

Emergency Room Sickness Treatment Benefit—Pays a Per Visit Benefit when an Insured Person visits the emergency room of a Hospital for Emergency Treatment of Sickness.

Physician's Office Visits Benefit—Pays a Per Visit benefit if an Insured Person visits a Physician's office for treatment of Sickness or Injury.

Outpatient Diagnostic X-Ray and Laboratory Benefit—Pays an Outpatient Diagnostic X-Ray and Laboratory Benefit when an Insured Person visits a Physician's office or other outpatient setting except an emergency room, and undergoes diagnostic x-ray and laboratory tests for treatment of Sickness or Injury.

Ambulatory Surgical Center Benefit—Pays a lump sum benefit if an Insured Person visits an Ambulatory Surgical Center for treatment of Sickness or Injury.

Accidental Death Benefit—Pays a lump sum benefit if an Insured Person suffers an injury that results in death.

Critical Illness Rider—Pays a lump sum benefit upon diagnosis of a specified Critical Illness after a 30 day waiting period. The Insured Person must survive for 30 days after the diagnosis.

Physician and Hospital Discounts—We offer the Discount Provider Network from Beech Street to complement the benefits provided within the Select Series™ plans. Discounted rates are available at premier physicians, hospitals, and medical centers around the country.

www.beechstreet.com



Limited Benefit Health Insurance

This is limited indemnity coverage. This is not major medical coverage and is not designed as a substitute for major medical coverage. Benefits may vary from state to state.

Benefit Descriptions	Select Series 250	Select Series 500	Select Series 750	Select Series 1000
PREVENTIVE BENEFITS				
Physician Office Visit • 5 visits per person per calendar year, 10 visits per family per calendar year	\$50	\$50	\$75	\$100
Health Screening Benefit • 3 visits per person per calendar year, Includes routine exams and preventive testing	\$50	\$50	\$75	\$100
Routine Well Child Benefit • Includes physical examinations and immunizations during the first 12 months following birth. 6 visits per covered child per calendar year	\$50	\$50	\$75	\$100
Oklahoma Only: Immunization Benefit	\$20	\$20	\$20	\$20
Diagnostic, X-ray, and Lab Benefit• 3 tests per person 6 per family per calendar year	\$50	\$50	\$75	\$100
Emergency Room Benefit• 1 visit per person per calendar year	\$50	\$50	\$75	\$100
HOSPITAL BENEFITS				
Hospital Admission Benefit• Inpatient Admission for treatment of Sickness or Injury, limit 2 per person per year	-	\$500	\$750	\$1,000
Hospital Confinement Benefit • Pays per day for the first 30 days of Inpatient Confinement • Pays in addition to Hospital Admission Benefit	-	\$500	\$750	\$1,000
Intensive Care Unit Benefit • Pays per day each day Insured is Confined in the Intensive Care Unit, 15 days per year • Pays in addition to Hospital Admission Benefit and Hospital Confinement Benefit	-	\$500	\$750	\$1,000
SURGERY BENEFITS				
% of amount on Surgical Fee Schedule	-	300%	300%	300%
Anesthesia (% of amount on Surgical Fee Schedule)	-	25%	25%	25%
Ambulatory Surgery Center (per day)	-	\$100	\$150	\$250
OTHER BENEFITS				
Critical Illness (First Diagnosis)*	-	\$2,500	\$5,000	\$10,000
Invasive Cancer Benefit, Heart Attack Benefit, Stroke Benefit, Renal Failure Benefit, Coronary Bypass Surgery Benefit, ADL Deficit Benefit	-	100%	100%	100%
In Situ Cancer Benefit	-	100%	100%	100%
24 Hour Nurse Line	Included	Included	Included	Included
Patient Advocacy	Included	Included	Included	Included
ACCIDENTAL DEATH BENEFITS				
Accidental Death Benefit	\$10,000	\$20,000	\$30,000	\$40,000
Common Carrier Benefit	\$2,500	\$5,000	\$7,500	\$10,000
DISMEMBERMENT BENEFITS**				
Loss of Both Hands or Both Feet, Sight in Both Eyes, One Hand & One Foot	\$10,000	\$10,000	\$15,000	\$20,000
One Hand & Sight in One Eye, One Hand or One Foot, Speech & Hearing in Both Ears, Hearing in One Ear, Thumb & Index Finger of Same Hand,	\$10,000	\$10,000	\$15,000	\$20,000
Sight of One Eye	\$10,000	\$10,000	\$15,000	\$20,000
Loss of One or More Fingers or Toes	\$2,500	\$2,500	\$2,500	\$2,500
DISLOCATIONS & FRACTURE BENEFITS				
Dislocation Benefits (All)	\$1,000	\$1,000	\$1,250	\$1,500
Concussion	\$100	\$100	\$125	\$150
Fractures-Rib	\$500	\$500	\$500	\$500
Fractures-Other**	\$1,000	\$1,000	\$1,250	\$1,500
VALUE ADDED BENEFITS***				
Regence Rx Discount Drug Plan	Included	Included	Included	Included
EyeMed Vision Discount Program	Included	Included	Included	Included
America Protect Lab & Imaging Discount Plan	Included	Included	Included	Included
Accidental Medical Benefit**** (per occurrence)	-	\$2,500	\$2,500	\$5,000

* There is a 30-day waiting period for this benefit, and the insured person must survive for 30 days after the diagnosis.

** Covered fractures include pelvis, skull, neck, thigh, upper arm, ankle, lower leg, elbow, heel, shoulder blade, lower jaw, hip, collarbone, forearm, wrist, vertebrae, sternum, kneecap, cheekbone, hand, foot, and coccyx.

*** Value Added Benefits Program, except for vision, is neither underwritten nor provided by National Union Fire Insurance Company of Pittsburgh, Pa.

**** Accident Medical benefit is underwritten by GTL Insurance Company.

Monthly Rates	Insured	Insured w/Spouse	Insured w/Children	Family
Select 250	\$75	\$139	\$149	\$199
Select 500	\$110	\$195	\$199	\$289
Select 750	\$149	\$269	\$260	\$369
Select 1000	\$185	\$325	\$335	\$469

Limitations and Exclusions

Limited Benefit Health Insurance

No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or any act of autoeroticism.
2. travel or flight in or on (including getting in or out of, or on or off of any vehicle used for aerial navigation, if the Insured Person is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Insured Person's employer.
3. declared or undeclared war, or any act of declared or undeclared war.
4. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
5. the Insured Person's being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
6. the Insured Person's being under the influence of drugs unless taken under the advice of and as specified by a Physician.
7. the Insured Person's commission of or attempt to commit a felony.
8. services and supplies that are not prescribed by a Physician as necessary to treat an Injury or Sickness; are received without charge or legal obligation to pay; would not normally be paid in the absence of insurance; are received outside of the United States; or are received while incarcerated by legal authorities of any state or country for any reason.
9. dental treatment unless due to an Injury.
10. cosmetic care, except for reconstructive plastic surgery required as a result of Injury; to restore a normal bodily function; to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or for breast reconstruction following mastectomy.
11. any Injury or Sickness covered under any state or federal Workers Compensation, Employers Liability law or similar law.
12. services and supplies that are not due to an Injury or Sickness except as specifically provided.
13. participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event.
14. mountaineering using ropes and/or other equipment; parachuting; or hang gliding.
15. custodial care or rest.
16. Age of issue cannot exceed 64 years of age. Policy terminates at age 65.

Vision Benefit

Benefits will not be payable under the Policy for expenses incurred for:

1. professional services and/or materials in connection with:
 - a. contact lens insurance or care kits and services that are experimental or investigational in nature;
 - b. blended bifocals, no line, or progressive addition lenses
 - c. compensated or special multi-focal lenses
 - d. plain (non-prescription) lenses
 - e. anti-reflective, scratch, UV400, or any coating of lamination applied to lenses
 - f. Subnormal Visual Aids
 - g. tints other than solid
 - h. orthoptics, vision training and developmental vision procedures
 - i. polycarbonate lenses
2. broken, lost or stolen lenses, contact lenses, or frames;
3. medical or surgical treatment of the eye, unless such treatment is performed during a Vision Examination, subject to the applicable Vision Examination Maximum Benefit shown in the Benefit Schedule;
4. services or materials that are payable under any Workers' Compensation Act or similar law or any public program other than Medicaid;
5. services or materials rendered by a provider other than an Ophthalmologist, Optometrist, or Optician acting within the scope of his or her license; or by an Immediate Family Member;
6. any additional service required outside basic vision analyses for contact lenses, including but not limited to, fitting fees. This Exclusion will be included when the Contact Lenses Benefit is chosen.
7. vision examination for vision materials that may be required as a condition of employment, including but not limited to industrial or safety glasses.
8. services rendered after the date an Insured Person ceases to be covered under the Policy, except when vision materials ordered before coverage ended are delivered and the services rendered to the Insured Person within 31 days from the date of such order; and
9. services rendered or materials ordered before the date coverage began under the Policy.

Regardless of Optical Necessity or Medical Necessity, benefits are not available more frequently than that which is specified in the Benefit Schedule.



www.americaprotect.com

Individual Enrollment Form for Group Accident and Sickness Indemnity Insurance

Select Series™

Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa.
Executive Offices: 70 Pine Street, New York, NY 10270,



FAX APPLICATION TO: 901-328-5197 CODE 223

GROUP NAME: _____ REQUESTED EFFECTIVE DATE: _____

Enrollee Name: _____

Enrollee Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Daytime Phone Number : _____

Gender: Male Female Date of Birth: _____ E-mail Address: _____

Plan Selection: Select Series™ 250 Select Series™ 500 Select Series™ 750 Select Series™ 1000
Coverage: Individual Individual and Spouse Individual and Child (ren) Family

SPOUSE & DEPENDENT INFORMATION

(Write spouse's name below if you are applying for Enrollee and Spouse or Enrollee and Family coverage; if no spouse or if spouse is not to be covered, put N/A or "None" in space below.)

Spouse's Name _____ Date of Birth ____/____/____ SS# _____

Beneficiary* (Please print full name) _____ Relationship _____

*The enrollee will be the beneficiary for his or her spouse and/or dependent children if dependent coverage is selected unless designated otherwise.

Dependent Name	Date of Birth	Social Security Number	Gender (M/F)
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

By signing below, I and the individuals named herein are eligible for insurance. I understand that this is not basic health insurance or major medical coverage and it is not intended as a substitute for basic health insurance or major medical coverage and that the coverage will not begin until the effective date shown in the coverage document. **By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions of coverage as they have been presented to me.**

Fraud Warning: Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filling a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, is guilty of insurance fraud, which is a felony and subject to criminal and/or civil penalties.

Enrollee's Signature _____

Date _____

AUTOMATIC BANK DRAFT (drafted on the 19th of each month)

Bank Name _____

Routing Number _____ Bank Account Number _____

Debit/Credit Card Number _____ Exp. Date _____ CVV Code (on back of card) _____

Application Signature _____ Date _____

PARTICIPATION AGREEMENT
For Policy Numbers: FSC 9113805

1. This Participation Agreement relates to participation in the following Insurance Trust:

- (a) Insurance Trust: NUFIC Group Insurance Trust
- (b) Date of Trust: December 22, 1995
Situs of Trust: Newark, Delaware
- (c) Name of Trustee: BNY Mellon Trust of Delaware, as successor trustee to Chase Bank USA, National Association of the AIG Group Insurance Trust
- (d) Address of Trustee: 100 White Clay Center, Route 273, P.O. Box 6995, Newark, DE 19711, Attn: Corporate Trust Administration
- (e) Insurance Company: National Union and Fire Insurance Company

2. Request for Participation: The undersigned employer or other eligible membership organization (“Participating Organization”) hereby applies to become a Participant in the Insurance Trust. The Participating Organization acknowledges that it has been furnished with all requested and relevant information concerning the insurance coverages now provided under the Policy as Issued by the Insurance Company to the Trustee. The Participating Organization has furnished information requested by the Insurance Company for Insurance purposes only. The Participating Organization acknowledges that participation in the Trust will not become effective until this Participation Agreement has been accepted by the Insurance Company and that participation in the Trust will end on a date determined by the Insurance Company, unless terminated earlier by the Participating Organization.

3. Agreement Concerning Participation: The Participating Organization agrees that, upon its acceptance by the Trustee for Participation in the Insurance Trust, and subject to approval by the Insurance Company for Insurance purposes, it will, so long as its participation continues, fully comply with all obligations of each Participant under the Insurance Trust. The Participating Organization understands that the Insurance coverages provided will be only as provided for under the Policy. It is further understood and agreed that, unless and until otherwise changed, all premiums payable on account of insurance under the Policy must be paid to maintain insurance coverages in force. The undersigned acknowledges that the Trustee is not an insurer, and has no obligations regarding payment of premiums or handling of claims for the insurance provided under the Policy.

Signed by Participating Organization at (City) _____, (State) _____

the _____ Day of _____, 20_____

Accepted and approved: _____



Authorized Signature/Title

For Home Office Use Only:

For the TRUSTEE: BNY Mellon Trust of Delaware, as successor trustee to Chase Bank USA, National Association

By: _____ By: _____
Authorized Signature/Title

Frequently Asked Questions

Q: Are pre-existing conditions covered by the Select Series™ Limited Benefit Health Insurance?

A: Yes, pre-existing conditions are covered; however, there is a 12-month pre-existing condition limitation on the critical illness benefit only.

Q: Will I receive an ID card?

A: Yes, a personalized, plastic and “wallet-friendly” ID card are sent to each enrollee. The fulfillment kit also contains phone numbers, Web links and information on how to use all the benefits included in your program.

Q: Can I use any doctor or hospital with the Select Series™ plan?

A: Yes, you may go to any doctor or hospital. However, you can receive substantial discounts for covered medical visits when you visit a participating provider in the nationwide network included with your plan.

Q: Regarding the Select Series™ Insurance benefit, is there a copayment amount? Is there a deductible?

A: There are NO copayments or deductibles associated with the Select Series™ Limited Benefit Health Insurance. However there is a \$100 deductible per occurrence for the Accident Medical Benefit underwritten by GTL.

Q: How do I pay for doctor visits or file a claim?

A: At the time of a visit, present your ID card to the provider. The back of your ID card has all the information your provider needs to verify benefits and file claims. Your provider may require the full amount due at the time of service if you are filing your own claim. There are no claim forms necessary. You or your provider should simply send an itemized statement, detailing your medical visit, to the claims address printed on the back of your ID card.

Q: How does my prescription/vision/dental plan work? Do I need to file a claim?

A: With Value-Added Benefits (including prescription, vision, dental, etc.) there are no claims to file. Your discount is provided at the time of service. So it is important that you present your card during your visit. (If you have not received your card, call 866.972.2368.)

Q: When can I begin using my prescription drug card and other discount benefits?

A: You may begin using your benefits on your effective date of coverage, subject to the terms and conditions of the plan you choose. The effective date of coverage always falls on the first day of the month.

Q: Is maternity covered by the Select Series™ Limited Benefit Health Insurance?

A: Yes, maternity is covered as any other condition.

Q: What if I need to go to the doctor and I lost my card or I haven't received it yet?

A: If your coverage is in effect and you do not have your ID card, contact ADMU Benefits toll-free at 866.972.2368. We can provide your doctor verification of your coverage and all the information needed to process your claim.

Q: How do I enroll for coverage?

A: Enrolling in the Select Series™ Limited Benefit Health Insurance is SIMPLE. Just review the information in this Enrollment Guide, choose the level of coverage for you and your family and then call our toll-free enrollment line at 1-866-971-2368 to speak to one of our license Enrollment Counselors. Our Enrollment Center is open Monday - Thursday 8:30 a.m. to 5:00 p.m. CST. Friday from 8:30 a.m. to 4:00 p.m. CST. Applications and payment information is gathered on a secure line and phone calls are monitored and recorded for quality assurance.

You can also get enrolled online! Please visit us at www.americaprotect.com/enroll



www.americaprotect.com

To Enroll Call!
1.866-971-2368

(Enrollment Code: 223)



Limited Benefit Health Insurance is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance of major medical coverage. Benefits may vary from state to state. This document provides only brief descriptions of the coverages available. The policies contain reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in each policy. If there are any conflicts between this document and each Policy, the Policy (series N20000 through N20010) shall govern. Not all coverages are available in every state. Limited Benefit Health Insurance is underwritten by National Fire Insurance Company of Pittsburgh, Pa. with its principal place of business in New York, NY. HSC3B_0704.069 06/07