

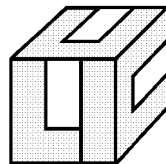


# Unified Health

## Limited Benefit Health Insurance Plans For Individuals and Families

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

*Guaranteed Issue and Instant Fulfillment*



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

Benefits are based on an annual period from effective date. There is a 30 day waiting period for all sickness benefits, except in Texas.	Benefit Description (per Insured)	A100	A200	A200+
<b>Doctor's Office Visit Primary Care or Specialist</b> The carrier will pay the benefit shown if you incur charges for and require a doctor's office visit due to injuries received in an accident or due to an illness.	<b>Per Day</b> Maximum (Primary and Specialty Care Visits Combined)	<b>\$50</b> 3 Days	<b>\$50</b> 5 Days	<b>\$50</b> 5 Days
<b>Emergency Room</b> The carrier will pay the Emergency Room Benefit, shown on the Certificate Schedule, for any day a Covered Person incurs charges for and requires medical care from an emergency room. The visit must occur on a day that the coverage is in force.	<b>Per Day</b> Maximum	<b>\$50</b> 1 Day	<b>\$50</b> 1 Day	<b>\$50</b> 2 Days
<b>Hospital Confinement</b> The carrier will pay the benefit shown if you incur charges for and are confined in a hospital due to accident or sickness.	<b>Per Day</b> Maximum	<b>\$100</b> 30 Days	<b>\$200</b> 30 Days	<b>\$200</b> 30 Days
<b>Surgery Benefit and Anesthesia (Inpatient and Outpatient)</b> The carrier will pay the benefit shown for any day in which Surgery is performed on an inpatient/ outpatient basis. If two surgical procedures are performed on the same day, the carrier will pay for the surgical procedure which has the highest dollar value.	<b>Maximum Days per Coverage Period</b>  <b>Anesthesia Percentage of RBRVS Schedule paid to Surgeon</b>	<b>N/A</b>  <b>N/A</b>	<b>N/A</b>  <b>N/A</b>	<b>50%</b> 3  <b>20%</b> 3
<b>Diagnostic X-ray &amp; Laboratory Tests Benefits (including interpretation)</b> The carrier will pay the benefit shown if you incur charges for Outpatient diagnostic, x-ray, and/or laboratory testing caused by an accident or illness. *If a Covered Person has more than one Basic Pathology, Basic Radiology or Advance Study on the same day, We will pay the benefit that has the highest dollar value	<b>Per Day</b> Maximum Benefits for all Diagnostic X-Ray and Laboratory Benefits	<b>N/A</b> N/A	<b>N/A</b> N/A	<b>\$50</b> 1 Day per Coverage year
<b>Accidental Death Benefit:</b> Spouse and Child(ren) Accidental Death Principal Sum as a percentage of Primary Insured	<b>Accidental Death Principal Sum for Insured</b>	<b>\$10,000</b>	<b>\$10,000</b>	<b>\$10,000</b>
<b>Loss Period</b> Loss within 90 days from the date of the Accident	<b>Accidental Death for Spouse</b> Accidental Death for Child(ren)	<b>50%</b> 25%	<b>50%</b> 25%	<b>50%</b> 25%
<b>Critical Illness Benefit</b> The Carrier will pay for the First Ever Occurrence, while coverage under the Policy is in force, of one of the following covered conditions or procedures, as defined in the Certificate: <ul style="list-style-type: none"> <li>•Heart Attack</li> <li>•Invasive Cancer</li> <li>•Cancer In Situ</li> <li>•Stroke</li> <li>•Major Organ Transplant</li> <li>•End-Stage Renal Failure</li> </ul>	<b>Maximum Benefit</b>	<b>N/A</b>	<b>N/A</b>	<b>\$1,000</b>

Benefits are based on an annual period from effective date. There is a 30 day waiting period for all sickness benefits, except in Texas.	Benefit Description (Per Insured)	A300	A500	A750	A1000	A1000+
<b>Doctor's Office Visit Primary Care or Specialist</b> The carrier will pay the benefit shown per day if you incur charges for and require a doctor's office visit due to injuries received in an accident or due to an illness.	<b>Per Day</b> Maximum	<b>\$50</b> 5 Days	<b>\$50</b> 5 Days	<b>\$50</b> 5 Days	<b>\$75</b> 5 Days	<b>\$100</b> 5 Days
<b>Emergency Room</b> The carrier will pay the Emergency Room Benefit, shown on the Certificate Schedule, for any day a Covered Person incurs charges for and requires medical care from an emergency room. The visit must occur on a day that the coverage is in force.	<b>Per Day</b> Maximum	<b>\$50</b> 1 Day	<b>\$50</b> 1 Day	<b>\$75</b> 1 Day	<b>\$100</b> 1 Day	<b>\$200</b> 1 Day
<b>Hospital Admission</b> The carrier will pay the benefit shown when admitted to a hospital due to accident or sickness.	<b>Per Admission</b> Maximim Admissions	<b>N/A</b> N/A	<b>N/A</b> N/A	<b>N/A</b> N/A	<b>N/A</b> N/A	<b>\$1,000</b> 5
<b>Hospital Confinement</b> The carrier will pay the benefit shown if you incur charges for and are confined in a hospital due to accident or sickness.	<b>Per Day</b> Per Coverage Year	<b>\$300</b> 30 Days	<b>\$500</b> 30 Days	<b>\$750</b> 30 Days	<b>\$1,000</b> 30 Days	<b>\$1,000</b> 30 Days
<b>ICU/CCU</b> The carrier will only pay benefits if the Hospital Confinement Benefit is also payable. Benefit will be payable in addition to the Hospital Confinement Benefit.	<b>Per Day</b> Maximum	<b>N/A</b> N/A	<b>N/A</b> N/A	<b>N/A</b> N/A	<b>N/A</b> N/A	<b>\$1,000</b> 15 Days
<b>Surgery and Anesthesia (Inpatient and Outpatient)</b> The carrier will pay the benefit shown for any day in which Surgery is performed on an inpatient or outpatient basis. If two surgical procedures are performed on the same day, the carrier will pay for the surgical procedure which has the highest dollar value.	<b>Percentage of Surgical Fee Schedule</b> Maximum Surgeries per Coverage Year <b>Anesthesia</b> Percentage of fee schedule paid to Surgeon	<b>50%</b> 3 <b>20%</b>	<b>70%</b> 3 <b>20%</b>	<b>80%</b> 3 <b>20%</b>	<b>100%</b> 3 <b>20%</b>	<b>100%</b> 3 <b>25%</b>
<b>Diagnostic, X-Ray and Laboratory Tests</b> The carrier will pay the benefit shown if you incur charges for Outpatient diagnostic, x-ray, and/or laboratory testing caused by an accident or illness. *If a Covered Person has more than one Basic Pathology, Basic Radiology or Advance Study on the same day, We will pay the benefit that has the highest dollar value	<b>Per Day</b> Maximum Days	<b>N/A</b>	<b>\$50</b> 2 Days	<b>\$50</b> 2 Days	<b>\$75</b> 3 Days	<b>Basic Pathology or Basic Radiology</b> \$100 <b>Advance Study</b> \$200 3 Days

Benefits are based on an annual period from effective date. There is a 30 day waiting period for all sickness benefits, except in Texas.	Benefit Description (Per Insured)	A300	A500	A750	A1000	A1000+
<b>Inpatient Mental Health</b> Carrier will pay the Mental Health Inpatient Benefit, shown on the Certificate Schedule, for each day of confinement if a Covered Person is confined to a Hospital or licensed institution to provide treatment for Mental Illness.	<b>Per Day</b> Per Coverage Year	<b>\$150</b> 60 Days	<b>\$250</b> 60 Days	<b>\$375</b> 60 Days	<b>\$500</b> 60 Days	<b>\$500</b> 60 Days
<b>Outpatient Mental Health</b> For Outpatient Benefit, the carrier will pay the Mental Health Outpatient Benefit, shown on the Certificate Schedule, for Covered Persons receiving treatment as a result of Mental Illness.	<b>Per Day</b> Per Coverage Year	<b>\$50</b> 20 Days	<b>\$50</b> 20 Days	<b>\$50</b> 20 Days	<b>\$50</b> 20 Days	<b>\$50</b> 20 Days
<b>Critical Illness Benefit</b> The Carrier will pay for the First Ever Occurrence, while coverage under the Policy is in force, of one of the following covered conditions or procedures, as defined in the Certificate: <ul style="list-style-type: none"> <li>•Heart Attack</li> <li>•Invasive Cancer</li> <li>•Cancer In Situ</li> <li>•Stroke</li> <li>•Major Organ Transplant</li> <li>•End-Stage Renal Failure</li> </ul>	<b>Maximum Benefit</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>
Carrier will pay the Supplemental Accident Benefit, shown on the Certificate Schedule, if any Covered Person incurs charges for Appropriate Treatment of an injury sustained in a Covered Accident received within 180 days of the Covered Accident. We will pay this Supplemental Accident Benefit in addition to any benefits payable under the Policy.						
<b>Emergency Room</b> Carrier will pay the Emergency Room benefit for any day a Covered Person incurs charges for and requires medical care from an emergency room due to injuries received in a Covered Accident or due to a Covered Sickness. Carrier will not pay the Emergency Room benefit amount if the Covered Person is Confined in a Hospital as a result of the injuries received in the Covered Accident or due to the Covered Sickness that caused the visit to the Emergency Room.	<b>ER Visit, Per Day</b> Per Coverage Year	<b>\$250</b> 1 Day	<b>\$250</b> 1 Day	<b>\$250</b> 1 Day	<b>\$250</b> 1 Day	<b>\$250</b> 1 Day
<b>Inpatient Admission</b> Carrier will pay the Inpatient Admission benefit for each day a Covered Person incurs room and board charges for admission to a hospital as the result of a covered accident	<b>Inpatient Admission, Per Accident</b> Per Coverage Year	<b>\$500</b> 1	<b>\$500</b> 1	<b>\$500</b> 2	<b>\$500</b> 3	<b>\$500</b> 3
<b>Accidental Death Benefit</b> Covered Spouse - 50% of Benefit Child(ren) - 25% of Benefit	<b>Maximum Benefit for Insured</b>	<b>\$10,000</b>	<b>\$10,000</b>	<b>\$10,000</b>	<b>\$10,000</b>	<b>\$10,000</b>

# NCE Membership Benefits

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

Daily effective dates are available. Initial premium draft inclusive of the non-refundable one-time enrollment fee is processed the day of enrollment. Future drafts occur once a month, approximately every 30 days. Please make sure you have sufficient funds before you enroll. Credit cards and bank automatic draft is available. Rates above do not include an association one-time non-refundable enrollment fee, which is applied at the time of enrollment.

## LIMITED MEDICAL BENEFIT PLAN

This is a limited medical insurance policy. Policy #ULI0032013

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## Membership Packet and ID Cards

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

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

## Membership Eligibility Information

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

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

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

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

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

## MultiPlan Provider Network Discounts

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

### See any Doctor

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

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

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

### Practitioners in all 50 states!

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

Look up MultiPlan providers on line at [www.multiplan.com](http://www.multiplan.com)

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

# Limited Medical Policy Exclusions and Limitations

## Waiting Period For Sickness

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

## Limitations and Exclusions

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

- Are not Medically Necessary;
- Are not prescribed by a Doctor as necessary to treat Sickness or injury;
- Are experimental/investigational in nature, except as required by law;
- Are received without charge or legal obligation to pay; or
- Is provided by an immediate family member.
- Additional Limitations and Exclusions:
  - Except as specifically provided for in this Policy or any attached Riders, We will not pay benefits for Sickness or injuries that are caused by:
    - Dental Procedures - Dental care or treatment except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly.
    - Elective Procedures and Cosmetic Surgery - Cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
    - Felony or Illegal Occupation Commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.
    - Manipulations of the Musculoskeletal System -care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation or of or in the vertebral column.
    - Policy maximum limits are based on coverage year.
    - Suicide or Injuries Which Any Covered Person Intentionally Does to Himself- suicide, attempted suicide or intentionally self-inflicted injury.

- War or Act of War. War or act of war (whether declared or undeclared; participation in a felony, riot or insurrection; service in the Armed Forces or units auxiliary thereto. Losses as a result of acts of terrorism committed by individuals or groups will not be excluded from coverage unless the Covered Person who suffered the loss committed the act of terrorism.
- Work-related Injury or Sickness. Work-related Injury or Sickness, whether or not benefits are payable under any state or federal Workers' Compensation, employer's liability or occupational disease law or similar law.
- Pregnancy

## Pre-existing Condition Limitation:

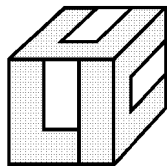
There is no coverage for a pre-existing condition for a continuous period of 12 months following the effective date of coverage under this Policy.

This limitation does not apply to:

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

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

This program is not major medical coverage or a substitute for Major Medical coverage. This plan is an "excepted benefit plan" under the Affordable Care Act. What this means is that it does not satisfy the requirement for minimum essential coverage under ACA. What you are buying is a Limited Medical Benefit Plan under which the Plan pays the fixed dollar amount for only those covered benefits listed in the Certificate Schedule. The plan limitations are disclosed in the certificate of coverage provided in the fulfillment kit. The Limited benefit plan has a pre-existing condition limitation. A pre-existing condition, physical or mental, regardless of cause or condition, for which medical advice, diagnosis, care or treatment was recommended or received from a physician within a 12 month period preceding the effective date of covered person. Plans are not available in all states. Check the state availability on the website. Certain provisions of the plan vary by state. There is a 30 day free look period.



Unified Health One, Product offered through the National Congress of Employers Association  
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