



**A Basic  
Hospital/Medical-  
Surgical Expense  
Insurance Plan**

**Health  
Choice  
Advantage  
Benefit  
Plan**

**The  
MEGA  
Life and  
Health  
Insurance  
Company**

**M/HCA 8/04 (5/05)**

## The Association's Commitment To You

Your association has long recognized the need for affordable, no-nonsense insurance coverage for the "little guy." Your association is committed to making quality insurance coverage available to you.

### Health Coverage Designed Specifically For Association Members

- Uses usual and customary charges, the company doesn't determine what is "reasonable".
- You cannot be singled out for rate increases.
- You cannot be singled out for cancellation.
- 24-hour coverage on and off the job.\*
- Allows you to choose your doctors and hospitals.\*\*
- No preadmission authorization required.

### The Association Protects Its Members By Requiring Its Carrier:

- To provide a dedicated field force to explain the coverage face-to-face with members
- To provide service capabilities of the highest standards
- To pay claims promptly



\*If you are not covered under a Workman's Comp Plan.

\*\*As an added feature, we have negotiated special provider arrangements, which may reduce your out-of-pocket expenses. (May not be available in all areas).

# Your Association's Choice of Carrier

The Association has elected to make available to its members insurance coverage through The MEGA Life and Health Insurance Company (MEGA). MEGA's financial resources and dedication to service have made MEGA an industry leader in protecting association members across the nation.

- MEGA has \$1.2 billion in Assets<sup>1</sup>, including \$322 million in Net Worth  
\$898 million in Liabilities  
\$684 million in Claims Paid<sup>2</sup> (direct & assumed)
- MEGA maintains an "Insurance Center" with 23 years of experience and more than 1,000 employees dedicated to the insurance needs of association members.
- MEGA maintains toll-free customer service lines.
- Access online 24/7 at "www.megainsurance.com."

## Four Easy Steps

Sign up for the Association health insurance plan in just four easy steps.

- 1) Design the Plan that's right for you.
- 2) Complete the application package, including medical history.
- 3) Select your payment mode, including convenient automatic bank draft.
- 4) Attach your initial premium payment, initial association dues and one-time association administration fee.

Upon approval of your insurance enrollment application by MEGA, you will be informed as to when your coverage begins.

If your application for insurance coverage is not approved, all insurance premiums, and the one-time association administration fee are refunded to you.

*Should you withdraw your insurance application within the 10-day free look period (as stated in the insurance certificate) your association membership will remain active until you contact your association.*

<sup>1</sup> As of 9-30-04. Assets and liabilities exclude separate accounts.

<sup>2</sup> As of 12-31-03.



## **Health Choice Advantage Benefit Plan Special Features:**

### **Automatic Family Continuation**

If you should die while your coverage is in force, your family's coverage is automatically continued for one full year, at no cost to your family.

### **Hospital Bill Audit Reimbursement**

If you find errors in your medical bills (such as overcharges or charges for services not received) and have them corrected, we will pay a benefit. It will be equal to 50% of the savings from any resulting cost reduction in the amount of the covered expense. The maximum benefit we will pay for these cost savings is \$1,000 for any one injury or sickness.

### **Family Deductible Provision**

Once the deductible has been met three times in one calendar year by any or all insured persons in your family, no further deductible must be met for the remainder of that calendar year.

### **Common Accident Provision**

If more than one insured person in your family is injured in the same accident, only one deductible must be satisfied for covered expenses associated with that accident.

### **Portability**

In most cases, plans are portable – take it with you when you move or change jobs.

### **Worldwide Coverage**

Worldwide 24-hour coverage for the first 30 days of travel, outside the U.S. and Canada.

### **Prompt Payment of Claims**

Prompt payment of claims, with the philosophy of "How can we pay this claim under the Plan provisions?" instead of "How can we find a way to deny it?"



## Special Feature

### Return of Premium Benefit

Form 25044  
(or its state variation)

This optional benefit returns your health insurance premiums, less any claims paid for you and your covered dependents, if the rider is continuously in force from the effective date until age 65. Depending on the number of years the rider is in force, partial refunds, less any claims paid, may be claimed after only five years.

**Example<sup>1</sup>:** Assume an insured and spouse, both age 40 are paying \$200 per month in health insurance premium. If health insurance premiums increase an average of only 8 percent each year due to increasing age and inflation, \$175,460 in health insurance premiums will have been paid by age 65.

- a) If the insured and covered dependents had no claims, we would refund \$175,460 at age 65.
- b) If we had paid \$30,000 in claims over this 25-year period, we would still refund \$145,460 at age 65.
- c) If we had paid a truly catastrophic claim (\$200,000 for example), there would be no refund at age 65, because total amount of claims paid out exceeded the health insurance premiums paid in.

Benefit available for persons age 18 through 50, and is effective until age 65. Coverage ends when health insurance terminates and premium is refunded under this benefit.

<sup>1</sup>The numerical values are for illustration only and do not apply to your Certificate. Health insurance premiums do not include any premiums paid for ancillary insurance coverage (i.e., dental, vision, Rx Certificate, accident only disability, term life insurance, direct benefit, or specified disease).

Not available in: PA.

*\*The benefits provided by the rider will not duplicate the benefits provided under the Certificate and any other rider. Benefits are subject to the base Plan's limitations and exclusions. Optional benefits require additional premium. Benefit availability may vary by state. Refer to State Variation pages for state specific information.*



# Outpatient Benefits

## Ambulatory Care Benefit

Form 25885  
(or its state variation)

This optional benefit provides coverage for: 1) diagnostic x-rays including interpretation; 2) laboratory and pathological exams; and 3) physical, occupational, and speech therapy,\*\* while not hospital confined and that are related to and needed for the diagnosis or treatment of a sickness or injury.

Choice of deductible, per insured person per calendar year:

\$500

\$1,000

Choice of coinsurance:

80% of Covered Expenses

50% of Covered Expenses

Choice of daily maximum benefit:

\$500

\$1,000

\$2,000

Maximum lifetime benefit:

\$100,000

Covered expenses incurred under the rider will not be applied to the base Plan's deductible.

*\*\*Therapy must be preceded by hospital confinement or surgery and not received during hospital confinement.*

**In addition to the base Plan's exclusions and limitations, benefits are not payable under the rider for:**

- Pre-existing conditions;
- Physician's office visit or clinic charges, hospital emergency room charges, outpatient facility charges, outpatient surgery facility charges or any other facility charges associated with the above covered expenses;
- Physical examinations or checkups;
- Prescription drugs and medicines;
- Radiation or chemotherapy for the purpose of modification or destruction of cancerous tissue (see optional chemotherapy and radiation therapy benefit); or
- Any tests, procedures or services related to pregnancy or childbirth unless medically necessary due to complications of pregnancy as defined in the Certificate.



*\*The benefits provided by these riders will not duplicate the benefits provided under the Certificate and any other rider. Benefits are subject to the base Plan's limitations and exclusions. Optional benefits require additional premium. Benefit availability may vary by state. Refer to State Variation pages for state specific information.*

# Outpatient Benefits

## Outpatient Accident Expense Benefit

Form 25882  
(or its state variation)

This optional benefit has a separate per-injury deductible and maximum benefit:

Your choice of separate per-injury deductible:

\$0     \$50     \$100

Your choice of maximum benefit per-injury:

\$600     \$1,200     \$1,800

- After the separate accident expense benefit deductible is met, this benefit pays covered expenses for treatment of an injury while not hospital confined. Initial treatment by a physician must begin within seventy-two (72) hours of the injury and treatment must be received within forty-five (45) days of the injury for the expenses to be covered.
- Benefits are in addition to any benefit provided by the base Plan, not to exceed the actual charge, and are not subject to the base Plan deductible.
- Total benefits paid under the base Plan and the accident expense option will not be greater than the actual expenses incurred or greater than the base Plan's lifetime maximum benefit.

## Physician's Office Visit Benefit

Form 25886  
(or its state variation)

This optional benefit pays up to **\$75** for medically necessary visits and related services by a physician in the office or clinic, after you pay a copayment per visit of **\$20**.

This benefit is limited to your choice of maximum visits per **calendar quarter**:

Option 1:  **1 visit per insured adult; 2 visits per insured child; or**

Option 2:  **2 visits per insured adult; 4 visits per insured child**

No benefits are payable for services such as routine exams, immunizations, and preventive care.

Benefits payable under the rider do not apply toward the Plan's deductible.

*\*The benefits provided by these riders will not duplicate the benefits provided under the Certificate and any other rider. Benefits are subject to the base Plan's limitations and exclusions. Optional benefits require additional premium. Benefit availability may vary by state. Refer to State Variation pages for state specific information.*



# Outpatient Benefits

## Accumulated Covered Expense Benefit

Form 25890  
(or its state variation)

With this optional rider, after the covered expenses incurred under your Certificate total an accumulated covered expense amount of your choice of the following per period of confinement;

\$75,000    or     \$100,000

Covered expenses incurred during the remainder of that period of confinement will be paid at 100% up to the maximum amount per injury or sickness.

## Chemotherapy and Radiation Therapy Benefit

Form 25887  
(or its state variation)

This optional no-deductible benefit provides benefits for covered expenses incurred for chemotherapy or radiation therapy.

Coinsurance .....	<b>80%</b>
Maximum daily benefit .....	<b>\$1,250</b>
Lifetime maximum benefit .....	<b>\$100,000</b>

The condition for which chemotherapy or radiation therapy is provided must be first diagnosed and the treatment must be received while coverage is in force under the rider.

## Air Ambulance Benefit

Form 25902  
(or its state variation)

This optional benefit provides benefits in the event of a medical emergency, should you require air ambulance transportation (by a licensed air ambulance) to the nearest available medical facility that provides emergency services.

**We will pay up to \$1,500 per trip, plus an additional \$20 per mile, up to a maximum of \$3,500 per calendar year.**

This benefit is payable when the insured person requires an advanced level of care during transportation, and the potential delays which may be associated with ground transportation, including road conditions and traffic, could jeopardize the insured person's condition.

Benefits payable under the rider do not apply toward the Plan's deductible.



*\*The benefits provided by these riders will not duplicate the benefits provided under the Certificate and any other rider. Benefits are subject to the base Plan's limitations and exclusions. Optional benefits require additional premium. Benefit availability may vary by state. Refer to State Variation pages for state specific information.*

# Outpatient Benefits

**Continued Care Benefit**

Form 25883  
(or its state variation)

This optional benefit provides benefits for covered expenses incurred for continued care provided in connection with or in lieu of hospital confinement. The following are covered expenses:

- Skilled Nursing Care\*\*** – Benefit of \$50 per day for 30 days maximum, per sickness or injury, during confinement in a skilled nursing facility in accordance with a treatment plan.
- Home Health Care/Private Duty Nursing\*\*** – Benefit of \$50 per day for 30 days maximum, per sickness or injury, for services furnished by a home health care agency or private duty nurse in accordance with a treatment plan.
- Hospice Care** – Benefit of \$50 per day for 30 days maximum, per sickness or injury, for services provided by a hospice, in accordance with a treatment plan written by a physician for an insured person who has less than six months' life expectancy, and care is provided to reduce or abate pain and not for a cure.

\*\*Care must begin within 7 days after confinement in a hospital (for skilled nursing care) or in a skilled nursing facility or hospital (for home health care/private duty nursing) for the same sickness or injury.

Benefits under the continued care benefit are paid at 100% up to benefit maximums and are subject to the base Plan deductible.

**Pregnancy & Childbirth Benefit**

Form 25884  
(or its state variation)

This optional benefit provides benefits for covered expenses incurred as a result of normal pregnancy and childbirth, including prenatal care. Your choice of maximum benefit payable:

- \$2,000       \$4,000       \$6,000

Benefits payable as follows:

<u>Months in Force</u>	<u>Percent Payment</u>
1-10	0%
11-24	50%
25+	100%

- Complications of pregnancy, as defined in the Certificate, will be payable in accordance with all base Plan provisions, including the deductible, benefits, definitions and exclusions and limitations.
- This benefit may be selected only at time of enrollment in the base Plan or when a dependent spouse is added to the coverage.
- Once selected, the maximum benefit payable cannot be increased.



\*The benefits provided by these riders will not duplicate the benefits provided under the Certificate and any other rider. Benefits are subject to the base Plan's limitations and exclusions. Optional benefits require additional premium. Benefit availability may vary by state. Refer to State Variation pages for state specific information.

# Outpatient Benefits

**Emergency Room Benefit**

Form 25908  
(or its state variation)

This optional benefit will pay for covered expenses of an insured person, for a medical emergency (as defined in the Certificate) treated in a hospital emergency room. These benefits are payable only for a medical emergency that does not result in a hospital confinement.

**After you pay a \$250 copayment per visit, the rider benefits pay 80% up to a \$1,000 maximum benefit per visit.**

Emergency room treatment for a non-medical emergency will not be considered a covered expense under the rider.

**Wellness Benefit**

Form 25888  
(or its state variation)

This optional benefit provides benefits when you receive the following preventive health care services. Benefits payable under the rider do not apply toward the base Plan's deductible.

<p><b>Annual Physical Exam</b>, including physical exams, blood pressure, height and weight measurement, provided such services are incurred after the rider is in force for at least 12 months.</p>	<p><b>\$25 Copayment</b> <b>\$100 Maximum Benefit per Calendar Year</b></p>
<p><b>Mammograms</b>, subject to age and frequency limitations for women age 35 and older.</p>	<p><b>\$25 Copayment</b> <b>\$100 Maximum Benefit per Calendar Year</b></p>
<p><b>Well-Child Care</b>, for children through age 18 years, includes routine immunizations.</p>	<p><b>\$25 Copayment</b> <b>\$100 Maximum Benefit per Calendar Year</b></p>



*\*The benefits provided by these riders will not duplicate the benefits provided under the Certificate and any other rider. Benefits are subject to the base Plan's limitations and exclusions. Optional benefits require additional premium. Benefit availability may vary by state. Refer to State Variation pages for state specific information.*

# Rx Protection

## Prescription Drug Coverage

**Over 55,000 Participating Pharmacies**

Caremark administers the prescription card service on behalf of The MEGA Life and Health Insurance Company and has contracted with thousands of retail pharmacies coast to coast. If your favorite pharmacy is not already contracted, you may call Toll-Free 1-877-348-0578 to nominate them for participation in the network.

**No Claim Forms — No Waiting for Reimbursement**

There are no claim forms to fill out and submit; no waiting for reimbursement. Your discount is received when you present your ID card at the time of purchase at network pharmacies.

**Drug Utilization Review**

Plan electronically alerts your pharmacist to important information, such as possible drug to drug interactions and correct dose therapy.

### Plan A

A deductible of \$50 will apply each calendar year to each insured person. After the deductible is met, benefits will be paid as specified below:

<b>Network Pharmacy</b> - Up to a 30-day supply	
Generic Drugs	100% less \$10 Copay
Brand Name Drugs	25% Discount

If you choose a brand name drug when there is a generic equivalent for that brand name drug, then our payment will be based on the generic drug fee schedule or the actual drug charge, whichever is less. You will be responsible for the generic drug copay and the difference in cost between the generic drug and the actual cost of the brand name drug.

<b>Mail Service Pharmacy</b> - Up to a 90-day supply.	
Generic Drugs	100% less \$10 Copay
Brand Name Drugs	25% Discount

**Non-Network Pharmacy** NOT COVERED.

**Benefit Maximum**  
\$1,000 per insured person, per calendar year

### Plan B

A deductible of \$250 will apply each calendar year to each insured person. After the deductible is met, benefits will be paid as specified below:

<b>Network Pharmacy</b> - Up to a 30-day supply	
Generic Drugs	100% less \$15 Copay
Formulary Brand Name Drugs	100% less \$30 Copay
Non-Formulary	
Brand Name Drugs	100% less \$45 Copay

If you choose a brand name drug when there is a generic equivalent for that brand name drug, then our payment will be based on the generic drug fee schedule or the actual drug charge, whichever is less. You will be responsible for the generic drug copay and the difference in cost between the generic drug and the actual cost of the brand name drug.

<b>Mail Service Pharmacy</b> - Up to a 90-day supply.	
Generic Drugs	100% less \$30 Copay
Formulary Brand Name Drugs	100% less \$60 Copay
Non-Formulary	
Brand Name Drugs	100% less \$90 Copay

**Non-Network Pharmacy** NOT COVERED.

**Benefit Maximum**  
\$1,000 per insured person, per calendar year

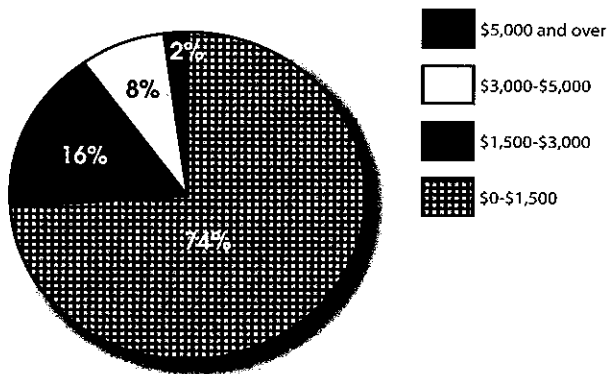
**Exclusions & Limitations (May vary by state)**

■ Expenses incurred after coverage terminates; ■ Non-legend drugs; ■ Insulin, insulin syringes, needles, and other diabetic supplies; ■ Devices of any type, even though such devices may require a prescription order, such as, but not limited to, contraceptive devices, therapeutic devices, artificial appliances, hypodermic needles, syringes, support garments, ostomy supplies, and other non-medical substances, or similar devices, regardless of intended use; ■ Contraceptives, oral or other, whether medication or device, regardless of intended use; ■ Immunization agents, allergy sera, biological sera, blood or blood products administered on an outpatient basis; ■ Antismoking aids (e.g. nicorette gum, nicotine patches); ■ Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, even though a charge is made to the insured person; ■ Products used for unapproved cosmetic indications; ■ Any illegal substance; ■ Drugs used to treat or cure baldness, and anabolic steroids used for body building; ■ Any charge for the administration of legend prescription drugs or injectable insulin; ■ Drugs for participants covered under Medicare or Medicaid programs, or drugs paid by or covered under any benefit or insurance program; ■ Non-injectable vitamins or fluorides or health foods, health and beauty aids, cosmetics, nutritional or dietary supplements; ■ Drugs determined to be "less than effective" by the Drug Efficacy Study Implementation (DESI) Program. For example: Equagesic, Midrin, Cyclospasimol, and Vasodilan have been rated less-than-effective. The Omnibus Budget Reconciliation Act of 1981 has mandated the Health Care Financing Administration to ban reimbursement for less-than-effective drug products by federal Medicare/Medicaid agencies; ■ Any medication, legend or not, which is consumed or administered at the place where it is dispensed; ■ Anorectics, weight control drugs; ■ Fertility drugs; and ■ Prescriptions purchased from non-network pharmacies.

Depending on the state, this form may be available as either a rider (Form #25892 or its state variation) or as a Group Policy (Form #25891-P or its state variation.) This benefit requires additional premium. May not be available in all states.

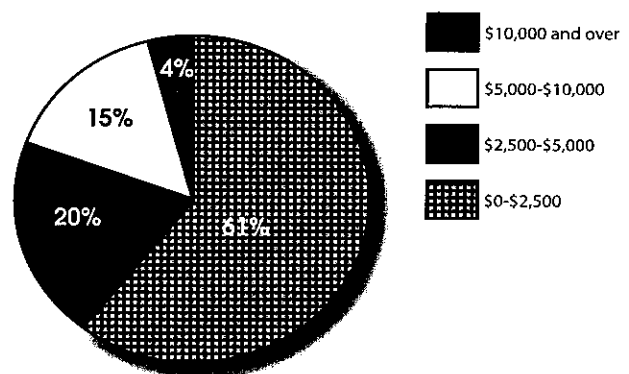
**Consider this...**

**Outpatient Surgical\***



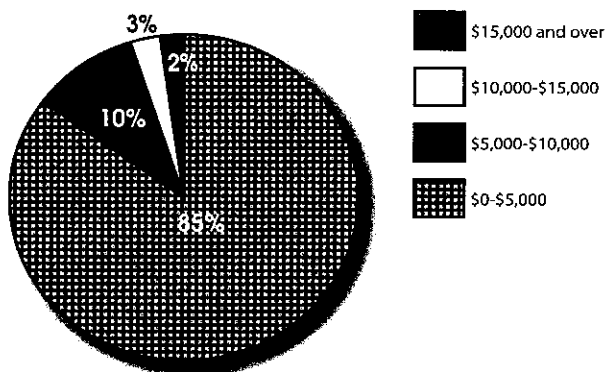
The chart represents a percentage of outpatient surgeries with total professional charges for the actual surgery in the noted range.

**Outpatient Hospital\* Same Day Surgery Facility**



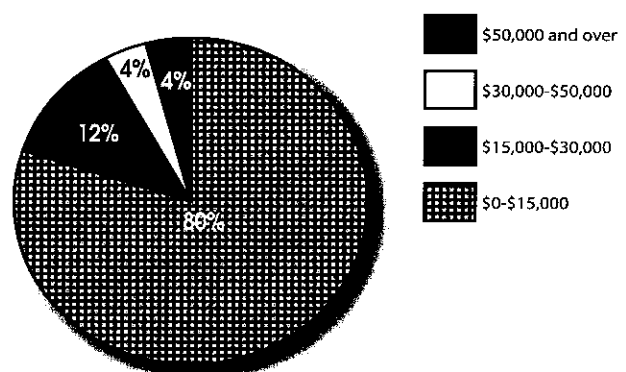
The chart represents a percentage of outpatient surgeries with total charges for the same day surgical facility expenses in the noted range.

**Inpatient Surgical\***



The chart represents a percentage of hospital stays with total charges for surgical expenses in the noted range.

**Inpatient Miscellaneous\***



The chart represents a percentage of hospital stays with total charges for miscellaneous expenses in the noted range.

\*According to an independent actuarial study about medical expenses, 2004.

# Hospital and Surgical Benefits

Benefits are payable under the Plan for covered expenses only, subject to deductible, lifetime maximums, coinsurance percentage, and maximum benefits stated.

\$500,000 maximum lifetime benefit per insured person for EACH injury or sickness;

\$1 Million maximum lifetime benefit per insured person for ALL injuries and sicknesses.

## Benefit Options

### Deductible

Your choice of deductible per period of confinement:

- \$1,000     \$2,000     \$3,000     \$4,000     \$5,000

### Room and Board (per day, no limit on number of days)

100% up to your choice of:

- \$300     \$400     \$500     \$600     \$700     \$800     \$900     \$1,000

### Surgeon Benefit

80% up to your choice of maximum benefit per period of confinement:

Inpatient Surgeon Benefit:     \$5,000/     \$10,000/     \$15,000/     \$20,000/     \$25,000/

Outpatient Surgeon Benefit:    \$3,000    \$6,000    \$9,000    \$12,000    \$15,000

Assistant Surgeon    up to 20% of amount paid to primary surgeon

Anesthesiologist    up to 30% of amount paid to primary surgeon

### Miscellaneous Inpatient/Outpatient Surgery Facility Benefit

80% up to your choice of maximum benefit per period of confinement:

Misc. Inpatient:     \$15,000/     \$20,000/     \$25,000/     \$30,000/     \$35,000/     \$40,000/

Outpatient Surgery Facility:    \$9,000    \$12,000    \$15,000    \$18,000    \$21,000    \$24,000

### Physician Visit Benefit

100% up to \$50 per day

### Ambulance Transport

100% up to \$250 maximum benefit per trip

### Other Covered Expenses

All other covered expenses not specifically listed and not specifically excluded. Pays at 80%.

# Hospital and Surgical Benefits

## Benefit Description

### Deductible

The deductible is per period of confinement in a hospital or outpatient surgery facility, per insured person. Once the deductible has been met three times in one calendar year by any or all insured persons in your family, no further deductible must be met for the remainder of that calendar year.

If more than one insured person in your family is injured in the same accident, only one deductible must be satisfied for covered expenses associated with that accident.

### Room and Board

Covered expenses include semi-private accommodations and general nursing care furnished by the hospital. The charges for a private room which exceed the charges for a semi-private room are not covered unless a private room is medically necessary. No limit on number of days.

ICU/CCU is payable at three times room and board selected, up to a 90 day maximum. This benefit is paid in lieu of hospital room and board.

### Inpatient/Outpatient Surgeon Benefit

For primary surgeon's charges while an inpatient in a hospital or in outpatient surgery facility (For surgeries involving either more than one incision or more than one surgery performed through the same incision, refer to the Certificate.).

Assistant Surgeon is paid up to 20% of the amount paid to primary surgeon.

Anesthesiologist is paid up to 30% of amount paid to primary surgeon.

### Miscellaneous Inpatient/Outpatient Surgery Facility Benefit

**Miscellaneous inpatient** – For charges made by a hospital for miscellaneous medical services and supplies during a hospital confinement. Includes x-ray, laboratory and other diagnostic tests and services of a radiologist or pathologist for interpretation of such tests or studies. (Take-home drugs, personal convenience items, or items not intended primarily for use while hospital confined are not covered expenses.)

**Outpatient surgery facility** – for use of operating and recovery rooms, administration of drugs and medicines during surgery, dressings, casts and splints, and diagnostic services including radiology, laboratory and pathology performed at the time of surgery.

### Physician Visit Benefit

Charges by a physician other than the surgeon while hospital confined. Pays for one in-hospital visit per day.

### Ambulance Transport

Ground ambulance only, provided you are confined to a hospital.

A sickness exclusion applies, see the exclusions and limitations section for a complete explanation. Benefits are based on "usual and customary charges." Premium will vary based on benefits selected. Association Group Policy Form #25875-P, underwritten by The MEGA Life and Health Insurance Company. Refer to State Variation pages for state specific information.

### Health Choice Advantage Benefit Plan Definitions (May vary by state.)

The following is a brief list of definitions that are important for you to understand how the Plan works. Refer to the Certificate for a complete list of all Plan definitions.

**“Usual and Customary Charge”** is the charge that is the smallest of: a) the actual charge; b) the charge usually made for the covered expense by the provider who furnishes it; or c) the prevailing charge made for a covered expense in a geographical area by those of similar professional standing.

A **“Covered Expense”** is the medically necessary usual and customary charges for services, supplies, care or treatment covered under this Plan incurred as a result of injury or sickness, and for which you are legally obligated to pay and are not otherwise excluded or limited. Covered expenses must be incurred while the Plan is in force.

A **“Deductible”** is the amount that you must pay for each period of confinement before benefits will be provided. It will be applied separately to each period of confinement in a hospital or outpatient surgery facility for each insured person. Deductible does not include non-covered expenses.

A **“Period of Confinement”** begins on the date an insured person is admitted to a hospital or outpatient surgical facility for treatment of an injury or sickness. It ends when the insured person completes 180 consecutive days without being confined in a hospital or outpatient surgery facility for the same or related cause. In no event will a single period of confinement exceed 365 days. A separate period of confinement will apply to each injury or sickness.

**“Injury”** means bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention. It is not contributed to, directly or indirectly, by a sickness. The injury must occur after the insured person’s coverage has become effective and while the coverage is in force.

**“Sickness”** is an illness or disease which first manifests itself after the insured person’s coverage becomes effective and while coverage is in force. We will not provide benefits for any loss resulting from a sickness as defined, which first manifests itself within 30 days after the insured person’s effective date of coverage, until such coverage has been in force for a period of 12 months.\* However, if an insured person had prior coverage in force prior to their effective date of insurance under the Certificate, without a break in coverage of more than 30 days, this sickness exclusion will be waived. (May vary by state).

A **“Hospital”** means an institution operated pursuant to its license for the care and treatment of sick and injured persons for which a charge is made that the insured person is legally obligated to pay, and is subject to requirements stated in the Certificate. The term “hospital” does not include: 1) a convalescent, nursing, rest or rehabilitative facility; a home for the aged; a facility for the care and treatment of drug addicts and alcoholics; or a special ward, floor or other accommodation for convalescent, nursing, rehabilitation, ambulatory, or extended care purposes; or hotel units, residential annexes or nurse-administered units in or associated with a hospital; or 2) any military or veteran’s hospital, soldier’s home or any hospital contracted for or operated by the federal government or any agencies thereof for the treatment of members or former members of the armed forces, unless the insured person is legally required to pay for services in the absence of this insurance coverage.

**“Confined”** or **“Confinement”** means an insured person’s medically necessary admission to and subsequent continued stay in a hospital or skilled nursing facility as an overnight bed patient and a charge for room and board is made.

Refer to State Variation pages for state specific information.  
\*30 days for residents of Oklahoma.



## HEALTH CHOICE ADVANTAGE BENEFIT PLAN

### Exclusions & Limitations (May vary by state.)

The Plan does not provide any benefits for charges resulting from or in connection with:

- Any act of war, declared or undeclared;
- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
- Drug abuse or addiction, including alcoholism, or overdose of drugs, narcotics, or hallucinogens, unless taken as prescribed by a physician;
- Engaging in an illegal occupation or illegal activity;
- An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, unless taken as prescribed by a physician;
- Cosmetic surgery;
- Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Certificate;
- Hernia, hemorrhoids, tonsils, adenoids, middle ear disorders, myringotomy or any disease or disorder of the reproductive organs unless the loss is incurred six (6) months after the insured person becomes covered under the Certificate;
- Normal pregnancy; except for complications of pregnancy, unless added by rider;
- Routine newborn care, unless otherwise stated in the Certificate;
- Any drug, treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to: 1) artificial insemination; 2) in-vitro fertilization or other treatment for infertility; 3) treatment for impotency; 4) sterilization or reversal of sterilization; or 5) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the Certificate;
- Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error;
- Spinal manipulations and manual manipulative treatment or therapy;
- Care in a nursing home, custodial institution or domiciliary care or rest cures;
- Preparation and presentation of medical reports for appearance at trials or hearings. Physical examinations required for school events, camp, employment, licensing and insurance are expressly excluded;
- Immunizations required for the sole purpose of travel outside of the United States;
- Payment for care for military service connected disabilities for which the insured person is legally entitled to services and for which facilities are reasonably available to the insured person and payment for care for conditions that state or local law requires to be treated in a public facility;
- Experimental medical, surgical or other health care procedures, treatments, products or services, unless otherwise stated in the Certificate;
- Personal comfort items, such as television, telephone, lotions, shampoos, etc;
- Removal of warts, corns, calluses, cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- Dental care, treatment or surgery unless necessitated by injury to sound natural teeth which occurs while insured under the Certificate. Expenses must be incurred within one year from the date of injury, and while hospital confined or in an outpatient surgery facility;
- Corrective vision or hearing supplies or for the examination for prescribing or fitting such supplies;
- Prescription drug benefits, unless added by rider;
- Treatment, services or supplies received outside the U.S. or Canada. However, benefits will be payable for covered expenses incurred as a result of an acute sickness or injury sustained during the first 30 days of travel outside of the U.S. or Canada. In no event will benefits be payable beyond the first 30 days of travel outside of the U.S. or Canada;
- A sickness which first manifests itself within 30 days after the insured person's effective date of coverage, until such coverage has been in force for a period of 12 months.\* However, if an insured person had prior coverage in force prior to their effective date of insurance under the Certificate, without a break in coverage of more than 30 days, this sickness exclusion will be waived;
- Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion;
- Any routine physical examination, unless otherwise stated in the Certificate;
- Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification;
- Modification of the physical body in order to improve the psychological, mental or emotional well-being of the insured person, such as sex-change surgery;
- Marriage, family or child counseling for the treatment of premarital, marriage, family or child relationship dysfunctions;
- Mental or nervous disorders, unless otherwise stated in the Certificate;
- Any injury or sickness arising out of, or in the course of, employment for wage or profit, provided the insured person is covered under any Workers' Compensation Act, Occupational Disease Act, or similar act or law, unless the insured person is self-employed;
- Any care not medically necessary or charges for which benefits are not specifically provided in the Certificate;
- Pre-existing conditions, as defined, unless loss is incurred at least one (1) year after the insured person's effective date of coverage;

Pre-existing condition means a medical condition, sickness, or injury not excluded by name or specific description for which: 1) medical advice, consultation, or treatment was recommended by or received from a physician within the two (2)-year period before the effective date of coverage, or 2) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care, or treatment within the two (2)-year period before the effective date of coverage.

Refer to State Variation pages for state specific information.  
\*30 days for residents of Oklahoma.

## SPECIFIED DISEASE/CONDITION OR MAJOR ORGAN TRANSPLANT PLAN

### Critical Care Plus

Could you manage financially if a critical illness were to strike you or a family member? The MEGA Life and Health Insurance Company introduces Critical Care Plus to help you answer, "YES!"

You choose the first occurrence benefit amount<sup>1</sup>

\$10,000\*  \$20,000  \$30,000  \$40,000  \$50,000  \$60,000

Critical Care Plus provides a one-time lump sum benefit<sup>1</sup> upon a first occurrence diagnosis of:

Type A Event	Qualification Period	Benefit Amount
Alzheimer's Disease	30 Days	100% of maximum selected
Benign Brain Tumor	30 Days	
Coma	30 Days	
Heart Attack	30 Days	
Life-Threatening Cancer	30 Days	
Major Organ Transplant (Heart, Lung/Lungs, Liver, Kidney, Pancreas, Heart/Lung or Bone Marrow)	30 Days	
Stroke	60 Days	
Multiple Sclerosis	90 Days	
Renal Failure	90 Days	
Type B Event**	Qualification Period	
Coronary Angioplasty	30 Days	25% of maximum selected
Coronary By-Pass Surgery	30 Days	

<sup>1</sup>After first occurrence diagnosis, subject to the 30 day waiting period and the qualification period for that condition.

### 100% Lump Sum Benefit is Paid Directly to You for Type "A" Event

Use the money for any purpose that you want. The Plan pays IN ADDITION to any other existing coverage. You have the option to have the benefit paid to someone other than yourself.

(\*\*Type B Event is paid at 25% of maximum amount selected.)

### PLUS: A Unique Organ Donor Benefit!

When you require a major organ transplant, we pay you 100% of the total first occurrence benefit and we pay 25% of the total first occurrence benefit to the major organ donor, whether or not they are an insured person.

<sup>1</sup>Premium will vary with benefit amount selected, benefit payable once per insured person.

\*\$10,000 benefit option only available with health insurance purchase.

Refer to State Variation pages for state specific information.



## SPECIFIED DISEASE/CONDITION OR MAJOR ORGAN TRANSPLANT PLAN

Critical Care Plus provides a lump sum benefit for a specified disease/condition or organ transplant only. It is not a replacement for comprehensive health insurance coverage and should not be construed as such.

### Definitions

#### **First Occurs, First Occurred or First Occurrence**

With respect to a major organ transplant qualifying event, means a major organ transplant performed on an insured person while the Certificate is in force for such insured person. With respect to all other qualifying events, first occurs, first occurred or first occurrence means diagnosis, treatment, surgery or advice by a physician or manifested symptoms having initially occurred for the first time in the insured persons lifetime and while the Certificate is in force for the insured person.

#### **Qualification Period**

Means the period of time beginning on the date of the insured person's surgery or the physician's first diagnosis of a qualifying event that continues for the duration of the period stated in the Certificate schedule for that disease, condition or procedure.

#### **Waiting Period**

Means the consecutive period of time beginning from the effective date of coverage in which an insured person must be insured under the Certificate before a qualifying event first occurs.

#### **Pre-Existing Condition Limitation for Major Organ Transplants**

We will not provide the first occurrence benefit amount for a major organ transplant resulting from a pre-existing condition, as defined, unless the major organ transplant occurs one year after the effective date of coverage for an insured person.

**Pre-Existing Condition** – a medical condition, sickness or injury not excluded by name or specific description for which: 1) Medical advice, consultation or treatment was recommended by or received from a physician within the one year period before the effective date of coverage; or 2) Symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the one year period before the effective date of coverage.



## SPECIFIED DISEASE/CONDITION OR MAJOR ORGAN TRANSPLANT PLAN

### Exclusions and Limitations (May vary by state.)

The first occurrence benefit amount is not payable more than once for any one or all of the qualifying events, as defined in the Certificate during an insured person's lifetime.

We will not pay any benefits if a qualifying event results from or is caused directly, indirectly, wholly or partly by:

1. War, declared or undeclared, or an act incident to war;
2. Active military duty in the service of any country;
3. Participation in a riot, civil commotion or insurrection;
4. Intentionally self-inflicted injury, while sane or insane;
5. Intentionally medically induced qualifying event, except in the case of major organ transplant;
6. Committing or trying to commit a felony or any other illegal act;
7. The voluntary intake of drugs or controlled substances, unless taken or administered as prescribed by a physician;
8. Alcohol abuse or alcoholism;
9. Poison, gas or fumes voluntarily taken, absorbed or inhaled and which are not administered on the advice of a physician
10. Bacterial infection, other than infection occurring simultaneously with or through an accidental cut or wound, or through accidental ingestion of contaminated materials; or
11. Causes for which benefits are not specifically provided in the Certificate.

We will not pay the first occurrence benefit amount for:

1. A qualifying event, which first occurs within the waiting period as specified in the Certificate schedule;
2. Any condition that is not diagnosed as a qualifying event; or
3. Loss resulting from any other disease, sickness or incapacity, other than loss resulting from a qualifying event, as defined in the Certificate. This includes any other disease or incapacity which may have been complicated or directly or indirectly affected or caused by a qualifying event or as a result of treatment of a qualifying event.

*Association Group Policy form #25936-P (or its state variation)  
Optional benefits require additional premium. Benefits may vary by state.  
Refer to State Variation pages for state specific information.*



# DENTAL INSURANCE PLAN

## Dental Plan

After you meet your annual per-person deductible, the Dental Plan provides benefits on a scheduled basis. The schedule of benefits lists various covered dental procedures and the maximum dollar limit for each that the Plan will pay. All amounts beyond the benefits payable are the insured person's responsibility. If the actual charge is less than the scheduled benefit amount, then the actual charge for the procedure or service will be paid.

Deductible: \$50 per insured person, per calendar year  
(does not apply to Class I covered expenses)  
Maximum 3 deductibles per family per calendar year

Maximum benefit per calendar year: \$1,000 per insured person

Class of Services	Waiting Periods:	Examples of Covered Services	Dollar Amount Paid
<b>Class I</b> (Preventive/ Diagnostic Services)	NONE	0120 - Periodic Oral Evaluation (12 month intervals) 1110 - Prophylaxis - Adult (6 month intervals) 1120 - Prophylaxis - Child (6 month intervals) 0270 - Bitewing X-rays - single film (12 month intervals)	\$13.00 \$27.00 \$23.00 \$15.00
<b>Class II</b> (Basic Restorative, Endodontics, Oral Surgery, Periodontics, And Other Services)	4 months	2110 - Amalgam 1 surface 2120 - Amalgam 2 surface 2161 - Amalgams 4+ surfaces perm. 2330-2335 - Resins 7110 - Extractions 9220 - General Anesthesia (first 30 minutes) 3330 - Root Canals Molar (excludes final restoration)	\$15.00 \$20.00 \$33.00 \$21.00-\$43.00 \$19.00 \$49.00 \$133.00
<b>Class III</b> (Major Restorative, Prosthodontics, Fixed Bridges)	12 months	2750 - Crowns (porcelain fused to high noble metal)	\$219.00

**Orthodontia Benefit Rider** (Form #25880) - Benefit is available ONLY for Insured Persons under age 19

Deductible: \$50 per Insured Person, per Calendar Year  
Benefit Maximum: \$50 per month, per Insured Person  
Lifetime Maximum Benefit: \$1,000 per Insured Person  
Waiting Period: 12 month Waiting Period

### DEFINITIONS:

**Waiting Period** means the period of time following the insured person's effective date of coverage during which no benefits will be payable for expenses incurred. Only covered expenses incurred after the end of a waiting period will be covered under the Group Policy and used to satisfy the deductible.

**Deductible** means the covered expenses that an insured person must pay before the Group Policy pays any benefits. The deductible is applied against the scheduled benefit amount, not billed charges.

**Covered Expenses** means the scheduled benefit amount payable for the services and supplies covered under the Certificate which are incurred when the insured person's coverage under the Certificate and rider are in force. See the Certificate for details.

Unless otherwise stated, all benefits are subject to the scheduled benefit amounts, deductible, benefit maximums, waiting periods, and exclusions and limitations. If more than one type of service can be used to treat a condition, we have the right to base benefits on the least expensive service that is within the range of professionally adequate standards of dental practice.



## DENTAL INSURANCE PLAN

### Exclusions & Limitations (May vary by state.)

The Certificate and rider do not provide any benefits for any loss caused by or resulting from:

- Any portion of a charge for any service not listed as a covered expense in the Certificate schedule;
- Treatment of disturbances of the temporomandibular joint (TMJ);
- A service not furnished by a dentist, unless by a dental hygienist under the dentist's supervision and x-rays ordered by the dentist;
- Cosmetic procedures, unless due to an injury or for congenital or developmental malformation. Facing on crowns, or pontics, posterior to the second bicuspid is considered cosmetic;
- The replacement of full and partial dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;
- Implants; replacement of lost or stolen appliances; replacement of orthodontic retainers; athletic mouthguards; precision or semi-precision attachments; denture duplication; or splinting;
- Plaque control; completion of claim forms; broken appointments; prescription or take-home fluoride; or diagnostic photographs;
- Replacement of any prosthetic appliance, crown, inlay, or onlay restoration, or fixed bridge within five (5) years of the date of the last replacement, unless due to an injury;
- An initial placement of a partial or full removable denture or fixed bridgework if it involves the replacement of one (1) or more natural teeth lost before covered by the Group Policy. This limitation does not apply if replacement includes a natural tooth extracted while covered under the Group Policy;
- Services not completed by the end of the month in which coverage terminates;
- Procedures that are begun, but not completed;
- Those services for which there would be no charge in the absence of insurance or for any service or treatment provided without charge;
- Services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;
- Care or treatment of a condition for which benefits are payable under any Workers' Compensation Act or similar law;
- Charges that are applied toward the satisfaction of a deductible, if any;
- Orthodontic procedures, unless covered by orthodontia benefit rider attached to your Certificate and in effect; and,
- Covered expenses for which an insured person is not legally obligated to pay.

Association Group Policy form #25879-P or its state variation  
Optional benefits require additional premium.  
Refer to State Variation pages for state specific information.



**Vision Benefit: Exams and Eye Wear**

The VISION Insurance Plan provides paid-in-full eye examinations and discounts on glasses and contacts through any participating Cole Vision optical outlet. Benefit pays per covered person.

- ☒ **No Claim Forms**  
No waiting for reimbursement. Simply visit or call the optical provider. Using your social security number, the provider will verify your participation in the plan, your exact benefits and the fees which apply.
- ☒ **Over 5,500 Outlets**  
There are thousands of participating optical departments to choose from, located in major retailers including Pearle Vision, Target, Sears and JC Penney. For the nearest location, call the Vision Care Information Center at 1(800) 334-7591 Monday-Saturday 8 am-11 pm, Sundays 11 am-8 pm EST.
- ☒ **100% Eye Examinations Including Dilation**  
A complete examination, refraction and prescription for lenses (one exam per 12-month period). Contact lens examinations will require additional fees. Your doctor may also recommend additional procedures at an additional cost to you.

*Exams at non-Cole Vision Network providers eligible for partial reimbursement, up to a maximum of \$30. For reimbursement, call the Vision Care Information Center at 1(800) 334-7591 to get claim form.*

*Benefits are subject to change without notice. Benefits may vary by area.*

*May not be available in all states.*

*Association Group Policy form 25213-P (or its state variation)*

- ☒ Benefits include standard uncoated plastic eyeglass lenses regardless of size or power once every 12 months. Lens options are available at additional costs.
- ☒ Contact lenses are covered in full up to a regular retail value of \$40. Contacts above a \$40 regular retail value are available at an additional cost.

<b>Lens Options</b>	<b>Your Cost</b>
Standard Progressive (No-Line Bifocal)	\$50
Polycarbonate	\$30
Scratch Resistant Coating	\$12
Ultraviolet Coating	\$12
Solid or Gradient Tint	\$ 8
Glass (only for non-minors)	\$15
Photochromatic	\$30
Anti-Reflective Coating	\$35

<b>Frames</b>	
Priced up to \$60 retail	\$25
Priced from \$61 to \$80 retail	\$35
Priced from \$81 to \$100 retail	\$45
Priced from \$101 and over (35% discount from regular retail price)	65% of retail

**Contact Lenses** (additional savings)  
Visit our nationwide locations and save up to 20% off regular retail prices (10% off disposables)

*Benefits cannot be used in conjunction with other discounts, promotions or prior orders.*

**Exclusions & Limitations** (May vary by state.)

Benefit does not provide payment for expenses incurred for or on account of: ■ Vision care services, supplies or treatment except as specifically provided for in the contract; ■ More than one vision exam/analysis each 12 months; ■ Eye exams as condition of employment, which the employer is required to provide by a labor agreement; ■ Services or materials for which an insured person may be paid under employment for wage or profit, unless the insured person is not covered under Workers' Compensation or any other occupational disease, employers' liability or similar laws; ■ Any services, supplies or treatment covered under any federal, state, or any other governmental plan or law, except Medicaid; ■ Any services, supplies or treatment for which no charge is normally made in the absence of insurance, except Medicaid.

*Refer to State Variation pages for state specific information. Optional benefits require additional premium.*

## ACCIDENT-ONLY DISABILITY INCOME INSURANCE PLAN

### **Income Protection Plan**

The Income Protection Plan provides a monthly total disability benefit if you become totally disabled while you are insured under this Plan and are actively at work. Your monthly total disability benefit will begin on the first day following the elimination period selected. Total disability must commence within 30 days of the injury, which caused your total disability.

**Choose your Monthly Indemnity Benefit:**     \$500     \$1,000     \$1,500

The monthly indemnity benefit will be the lesser of the amount chosen above or your prior monthly income (as defined in the Certificate).<sup>1</sup> Benefits are subject to a 12-month maximum period payable for each period of total disability.

**Choose your Elimination Period:**     14 days     30 days

The elimination period is the consecutive period of time beginning on the date you are considered totally disabled before the monthly indemnity benefit is payable. Total disability must commence within 30 days of the injury, which caused your total disability.

#### **DEFINITIONS:**

**Actively at Work** means you are: 1) working on a permanent basis at least 25 hours per week; and 2) performing the material and substantial duties of your regular job or any other job for which you are qualified by reason of education, training or experience.

**Injury** means bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention and is not contributed to, directly or indirectly, by disease. (*This is an "Accident-Only" Plan. It does not pay benefits for any loss you incur due to a sickness.*)

**Total Disability or Totally Disabled** means that due to an injury, you are: 1) under a physician's care; and 2) unable to engage in any employment or occupation for which you are qualified by reason of education, training or experience, and are not in fact actively at work, as certified by a physician upon our request.

#### **ADDITIONAL QUESTIONS:**

**What if I'm totally disabled for less than a full month?** We will pay 1/30<sup>th</sup> of the monthly indemnity benefit otherwise payable for each day of a period of total disability that is less than a full month.

**What if I have a recurrent disability?** After a period of total disability for which we paid benefits ends, if you become totally disabled again within 12 months from the same or related cause, we will consider it a continuation of the previous period of total disability. If you have been actively at work for more than 12 consecutive months between those two periods of total disability, then we will consider it a new period of total disability.

**What if total disability is caused by more than one injury?** In this case, benefits will be payable as if the total disability was caused by only one injury.

<sup>1</sup>Benefits are subject to coordination of benefits with other compensation.



## ACCIDENT ONLY DISABILITY INCOME INSURANCE PLAN

### Exclusions & Limitations (May vary by state.)

We will not provide any benefits for any loss caused by or resulting from:

- Sickness;
- Any act of war, declared or undeclared;
- Pregnancy or childbirth;
- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
- Mental or nervous disorders;
- Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, unless taken as prescribed by a physician;
- An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, unless taken as prescribed by a physician;
- Engaging in an illegal occupation or illegal activity or your being incarcerated;
- Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip; or
- Any condition excluded from coverage by name or specific description.

We may require information regarding pre-tax personal income, allowable business expenses, and other plans, including income tax returns, for periods before and after the start of a period of total disability. Failure to provide such information may result in disqualification for benefit payment under the Certificate.



*Association Group Policy Form #25916-P (or its state variation).  
Optional benefits require additional premium.  
Refer to State Variation pages for state specific information.*

# HOSPITAL INDEMNITY PLAN

## **Direct Benefit Plan\***

Select the Daily Benefit Amount<sup>1</sup> that is right for you:

\$100

\$200

\$250

Benefits are payable for each day of medically necessary hospital confinement of an insured person due to a covered sickness<sup>2</sup> after satisfaction of the 30-day waiting period<sup>3</sup> (measured from your effective date of coverage) or injury up to the lifetime maximum as follows:

**Lifetime Maximum Benefit:** 365 days of hospital confinement

\*Available with base plan deductible of \$2000 and above.

### **Hospital Confinement Benefit**

Days of Confinement:	1-2 days:	100% of the chosen Daily Benefit Amount
	3-10 days:	50% of the chosen Daily Benefit Amount
	11+ days	\$100 per day

### **ICU/CCU Confinement Benefit (paid in lieu of hospital confinement benefit)**

Days of Confinement:	1-2 days:	200% of the chosen Daily Benefit Amount
	3-10 days:	100% of the chosen Daily Benefit Amount
	11-30 days:	50% of the chosen Daily Benefit Amount
	31+ days:	\$100 per day

### **Additional Benefits**

In addition to the daily benefit amount, the Direct Benefit Plan also provides a benefit paid directly to you if you receive these other services when hospital confined or to continue care of the same sickness or injury after a covered hospital stay.

**Operating Room Benefit (inpatient only, in addition to the hospital confinement benefit.)**  
100% of the chosen daily benefit amount paid.

**Ambulance Benefit of \$100 for ground ambulance transportation when admitted to a hospital**

**Continued Care Benefit<sup>4</sup> of \$50 per day for:**

- Skilled Nursing
- Private Duty Nursing / Home Health Care
- Hospice Care

<sup>1</sup> Premium varies with daily benefit amount selected.

<sup>2</sup> Sickness is an illness or disease which first manifests itself after the insured person's coverage becomes effective and while coverage is in force.

<sup>3</sup> A waiting period of 30 consecutive days, measured from your effective date of coverage, applies to sickness. No waiting period applies to a hospital confinement due to injury.

<sup>4</sup> There is a 30-day lifetime maximum for continued care benefits. Care must begin within 7 days after confinement in a hospital (for skilled nursing care) or in a skilled nursing facility or hospital (for home health/private duty nursing) for the same sickness or injury from that confinement.

## HOSPITAL INDEMNITY PLAN

### Exclusions & Limitations (May vary by state.)

We will not provide any benefits for any loss caused by or resulting from:

- Any care not medically necessary or charges for which benefits are not specifically provided for in the Certificate;
- Any act of war, declared or undeclared;
- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
- Any injury or sickness arising out of, or in the course of, employment for wage or profit, provided the insured person is covered under any Workers' Compensation Act, Occupational Disease Act, or similar act or law, unless the insured person is self-employed;
- Mental or nervous disorders, unless otherwise stated in the Certificate;
- Drug abuse or addiction, including alcoholism, or overdose of drugs, narcotics, or hallucinogens, unless taken as prescribed by a physician;
- An overdose of drugs, being intoxicated or under the influence of intoxicants, hallucinogens, narcotics or other drugs, unless taken as prescribed by a physician;
- Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion;
- Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification;
- Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Certificate;
- Modification of the physical body in order to improve the psychological, mental or emotional well-being of the insured person, such as sex-change surgery;
- Engaging in an illegal occupation or illegal activity;
- Care in a nursing home, custodial institution or domiciliary care or rest cures;
- Payment for care for military service connected disabilities for which the insured person is legally entitled to services and for which facilities are reasonably available to the insured person and payment for care for conditions that state or local law requires to be treated in a public facility;
- Experimental or investigational medicine;
- Cosmetic surgery;
- Dental care, treatment or surgery unless necessitated by injury to sound natural teeth which occurs while insured under the Certificate. (The dental care must be received within one year from the date of injury, and while hospital confined);
- Normal pregnancy, except for complications of pregnancy while hospital confined;
- Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to: 1) artificial insemination; 2) in-vitro fertilization or other treatment for infertility; 3) treatment for impotency; 4) sterilization or reversal of sterilization; or 5) abortion (unless the life of the mother would be endangered if the fetus were carried to term), unless otherwise stated in the Certificate;
- Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error;
- Routine newborn care;
- Treatment, services or supplies received outside the U.S. or Canada. However, benefits will be payable for confinement as a result of an acute sickness or injury sustained during the first 30 days of travel outside of the U.S. or Canada. In no event will benefits be payable beyond the first 30 days of travel outside of the U.S. or Canada;

#### Pre-Existing Conditions:

We will not provide benefits for any loss resulting from a pre-existing condition, as defined, unless loss is incurred at least one (1) year after the effective date of coverage for an insured person.

Pre-existing condition means a medical condition, sickness or injury not excluded by name or specific description for which: 1) medical advice, consultation, or treatment was recommended by or received from a physician within the two (2) year period before the effective date of coverage; or 2) symptoms existed which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the two (2) year period before the effective date of coverage.



Association Group Policy form #25874-P (or its state variation).  
Optional benefits require additional premium. May not be available in all states.  
Refer to State Variation pages for state specific information.

## 10 YEAR TERM LIFE INSURANCE PLAN

The Term Life Insurance Plan features both living and non-living benefits, and is not meant to replace any existing life insurance plans you have purchased for your family, home or estate.

The Plan may be purchased in \$1,000 increments, up to \$100,000, with a minimum of \$20,000.<sup>1</sup>

### 100% Death Benefit

In the event of your death, the Plan pays 100% of the face amount chosen, less any "living benefits" already paid or premium due.

### Accidental Death and Dismemberment with Common Carrier Rider\*

<b>Common Carrier Accidental Death Benefit</b> – We will pay this benefit when an insured person dies (within 90 days) after an injury which was sustained while riding as a fare paying passenger on a common carrier and while covered under the rider. The Common Carrier benefit will be paid in lieu of any other death benefit.	<b>300% of Original Face Amount</b>
<b>Accidental Death Benefit</b> – We will pay this benefit when an insured person dies (within 90 days) after an injury while covered under the rider. The Accidental Death Benefit will be paid in lieu of any other death benefit.	<b>200% of Original Face Amount</b>
<b>Dismemberment Benefit</b> – When an insured person incurs a loss (within 90 days) as shown below, we will pay the sum specified for such loss. If more than one loss occurs, we will pay for the largest loss amount.	<b>Benefit of Original Face Amount</b>
Both Hands	<b>100%</b>
Both Feet	<b>100%</b>
Sight of Both Eyes	<b>100%</b>
One Hand & One Foot	<b>100%</b>
Sight of One Eye and either One Hand or One Foot	<b>100%</b>
One Hand or One Foot or Sight of One Eye	<b>50%</b>

### Terminal Illness

<b>Terminal Illness Benefit</b> – Upon diagnosis of a terminal illness (as shown in the Certificate) the owner may request an acceleration of up to 50% of the original face amount.	<b>50% of Original Face Amount</b>
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#### CERTIFICATE AND/OR RIDER DEFINITIONS:

**Beneficiary** means the person to receive the benefits payable upon the insured person's death.

**Owner** means the owner of the Certificate; the owner is the person who may exercise all the Certificate privileges and rights while the insured person is living.

**Common Carrier** means a commercial airline, train, bus, boat or ship, subway or streetcar operated as a scheduled common carrier.

**Injury** means bodily harm caused by an accident resulting in unforeseen trauma requiring immediate medical attention and is not contributed to, directly or indirectly, by a sickness or any other condition. The injury must occur after your coverage becomes effective and while coverage is in force.

**Original Face Amount** means the original face amount shown in the Certificate to which the rider is attached. Original face amount excludes any insurance provided by another benefit rider.

The Term Life Insurance Plan is a renewable to age 65, ten year level term life insurance plan.

<sup>1</sup>Up to \$100,000 maximum, to persons age 18 through 50; up to \$50,000 maximum, to persons age 51 through 60; up to \$40,000 maximum, to persons age 61 through 63; limited to \$20,000 for children age 0 through 18; all maximums are subject to evidence of insurability. Refer to State Variation pages for state specific information.

\*Optional riders require additional premium.

## 10 YEAR TERM LIFE INSURANCE PLAN

### Certificate and Rider Exclusions and Limitations (May vary by state.)

**For Base Plan:** Benefits not payable for loss caused by: ■ suicide, if the insured person, whether sane or insane, dies by suicide or self-destruction within two (2) years from the Certificate date, our liability will be limited to a refund of the amount equal to the premiums paid; or ■ our liability will be limited to an amount equal to the premiums paid if the insured person dies as a result, directly or indirectly: a) of war, declared or undeclared; b) of action by military, naval or air forces; c) of any act or hazard of such war or action; d) of service in the military, naval or air forces or in civilian forces auxiliary thereto; or e) from any causes while a member of such military, naval or air forces of any country at war, declared or undeclared, or of any country engaged in such military action.

**For Accidental Death & Dismemberment with Common Carrier Rider:** Benefits are not payable for any loss caused directly, indirectly, wholly or partly by: ■ war, declared or undeclared, or an act incident to war; ■ active military duty in the service of any country; ■ participation in a riot, civil commotion or insurrection; ■ committing, or attempting to commit, suicide or self-destruction, while sane or insane; ■ intentionally self-inflicted injury, while sane or insane; ■ physical or mental disease or infirmity of any kind; ■ committing or trying to commit a felony or other illegal act; ■ the voluntary intake of drugs or controlled substances, unless taken or administered as prescribed by a physician; ■ being under the influence, as described in the laws of the place where the accident occurs, of alcohol, drug or controlled substance; ■ poison, gas or fumes voluntarily taken, absorbed, or inhaled and which are not administered on the advice of a physician; ■ medical or surgical treatment of a disease or illness; ■ hang gliding or skydiving; or ■ travel or flight on, or descent from, any kind of aircraft if the insured person has any duties aboard such aircraft; or is receiving any kind of training or instructions; or the aircraft is operated by or for any military force.

**For Terminal Illness Rider:** Benefits are not payable for any condition that is not diagnosed as a terminal illness.



*Association Group Policy form #25919-P (or its state variation).  
Optional benefits require additional premium.  
Refer to State Variation pages for state specific information.*

## HEALTH CHOICE ADVANTAGE BENEFIT PLAN STATE VARIATIONS

The information provided below summarizes the major variations in coverage by state from those described in this brochure. All state mandates are added to the benefits section and, unless otherwise stated, are subject to the Certificate deductible, co-insurance, life-time maximums, co-insurance maximums, maximum benefit and/or aggregate maximums and co-payments. The exclusions and limitations of the Certificate also apply. Please refer to your Certificate for complete details.

### Alaska

- State Mandated Benefits: Prostate Cancer Screening; Cervical Cancer Screening.

### Arkansas

- State Mandated Benefits: Child Health Supervision Services; Maternity Stay Requirements for Covered Maternity Care; Medical Foods and Low Protein Modified Food Products; Diabetes.
- The RX Protection (form #25892) is replaced with a state specific version (form #25892-AR) and the following information is added under the Non-Network Pharmacy: Plan A: Non-Network Pharmacy - up to a 30-day supply; Generic Drugs - 75% less \$10 copay; Brand Name Drugs - not covered / Plan B: Non-Network Pharmacy - up to a 30-day supply; Generic Drugs - 75% less \$15 copay; Formulary Brand Name Drugs - 75% less \$30 copay; Non-Formulary Brand Name Drugs - 75% less \$45 copay.
- The optional\* Pregnancy and Childbirth Rider (form #25884) is replaced by a state-specific rider (form #25884-AR), due to the addition of the following benefit: In-vitro fertilization is covered up to \$15,000 Lifetime Maximum Benefit, when conditions described in the Rider are met.

### Arizona

- "Critical Care Plus Plan (form #25936-P)", the qualification period does not apply. Under the Type A Event, "renal failure" is deleted. Under the exclusions & limitations, the following was added to the first paragraph: "If a qualifying event occurs during the waiting period, we will pay an amount not to exceed \$500."

### D.C.

- State Mandated Benefits: Charges for Drug Abuse, Alcohol Abuse and Mental Illness; Mammographic Examination and Cytologic Screening (Pap Test); Preventative and Primary Care Services for Children; Minimum Stay Requirements for Maternity Care.
- The definition of pre-existing condition, found in the 2<sup>nd</sup> paragraph under "Pre-existing condition", is deleted and replaced. The new definition reads as follows: A pre-existing condition means a medical condition, sickness or injury not excluded by name or specific description for which: 1) medical advice, consultation, or treatment was recommended by or received from a doctor within the one (1) year period before the effective date of coverage; or 2) symptoms existed which would cause a person to seek diagnosis, care or treatment within the one (1) year period before the effective date of coverage.
- The optional\* "Wellness Benefit Rider" (form #25888) is replaced with a state-specific version (form #25888-DC), due to the deletion of mammography, which is now covered under the base plan benefits.
- "Critical Care Plus Plan (form #25936-P)", the pre-existing condition is amended by the deletion of the words "an ordinarily prudent".
- "Direct Benefit Plan (form #25874-P) is not available in D.C.

### Illinois

- State Mandated Benefit – Mammography Screening.
- The following exclusions are revised or deleted: The introductory sentence of this section is deleted and replaced with the following: "The Plan will not provide any benefits for any loss caused by or resulting from". Exclusion #4 is deleted and replaced with: "The commission of attempt to commit a felony, or while engaging in an illegal occupation or illegal activity."

\*Optional benefits require additional premium.

- Under the Renewable Term Life Insurance Plan, (form #25919-P), the optional riders are as follows: Terminal Illness Rider (form #25923-IL), and Accidental Death and Dismemberment with Common Carrier Rider (form #25922-IL). Exclusion bullet #10 is revised to add “poison, gas or fumes voluntarily taken, absorbed, or inhaled and which are not administered on the advice of a physician however, accidental ingestion of a poisonous food substance or the accidental inhalation of a poisonous gas will not be excluded;” and exclusion bullet #12 is deleted in its entirety.
- “Income Protection Plan (form #25916-P), the definition of “injury” is revised to read “Injury means accidental bodily injury or injuries sustained by an insured person which directly causes the loss, independent of sickness, bodily infirmity and which occurs after the insured person’s coverage has become effective and while the coverage is in force.” Exclusion #12 is revised to read “the commission of attempt to commit a felony, or while engaging in an illegal occupation or illegal activity.”
- “Direct Benefit Plan (form #25874-P)”, exclusion #12 is revised to read “The commission of attempt to commit a felony, or while engaging in an illegal occupation or illegal activity.”
- “Critical Care Plus Plan (form #25936-P)”: The definition of “first occurs, first occurred or first occurrence” is deleted in its entirety and replaced with the following: “first occurs, first occurred or first occurrence with respect to a major organ transplant qualifying event, means a major organ transplant performed on an insured person while the Certificate is in force for such insured person. With respect to all other qualifying events, first occurs, first occurred or first occurrence means diagnosis, treatment, surgery or advice received from a physician for the first time in the insured person’s lifetime and while the Certificate is in force for the insured person.”
- Pre-existing conditions under the “Critical Care Plus Plan” is deleted.
- The following limitations and exclusions under the “Critical Care Plus Plans” are revised or deleted as follows:  
The words “indirectly, wholly or partly” are deleted in their entirety; the words “or indirectly” are deleted in their entirety.

## Maryland

- The following Notice is added: Notice of Annual Open Enrollment for Maryland Self-Employed Individuals  
From December 1 through December 31, The MEGA Life and Health Insurance Company will conduct an annual Open Enrollment Period for self-employed individuals, including spouse and dependent coverage, for the Maryland Comprehensive Standard Plan for the Self-Employed (#SG BP SEI ME 596). No medical underwriting is required during this annual Open Enrollment Period.  
For more information, ask your agent or call us toll-free at 1-800-527-5504.
- State Mandated Benefits: Cleft Lip or Cleft Palate; Habilitative Services; Residential Crisis Services.
- Under “Premium Changes” 31 days is changed to 45 days.
- The RX Protection (form #25892) is replaced with a state specific version (form #25892-MD).
- The optional\* Pregnancy & Childbirth Benefit (form #25884) is replaced with a state specific version (form #25884-MD) due to the addition of in-vitro fertilization, subject to the rider provisions.
- “Critical Care Plus Plan (form #25936-P)”, the pre-existing condition is amended by the deletion of the word “consultation”.

## Michigan

- State Mandated Benefits: Diabetes Treatment; Prosthetic Devices Following a Mastectomy; and Treatment of Substance Abuse.
- The “Ambulance Transport” benefit is deleted and replaced with the following: Covered expenses include ambulance transportation to the nearest hospital capable of treating the insured person, provided the insured person is confined to the hospital and the service must be provided by a licensed ambulance service. Air ambulance services must be preauthorized by a physician.
- The exclusion for “mandibular or maxillofacial surgery...” is deleted and replaced with: jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion.

- The definition of Pre-Existing Condition, found in the 2<sup>nd</sup> paragraph under “pre-existing condition”, is deleted and replaced. The new definition reads as follows: A pre-existing condition means a medical condition, sickness or injury not excluded by name or specific description for which: 1) medical advice, consultation, or treatment was recommended by or received from a physician within the six (6) month period before the effective date of coverage; or 2) symptoms existed which would cause a person to seek diagnosis, care or treatment within the six (6) month period before the effective date of coverage.
- The optional\* Pregnancy & Childbirth Benefit Rider (form #25884) is replaced with a state specific version (form #25884-MI), due to the addition of “Minimum Stay Requirements”, including inpatient care and routine nursery care for an insured person who is the mother and her newborn child, for a minimum of 48 hours after vaginal delivery or 96 hours after a cesarean-section.
- The RX Protection Rider (form #25892) is replaced with a state specific version (form #25892-MI) and has the following exclusions deleted: “insulin, insulin syringes, needles and other diabetic supplies” and the exclusion for “diabetes” has been removed.
- Renewable Term Life Insurance Plan is available under form number (form #25919-IP). The optional riders are as follows: Terminal Illness Rider (form #25923-IR), Accidental Death and Dismemberment with Common Carrier Rider (form #25922-IR), and Accelerated Living Benefit Rider (form #25921-IR). Optional riders require additional premium.

## Missouri

- State Mandated Benefits: Childhood Immunizations (Covered expenses include charges for the following childhood immunizations received by an insured person’s covered dependent child from birth to age five (5); poliomyelitis, rubella, rubeola, mumps, tetanus, pertussis, diphtheria, hepatitis B, Haemophilus influenza B (HiB) and varicella. Immunizations covered under this provision as well as the manner and frequency of their administration shall conform to recognized standards of medical practice. This benefit not subject to the deductible or copayment.) Human Leukocyte Testing (benefit payable of \$75, limited to one test per insured person’s lifetime); Osteoporosis Benefit; Alcoholism (coverage provided for thirty (30) days per insured person per calendar year); Treatment in Clinical Trials for Cancer; and Second Opinion (for a second opinion rendered by a specialist in that specific cancer diagnosis area when an insured person with a newly diagnosed cancer is referred to such specialist by his/her attending physician.)
- The RX Protection Rider (form #25892) has the following exclusions revised: Exclusion #4 is amended by deleting the words “contraceptive devices”. The exclusion #5 is deleted in its entirety.

## Nevada

- State Mandated Benefits: Reconstructive Surgery and Prosthetic Devices; Diabetes and Self-Management Training; Alcoholism and Drug Abuse; Enteral Formulas; Colorectal Cancer Screening; Severe Mental Illness; Mammography and Cytologic Screening; and Minimum Stay Requirements for Maternity Care.
- The definition of pre-existing condition, found in the 2<sup>nd</sup> paragraph under “Pre-Existing Condition”, is deleted and replaced. The new definition reads as follows: Pre-existing condition means a medical condition, sickness or injury not excluded by name or specific description for which: a). Medical advice, consultation, or treatment was recommended by or received from a physician within the six (6) month period before the effective date of coverage; or b). Symptoms existed which would cause a person to seek diagnosis, care or treatment within the six (6) month period before the effective date of coverage. 2. The exclusion which begins “Drug abuse or addiction ...” is replaced as follows: “Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, unless taken as prescribed by a physician or otherwise stated in the Certificate;” 3. The exclusion “Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion” is deleted in its entirety.
- The subsection titled “What About Premium Changes?” is deleted in its entirety and replacing it with the following: Premium Changes We reserve the right to change the table of premiums, on a class basis, becoming due under the Group Policy at any time and from time to time; provided, we have given the Group Policyholder and each Certificateholder written notice at least 60 days prior to the effective date of the new rates. Such change will be on a class basis. The premium for the Certificate may change in amount by reason of an increase in the attained age of the insured person.

\*Optional benefits require additional premium.

- The RX Protection Plan (form #25892) is replaced with a state specific version (form #25892-NV) and the following information is added under the Non-Network Pharmacy: Plan A: Non-Network Pharmacy - up to a 30-day supply; Generic Drugs - 70% of the Usual & Customary Pharmacy Price less \$10 copay; Brand Name Drugs - 1%; Plan B: Non-Network Pharmacy - up to a 30-day supply; Generic Drugs - 70% less \$15 copay; Formulary Brand Name Drugs - 70% less \$30 copay; Non-Formulary Brand Name Drugs - 70% less \$45 copay.

## Ohio

- State Mandated Benefits: Alcoholism; Child Health Supervision Services; Cytologic and Mammography Screening; and Minimum Stay Requirements for Maternity Care.
- The RX Protection Plan is form number #25892-OH 3/02 and the following information is added under the Non-Network Pharmacy: Plan A: Non-Network Pharmacy - up to a 30-day supply; Generic Drugs - 50% less \$10 copay; Brand Name Drugs - not covered Plan B: Non-Network Pharmacy - up to a 30-day supply; Generic Drugs - 50% less \$15 copay; Formulary Brand Name Drugs - 50% less \$30 copay; Non-Formulary Brand Name Drugs - 50% less \$45 copay.

## Oklahoma

- State Mandated Benefits: Diabetes; Mammography; Dental Anesthesia; Immunizations; Mastectomy Minimum Stay Requirements; Osteoporosis; Maternity Stay Requirements For Covered Maternity Care (subject to the provisions of the optional Maternity Benefit Rider which requires additional premium, or for Complications of Pregnancy as defined in the Certificate); Severe Mental Illness; Telemedicine
- Under the definitions page and the exclusions and limitations page, the provision for sickness, "12 months" is changed to "30 days".
- The definition of injury is deleted and replaced as follows: "Injury means accidental bodily injury or injuries sustained by an insured person which directly causes the loss, independent of sickness, bodily infirmity, or any other cause, and which occurs after the insured person's coverage has become effective and while the coverage is in force."
- The RX Protection Plan (form #25892) is replaced with a state specific version (form #25892-OK) and exclusion #3 is deleted in its entirety.
- The optional\* Pregnancy & Childbirth Rider (form #25884) is replaced with a state specific version (form #25884-OK): The following language is added: Covered expenses shall also include the actual and documented costs associated with the birth of an adopted child who is eighteen (18) months of age or younger at the time of placement, subject to coinsurance and maximum benefit amount shown for this rider in the Certificate schedule. The coinsurance amount will be based on the number of months this rider has been in force on the date of placement of the adopted child. You may be requested to provide us with medical bills and records associated with the birth of the adopted child, and proof you paid or are responsible for payment of the medical bills associated with the birth, and that the cost of the birth was not covered by another health care plan, including Medicaid.
- Renewable Term Life Insurance Plan is available under form number (form #25919-IP). The optional riders are as follows: Terminal Illness Rider (form #25923-IR), Accidental Death and Dismemberment with Common Carrier Rider (form #25922-IR\*), and Accelerated Living Benefit Rider (form #25921-IR\*). \*Optional riders require additional premium.
- "Critical Care Plus Plan (form #25936-P)", the following is added: if a qualifying event occurs during the waiting period, we will pay an amount not to exceed \$500. The following exclusion and limitation bullet #1 is amended by adding: "while serving in the military or service or any auxiliary unit attached thereto."

## Pennsylvania

- State Mandated Benefits: Child Immunization (this benefit is not subject to a deductible or dollar limit); Women's Preventative Health (this benefit is not subject to the deductible); Enteral Formula (this benefit is not subject to the deductible); Mammography.

## Rhode Island

- The following has been deleted in its entirety: “Breast reduction or augmentation, unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Certificate.” and it has been replaced with the following language: “Breast reduction or augmentation, unless necessary in connection with breast reconstructive surgery following a mastectomy.”

## South Carolina

- State Mandated Benefits: Diabetes Treatment; Mammography Screening; Pap Smear; Prostate Cancer; Minimum Stay Requirements for Mastectomies; Reconstructive Breast Surgery; and Off Label Drugs (Covered expenses include charges for a prescription drug used in the treatment of cancer which has been approved by the Food and Drug Administration but which is being used for a particular indication other than that approved by the FDA if the drug is recognized as safe and effective for the treatment of cancer in one of the standard reference compendia or in the medical literature.)
- The RX Protection Plan (form #25892) is replaced with a state specific version (form #25892-SC) and exclusion #3 is deleted in its entirety.

## Tennessee

- State Mandated Benefits: Treatment of phenylketonuria (PKU); Mammography; Prostate Cancer Screening; Reconstructive Breast Surgery; Diabetic Services and Supplies;
- The following limitations and exclusions are revised as follows: the exclusion: “Spinal manipulations and manual manipulative treatment or therapy” is deleted in its entirety; the exclusion: “Routine newborn care, unless otherwise stated herein;” is deleted in its entirety; the exclusion: “Experimental medical, surgical or other health care procedures, treatments products or services, unless otherwise stated herein;” has the following text added at the end: “Benefits for covered expenses will not be denied solely on the basis that such covered expenses were incurred as part of a clinical trial, provided such procedures, treatments, products or services are not considered experimental or investigational medicine as defined in the Certificate.”
- Under premium changes for the base plan, “31 days” is replaced with: “30 days”.
- The “Sickness” definition is revised to read: “Sickness – means any illness or disease which requires medical attention from a Physician.”
- The RX Protection Plan is (form #25891-TN).
- “Income Protection Plan (form #25916-P), ‘attained age’ is deleted from the premium changes provision.
- “Critical Care Plus Plan (form #25936-P)”, the qualification period is changed to 30 days for stroke, multiple sclerosis and renal failure.

## West Virginia

- State Mandated Benefits: Childhood Immunization; Diabetes; Temporomandibular and Craniomandibular Disorders; Treatment of Serious Mental Illness; and Treatment in Clinical Trials for Cancer.
- The definition of “Injury” where mentioned, is revised to read “Injury means accidental bodily injury or injuries sustained by an insured person which are the direct cause, independently of sickness, bodily infirmity, or any other cause, of the loss and occur while the coverage is in force.”
- The RX Protection Plan, (form #25892), exclusion #3 is deleted in its entirety.
- “Income Protection Plan (form #25916-P), the total disability or totally disabled definition is replaced with the following: “Total disability or totally disabled means that due to a sickness or injury, you are: (1) under a physician’s care; and (2) unable to perform substantially all the material duties of your current employment or occupation for which you are or become qualified by reason of education, training or experience and are not in fact engaged in employment for wage or profit, as certified by a physician upon our request.”

*\*Optional benefits require additional premium.*

- Under the "Term Life Insurance Plan", the word "indirectly" has been deleted from the exclusions and limitations section.
- "Critical Care Plus Plan (form #25936-P)", under the exclusions and limitations, bullet #10, the words "cut or wound" are deleted and replaced with "injury".

## Wisconsin

- The following has been deleted in its entirety: "Breast reduction or augmentation, unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the Certificate." and it has been replaced with the following language: "Breast reduction or augmentation, unless necessary in connection with breast reconstructive surgery following a mastectomy."

## Wyoming

- State Mandated Benefits: Cancer Screening; Diabetes Self-Management Training and Education.
- The "Pre-existing condition" definition and limitation is deleted and replaced. The new definition and limitation reads as follows: "Pre-existing condition means a medical condition, sickness or injury not excluded by name or specific description for which medical advice, consultation, or treatment was recommended by or received from a physician within the six month period before the effective date of coverage. We will not provide benefits for any loss resulting from a pre-existing condition, unless the loss is incurred twelve months after the effective date of coverage for an insured person. We will credit the time the person was previously covered by a private or public health benefit plan if the coverage was continuous to a date not more than 90 days prior to the effective date of coverage exclusive of any applicable waiting periods.



*\*Optional benefits require additional premium.*

### WHEN DOES COVERAGE BEGIN?

We require evidence of insurability before coverage is provided. Once MEGA has approved your application, and you have paid your premium, coverage will begin on the Certificate date shown in the Certificate schedule. For Term Life, coverage begins at 12:01 A.M. standard time at your residence on the Certificate date.

### WHAT ABOUT RENEWABILITY?

This Certificate is guaranteed renewable, subject to MEGA's right to discontinue or terminate the coverage provided in the termination of coverage section of the Certificate. For Term Life, the Certificate may be renewed at the end of the first term period for a period of ten years or to the Certificate anniversary date on which the attained age of the insured is 65, whichever is sooner.

### WHAT ABOUT PREMIUM CHANGES?

You cannot be singled out for rate increases. We reserve the right to change the table of premiums, on a class basis, becoming due under the Group Policy at any time and from time to time, provided MEGA has given the group policyholder written notice of at least 31 days prior to the effective date of the new rates. The premium may also change due to an increase in the attained age of the insured person. For Income Protection, the premium may change based on occupation. Refer to state variation pages for specific information.

### WHEN DOES COVERAGE TERMINATE?

#### **For All Coverages:**

Your coverage will terminate and no benefits will be payable under the Certificate and the attached riders, if any: 1) at the end of the period for which premium has been paid; 2) at the end of the period through which premium has been paid following our receipt of your written request of termination; 3) on the date we elect to discontinue this plan or type of coverage; 4) on the date we elect to discontinue all coverage in your state; 5) on the date the Group Policy terminates; 6) on the date an insured person is no longer a permanent resident of the United States; or 7) on the date of fraud or misrepresentation by you.

#### **For Dental, Vision, Accident-Only Disability, Hospital Confinement Indemnity, and Specified Disease Coverages:**

In addition to the reasons listed above, your coverage will terminate and no benefits will be payable on the premium due date following the date you terminate your membership in the Association to which the Group Policy is issued.

#### **For Dental, Hospital Confinement Indemnity, Accident-Only Disability, Term Life and Specified Disease Coverages:**

In addition to the reasons listed above, your coverage will terminate and no benefits will be payable upon your attainment of age 65.

#### **For Specified Disease Coverage:**

In addition to the reasons listed above, your coverage will terminate on the date the first occurrence benefit amount is paid with respect to each insured person.

#### **For Term Life Coverage:**

In addition to the reasons listed above, your coverage will terminate on: 1) the date of the insured person's death and 2) the date the Certificate ends, as shown on the schedule of benefits.

#### **Covered Dependent's Coverage:**

Your covered dependent's coverage will terminate and no benefits will be payable on: 1) The date your coverage terminates; 2) The date such dependent ceases to be an eligible dependent; 3) The date we receive your written request to terminate a dependent's coverage; or 4) On the date a covered dependent performs an act or practice that constitutes fraud.

The attainment of the limiting age for an eligible dependent will not cause coverage to terminate while that person is and continues to be both: 1) incapable of self-sustaining employment by reason of mental retardation or physical handicap; and 2) chiefly dependent on you for support and maintenance, meaning the eligible dependent receives the majority of his/her financial support from you.

You should be contacted by us within 14 days confirming our receipt of your application. If you have any questions about your application, insurance coverages, need any assistance with claims or other matters, please contact:

**THE MEGA LIFE AND HEALTH INSURANCE COMPANY**

Toll-Free # 1 (800) 527-5504  
Home Office: Oklahoma City, OK  
Administrative Office:  
9151 Grapevine Highway  
N. Richland Hills, Texas 76180

Received from \_\_\_\_\_

the amount of \$ \_\_\_\_\_ / check # \_\_\_\_\_ for the initial insurance premium, one-time association administration fee and current association dues, if applicable, with application for enrollment in:

**HEALTH CHOICE ADVANTAGE BENEFIT PLAN**

You must be an Association member in order to apply. The representative does not have the authority on behalf of MEGA to accept risks; to make, alter or amend any Group Policy; or to extend the time for making any payment due under such Group Policy. Insurance is not effective until the coverage applied for has been approved and issued by MEGA.

Date \_\_\_\_\_ Authorized Representative \_\_\_\_\_ Number \_\_\_\_\_

This brochure is a brief description of the coverages offered under: the Basic Hospital/Medical-Surgical Expense Insurance Plan (Form 25875-P); the Accident-Only Disability Income Insurance Plan (Form 25916-P); the Specified Disease/Condition or Major Organ Transplant Insurance Plan (Form 25936-P); the Dental Insurance Plan (Form 25879-P); the Vision Insurance Plan (Form 25213-P), the Term Life Insurance Plan (Form 25919-P) and the Hospital Confinement Indemnity Insurance Plan (Form 25874-P). The actual Group Policy for each of the coverages is the contract and will control. Benefits, exclusions and limitations may vary by state. Your Certificate(s), which should be read immediately upon receipt, describe in detail the rights and obligations of both you and The MEGA Life and Health Insurance Company under the Group Policy. Specific coverages available in your state may vary.

2005 THE MEGA LIFE AND HEALTH INSURANCE COMPANY

**M/HCA 8/04**

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