



2025

NAWP ENROLLMENT BENEFITS GUIDE



ENROLLMENT OPTIONS



Call 866-667-8415
M-F, 8 AM - 7 PM EST
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LET'S GET STARTED

The National Association of Workplace Programs provides you and your family the following benefits and plans featured in this brochure. To view a full list of member benefits visit nawp.us.



\$10 Monthly Membership Highlights



- ✓ Nutrition and Wellness Coaching
- ✓ In App Workouts – No equipment needed!
- ✓ Sleep Management
- ✓ Stress Management

Available on
iOS & Android



Includes \$10,000 of Life Insurance



401K retirement plan



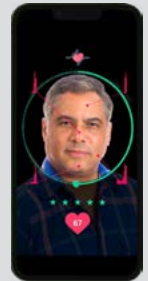
Sleep apnea testing and equipment



CDL Health Scanner

Scan your face and track key health information

- Blood Pressure
- Heart Rate
- BMI
- Respiratory Rate



Weight loss treatment for where you are today.



Personalized treatment plans



GLP-1 tailored to your unique need, starting at \$199.00/month



Ongoing care - you can see the same physician 100% via telehealth.



Please contact us about any of our membership benefits for additional details.



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Medical Plan Options	Pro	Max	Copper	Bronze
Evidence of Insurability	Guaranteed Acceptance			
PPO Network^{7,8}	First Health ⁸		MultiPlan [®] : PHCS, Practitioner & Ancillary	
Deductible	In-Network Provider (No Out of Network Coverage)		In-Network Provider	
Individual/ Family	n/a		\$2,000/\$4,000	\$0
Out-of-Pocket Max	In-Network Provider (No Out of Network Coverage)		In-Network Provider	
Individual/ Family	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400
Medical Services	In-Network Provider			
Preventive & Wellness (Non-Hospital Based)	\$0 Copay (Plan pays 100% of covered preventive and wellness services)			
Primary Care Office Visit (Non-Hospital Based)	\$25 Copay (Combined visit of 5 visits/plan yr)		\$25 Copay (Deductible does not apply)	\$25 Copay (Max 8 visits/plan yr)
Specialist Office Visit (Non-Hospital Based)			\$45 Copay	\$50 Copay (Max 8 visits/plan yr)
Urgent Care			\$50 Copay (Deductible does not apply)	\$50 Copay (Max 2 visits/plan yr)
Other Physician Services Performed in the Office	Not Covered		\$45 Copay	\$50 Copay per service billed (Limited to Primary Care/Specialist visits/ plan yr.)
Telemedicine Services	\$0 Copay ⁶			
Outpatient Diagnostic Services				
Laboratory Services (Non-Hospital Based)	\$25 Copay (Combined limit of 5 visits/plan yr)	\$50 Copay per panel tested or image billed (deductible does not apply)	After Deductible, plan pays 100%	\$50 Copay (Combined 3 visits/plan yr)
Radiology (Non-Hospital Based)	Not Covered		50% Coinsurance ⁴ (after Deductible)	After Deductible, plan pays 100% ^{2,4}
CT/MRI/PET Scan (Non-Hospital Based)			\$350 Copay ^{2,4} (Max of 1 visits/plan yr)	
Hospitalization and Emergency Services				
Inpatient Hospitalization ²	Not Covered		After Deductible, plan pays 100% ^{2,4}	\$350 Copay per admission ^{2,4} (Max 5 days/plan yr)
Inpatient Surgery ²			Included in Inpatient Hospitalization Benefit ⁴	Included in Inpatient Hospitalization Copay ^{2,4} (Second surgical opinion may be required; Max 2 surgeries/plan yr)
Outpatient Hospital or Free Standing Facility Services and Surgery ²			After Deductible, plan pays 100% ⁴ (Includes Anesthesia ² Benefit)	\$350 Copay ² (Max 1 visit/plan yr) (Includes Anesthesia ² Benefit - Limited to 2 inpatient & 1 outpatient anesthetic procedures/plan yr and in ER is not subject to Anesthesia limits)
Emergency Room Services ²			After Deductible, plan pays 100% ⁴	\$350 Copay (Max 1 visit/plan yr)
Pregnancy Benefits				
Office Visits	\$25 Copay (Considered a Specialist Office Visit.)	\$50 Copay (Considered a Specialist Office Visit.) (Deductible does not apply)	\$25 Copay Not Covered	
Professional Services	Not Covered			
Maternity/Childbirth/Delivery ²	After Deductible, plan pays 100% ⁴			
Mental Health, Behavioral Health, or Substance Abuse Services²				
Inpatient or Partial Day ²	Not Covered		After Deductible, plan pays 100% ⁴	\$350 Copay per day ⁴ (Max 5 days/plan yr) (In-Patient)
Outpatient Hospital or Free-Standing Facility			\$350 Copay per day ⁴ (Limited to 1 visit/plan yr)	
Office Visits	\$25 Copay (Combined limit of 5 visits/plan yr)	\$25 Copay (Deductible does not apply)	\$45 Copay	\$25 Copay per day (Max 8 days/plan yr)
Other Services				
Rehabilitation/Habilitation Services (Physical, Speech, and Occupational)	Not Covered		\$50 Copay (Combined limit of 20 visits/plan yr.) (Pre-Authorization is required after 6 visits.)	\$45 Copay (Combined limit to 20 visits/plan yr. Pre-authorization is required after 6 visits.)
Allergy Services ³			After Deductible, plan pays 100%	\$25 Copay
Emergency Medical Transportation ²			After Deductible, plan pays 100% ⁴ (Limited to 60 visits/plan yr)	\$250 Copay (By land only; Max 1 transport/plan yr)
Home Health Care			\$45 Copay (Limited to 20 visits/plan yr)	\$25 Copay (Max 10 visits/plan yr)
Chiropractic Services			After Deductible, plan pays 100% (Limited to a maximum of \$6,500/plan yr)	\$50 copay (Max 10 visits/plan yr)
Prosthetic and Orthotic devices ²			After Deductible, plan pays 100% (Subject to limitations)	Not Covered
Durable Medical Equipment ²			After Deductible, plan pays 100%	
Hospice Care ^{2,4}			After Deductible, plan pays 100% (Limited to 60 days/ plan yr)	
Skilled Nursing Facility ^{2,4}			\$0 Copay	
Second Surgical Opinion ⁴				
PHARMACY BENEFITS - Included in Medical Plans				
Preventive Prescriptions	No Copay for ACA Compliant covered prescription drugs			
Non-Preventive Prescriptions	20% Coinsurance (Generic Only) 12 Prescriptions Max 30 day supply Max	\$20 Copay (Generic Only) 30 day supply Maximum	Not Covered	
PHARMACY BENEFITS - Provided by DataRx⁶				
Prescription Benefit	Not Covered	Copay: \$10 Formulary Generic; \$50 Formulary Brand; Mail Copay: \$30 Formulary Generic; \$150 Formulary Brand; Annual Max: \$750 Per Person; \$1500 Per Family)		
Monthly Rates	Pro	Max	Copper	Bronze
Individual	\$167.40	\$250.92	\$654.69	\$583.03
Individual + Spouse	\$249.91	\$420.84	\$1,292.24	\$1,052.22
Individual + Child	\$240.20	\$429.26	\$1,134.56	\$1,083.37
Family	\$320.48	\$635.31	\$1,748.73	\$1,635.86

Not available in Alaska, Hawaii, Massachusetts, and New Hampshire.
 1. Combined 5 visits per year includes Primary Care Visit to Treat Injury or Illness, Specialist Visit and Urgent Care Visit.
 2. Subject to Reference Based Pricing
 3. Included in Primary Care Office Visit or Specialist Office Visit limits. The copay applies to the administration of the allergy service and is separate from the copay for the office visit
 4. Pre-authorization required.
 5. Prescription Benefit is offered through AC&A Limited Partnership by DataRx and is not integrated with the health plan design. The prescription provided by DataRx is not available in NY, SD, and WA. For the Max plan only: In the states noted, \$20 co-pay generic only, 30 day supply max.
 6. This benefit is offered through AC&A Limited Partnership by a third party and is not integrated with the health plan

design.
 7. First Health is a brand name of First Health Group Corp., an indirect, wholly-owned subsidiary of Aetna Inc. Provider look-up: <http://www.firsthealthbp.com>.
 8. To find a provider through the PHCS Practitioner and Ancillary: <https://www.multiplan.com/webcenter/portal/ProviderSearch>
 For additional information reference the Summary Plan Document for a list of services offered In-Network and out-of-Network. Refer to the schedule of benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits, the Schedule of Exclusions and Exclusions. This coverage is available when you join the Limited Partnership. Partners must be active to maintain eligibility.

LP : Pro, Max, Copper, and Bronze, Plans 10-1-24 01



MEDICAL PLANS

Preventive Health Services: Limitations, Intervals, and Requirements¹

The following table represents the preventive services currently covered under the Pro, Max, Copper, Bronze Plans as well as the permitted interval and any requirements of such preventive services.

Benefits are automatically subject to 29 CFR § 2590.715 -2713(a). Amendments to this section through legislative act or regulation are automatically incorporated into this document by reference. Preventive Services covered in this section are explained in more detail through the following official resources:

- Medical services with a rating of “A” or “B” from the current recommendations of the United States Preventive Services Task Force. See <https://www.uspreventiveservicestaskforce.org>
- Preventive care and screenings for infants, children, and adolescents provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. Guidelines can be found in <https://www.hrsa.gov>
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for certain individuals only. See <https://www.cdc.gov/vaccines/acip>

Preventative and Wellness Services - Covered Benefits

Adults

- Adult Annual Standard Physical
- Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling
- Aspirin: Preventive Medication
- Blood pressure screening
- Breastfeeding interventions
- Chlamydia screening
- Colorectal Cancer Screening
- Dental cavities prevention: infants and children up to age 5 years
- Depression Screening
- Diabetes Screening
- Fall Prevention: Older Adults
- Healthy Diet and Physical Activity Counseling to Prevent Cardiovascular Disease
- Hemoglobinopathies screening
- Hepatitis B screening
- Hepatitis C virus (HCV) infection screening: born between 1945 and 1965.
- High Blood Pressure Screening
- HIV Preexposure Prophylaxis for the Prevention of HIV Infection
- HIV Screening
- Hypothyroidism screening
- Lung Cancer Screening
- Obesity screening and Counseling
- Sexually Transmitted Infections Counseling
- Skin Cancer Behavioral Counseling
- Statin Preventive Medication
- Tobacco Use Counseling and Interventions
- Syphilis Screening

Men

- Abdominal aortic aneurysm screening
- ### Women
- Aspirin: Preventive Medication
 - BRCA risk assessment and genetic counseling/testing
 - Breast Cancer Preventive Medications
 - Breast Cancer Screening
 - Cervical Cancer Screening: with Cytology (Pap Smear) Lung cancer screening
 - Chlamydia Screening
 - Contraceptive Methods and Counseling
 - Folic Acid Supplementation
 - Gonorrhea Screening
 - Intimate Partner Violence Screening
 - Osteoporosis Screening
 - Well-Woman Visits

Pregnant Women

- Bacteriuria Screening
- Breastfeeding Support, Supplies and Counseling
- Depression Screening
- Gestational Diabetes Mellitus Screening
- Hepatitis B Screening
- HIV Screening
- Preeclampsia Screening
- Rh Incompatibility Screening: First Pregnancy Visit
- RH Incompatibility Screening: 24–28 Weeks' Gestation
- Syphilis Screening
- Tobacco Use Counseling and Interventions

Newborns

- Gonorrhea Prophylactic Medication
- Hemoglobinopathies Screening
- Hypothyroidism Screening
- Phenylketonuria Screening

Infants

- Dental Caries Prevention: Infants and Children Up to Age 5

Children

- Dental Caries Prevention: Infants and Children Up to Age 5
- Obesity screening and Counseling
- Skin Cancer Behavioral Counseling
- Tobacco Use Counseling and Interventions
- Vision Screening: Age 3 to 5
- Well-Child Visits

Adolescents

- Depression Screening
- Hepatitis B Screening
- HIV Screening
- Obesity screening and Counseling
- Sexually Transmitted Infections Counseling
- Skin Cancer Behavioral Counseling
- Tobacco Use Counseling and Interventions

Multiple Populations

- Tuberculosis Screening: all populations at risk
- Skin Cancer Behavioral Counseling: young adults, adolescents, children, and parents of young children

*See Schedule of Benefits for Limitations, Intervals and Requirements.

Vaccines

IMMUNIZATIONS - recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for routine use in children, adolescents, or adults*

Adults 19 Years or Older	Children From 7 Through 18 Years Old	Birth Through 6 Years Old
<ul style="list-style-type: none"> • IIV • RIV • LAIV • Tdap • MMR • VAR • RZV • ZVL • HPV - Female • HPV- Male • PCV13 • PPSV23 	<ul style="list-style-type: none"> • Flu • Tdap • HPV • MenACWY • MenACWY 	<ul style="list-style-type: none"> • HepB • DTaP • Hib • PCV13 • IPV • Flu • MMR • VAR • HepA • RV

1. None of the Preventive Health Services are covered if they are provided at a hospital.

* Immunization illustrations listed herein are based upon CDC recommendations contained in the following schedules: (i) Recommended Child and Adolescent Immunization Schedule (available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>), and (ii) Recommended Adult Immunization Schedule (available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>). Additional immunization scenarios not included in the aforementioned illustrations (such as catch-up immunization recommendations, immunization recommendations for certain high-risk groups, and immunization recommendations subject to individual clinical decision-making) may also be covered under this Plan pursuant to CDC recommendation. Information concerning these additional covered immunization scenarios (including vaccine type, age requirements, and frequency) is available online under the CDC schedule links listed above. Paper copies of these CDC schedules can also be obtained free of charge by written request to the Plan Administrator.

This plan is ACA Compliant. For additional information, visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/> as benefits are subject to change. Or reference the Summary Plan Document for a list of Wellness & Preventative services offered In-Network.



On your coverage effective date, you will gain access to the Rolling Strong wellness application to manage your own personal health goals, your health plans, and access to your ID Cards and provider network.



HOSPITAL INDEMNITY

POLICY BENEFITS		OPTION 1	OPTION 2	
Daily In-Hospital Indemnity Benefit	Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness.	\$500 31 days	\$600 31 days	
Out-Patient Physicians Office Visit	Pays each day an insured person receives outpatient treatment in a physician's office or at an urgent care facility as the result of a covered accident or sickness, up to the annual maximum days listed.	\$60 6 days	\$70 6 days	
Diagnostic Lab Benefit	Pays each day an insured person undergoes an outpatient lab test performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed. Does not include tests covered under any other rider.	\$40 per day 2 day max	\$40 per day 2 day max	
Diagnostic Select Benefit	Pays each day an insured person undergoes an outpatient X-ray, ultrasound, EEG or sleep study performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed.	\$200 per day 2 day max	\$200 per day 2 day max	
Diagnostic Advanced Benefit	Pays each day an insured person undergoes an outpatient CT Scan, MRI, myelogram, PET, angiogram, arteriogram or thallium stress test performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed.	\$800 per day 1 day max	\$800 per day 1 day max	
In-Patient Hospital Admission Benefit	In the event we pay a hospital admission benefit and the insured is later admitted to the ICU for the same or related condition within 30 days, we will pay the difference between what was paid for the hospital admission and the higher ICU admission benefit.	\$500 per day 1 per year	\$1,000 per day 1 per year	
Surgical and Anesthesia Indemnity Benefit Rider	Pays each day an insured person undergoes surgery, as follows:	Inpatient surgery	\$1,000/1 day	\$1,500/1 day
		Anesthesia percentage	20%	20%
Off-the-Job Accidental Injury Indemnity Benefit Rider	Pays each day an insured person receives treatment for a covered accident. Treatment must be provided by a physician within 96 hours of the accident.	\$400 5 days	\$500 5 days	
Critical Illness Indemnity Benefit Rider	Pays once when the insured is diagnosed with a critical illness (invasive cancer, heart attack, stroke, end stage renal failure, or major organ failure). A subsequent benefit is payable when the insured is diagnosed with a different critical illness 60 or more days after the first diagnosis.	\$5,000 25% Dependent	\$5,000 25% Dependent	
Group Term Life with Accidental Death and Dismemberment	Member - \$10,000; Spouse - \$5,000; Children - \$2,500 / child	Included	Included	

NON-INSURANCE DISCOUNT PROGRAMS

PPO Network offered by Multiplan	Included	Included
Discount Card offered by ProCare	Included	Included

HOSPITAL INDEMNITY INSURANCE MONTHLY PREMIUMS

	MEMBER	MEMBER + SPOUSE	MEMBER + CHILD	FAMILY
OPTION 1	\$121.75	\$242.45	\$179.85	\$279.41
OPTION 2	\$146.68	\$298.26	\$221.71	\$346.21

THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL COVERAGE (MEC) AS DEFINED BY THE FEDERAL AFFORDABLE CARE ACT (ACA).

This is a brief summary of Hospital Indemnity Insurance. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details. Issue Age 18 to 65 (Eligible Children under the age of 26).

DENTAL AND VISION

Dental Coverage			
Plan Details		Basic	Preferred
Annual Maximum		\$500/yr	\$1,000/yr
Deductible		\$50 Annual	\$50 Annual
Deductible Limit		Max 3 per family	Max 3 per family
Services*		Basic	Preferred
Diagnostic & Preventative	Cleanings, Exams, Oral Cancer Screening (age 40+), Radiographs - Bitewings, Radiographs - FMX, Fluoride (under age 16), Sealants (under age 16), Space Maintainers (under age 16)	Plan Pays 100% Deductible Waived	Plan Pays 100% Deductible Waived
Basic	Emergency Pain, Restorations (Amalgams & Anterior Resin), Restorations (Posterior Resin), Crown Repairs, Bridge Repairs, Denture Repairs	Plan Pays 80%	Plan Pays 80%
Major ¹	Simple Extractions, Surgical Extractions, Oral Surgery, Endodontics, Periodontal Maintenance, Non-Surgical Periodontics, Surgical Periodontics, Inlays, Onlays, Crowns, Bridges, Dentures, Implants, Anesthesia	Plan Pays 0%	Plan Pays 50%

Plan Tier	Member	Member + Spouse	Member + Child(ren)	Family
Basic	\$19.67/mo	\$35.34/mo	\$43.31/mo	\$63.33/mo
Preferred	\$27.98/mo	\$51.94/mo	\$54.52/mo	\$83.40/mo

1. 12 month waiting period on Major services

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The information on this sheet is a brief summary of your dental plan and the services it covers. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions, or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact BrightBenefits.

Vision Coverage			
Benefit	Description	Copay	Frequency
Eye Exam	Focuses on your eyes, vision and wellness	\$10	Every 12 months
Frame	Pay no more than \$25 for Exclusive Collection frames at participating locations or \$130 frame allowance at network locations or \$180 frame allowance at Visionworks ¹ Plus 20% off any amount over your allowance ²	Included	Every 24 months
Lenses and enhancements ³	Clear plastic single -vision, bifocal, trifocal or lenticular lenses Polycarbonate Lenses for dependent children Tinting of Plastic Lenses Scratch-Resistant Coating	\$25	Every 12 months
Lens upgrades ³	Polycarbonate lenses for adults High-Index Lenses 1.67 High-Index Lenses 1.74 Polarized Lenses Progressive Lenses (Standard / Premium / Ultra / Ultimate) Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate) Ultraviolet Coating Plastic Photochromic Lenses (Transitions® Signature™) Premium Scratch -Resistant Coating Scratch-Protection Plan (Single -Vision / Multifocal) Digital Single Vision Lenses Trivex Lenses Blue Light Filtering	\$30 \$55 \$120 \$75 \$50 / \$90 / \$140 / \$175 \$35 / \$48 / \$60 / \$85 \$12 \$65 \$30 \$20 / \$40 \$30 \$50 \$15	Every 12 months
Prescription contacts ⁴ (instead of glasses)	15% off fitting, evaluation and follow-up \$130 allowance for contacts Plus 15% off any amount over your allowance ²		Every 12 months
Extra member savings (not insured benefits)		Out-of-network coverage	
<ul style="list-style-type: none"> 15% off standard laser vision correction or 5% off promotional prices at LasikPlus® locations nationwide. No more than \$39 on routine retinal imaging as an enhancement to an eye exam 30% off additional pairs of eye glasses.² Free 1-yr. breakage warranty on your glasses - limitations apply. 		Exam.....\$40 Frame.....\$50 Single vision lenses.....\$40 Bifocal/Progressive lenses.....\$60	Trifocal lenses.....\$80 Lenticular lenses.....\$100 Elective contacts.....\$105 Visually required contacts....\$225

Vision Rates			
Member	Member + Spouse	Member + Child(ren)	Family
\$10.22/mo	\$16.76/mo	\$18.42/mo	\$25.22/mo

1. Excludes Maui Jim® eyewear.

2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers.

3. Spectacle lens options may not be available at all locations.

4. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail. Products may vary by state.

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SHORT-TERM DISABILITY

**GUARANTEED ISSUE UP TO \$3,000!
SIMPLIFIED ISSUE \$5,000!**



The More You Know

How would you and your family make it with no paycheck? Short-term disability income insurance helps protect your income if you ever get sick or hurt and can't work, so you can focus on getting better.

Policy Highlights	Benefits
Evidence of Insurability	Guaranteed Issue up to \$3,000 per month
Insurance For	Members Only
Benefit Levels	Up to \$5,000 per month (Simplified Issue). Not to exceed 60% of salary.
Benefit Period	6 Months
Waiting Period	14 days accident/14 days sickness
Tax-Free Benefit	No taxes due on cash benefits

Short-Term Disability Income Insurance

Benefit	Ages 18-69
\$500 Monthly Benefit	\$32.00
\$1,000 Monthly Benefit	\$59.00
\$1,500 Monthly Benefit	\$86.00
\$2,000 Monthly Benefit	\$113.00
\$2,500+ Monthly Benefit	Call for Pricing
MONTHLY	

This is a brief summary of short-term disability income insurance. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.



ACCIDENT INSURANCE



The More You Know

Accidents can happen at any time, to anyone. Who would pay the bills when a serious injury unexpectedly puts you in a hospital bed for days, weeks, or longer? The everyday bills and extra expenses do not stop when an accident strikes.

Policy Highlights	Benefits																
Initial Hospitalization for Injury Benefit	\$500 per person, per calendar year																
Accident Emergency Treatment Benefit	\$100 for member or spouse paid once per insured accident \$70 for children paid once per insured accident																
Accident Hospital Income Benefit	Hospital - \$100 per day up to 365 days per year with 30 days of accident ICU - \$300 per day up to 15 days per insured person per insured accident																
Appliances Benefit	\$100 per accident, per person (Not including hearing aids and/or dental aids)																
Physical Therapy Benefit	\$50 per treatment, one treatment per day - up to six treatments per insured accident																
Prosthesis Benefit	\$500 per person, per insured accident																
Accident Follow-up Treatment Benefit	\$25 per visit up to a maximum of 3 treatments within 6 months per insured person, per insured accident																
Wellness Benefit	\$60 annual benefit for the insured or any one insured family member after the first 12 months of paid premium																
Ambulance Benefit	\$150 Ground Ambulance \$600 Air Ambulance																
Accidental Death Benefit	Pays the selected death benefit amount when the insured dies as a result of a common-carrier (commercial airline, bus, railway, boat or ship, subway, or streetcar), motor vehicle or pedestrian, or other type of accident. Death must occur within 90 days of such accident.																
	<table border="0"> <thead> <tr> <th></th> <th>Member:</th> <th>Spouse:</th> <th>Child:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Motorized Vehicle or Pedestrian Accidents</td> <td style="text-align: center;">\$25,000</td> <td style="text-align: center;">\$12,500</td> <td style="text-align: center;">\$2,500</td> </tr> <tr> <td style="text-align: center;">Common-Carrier Accident</td> <td style="text-align: center;">\$35,000</td> <td style="text-align: center;">\$17,500</td> <td style="text-align: center;">\$3,500</td> </tr> <tr> <td style="text-align: center;">Other Accident</td> <td style="text-align: center;">\$15,000</td> <td style="text-align: center;">\$7,500</td> <td style="text-align: center;">\$1,500</td> </tr> </tbody> </table>		Member:	Spouse:	Child:	Motorized Vehicle or Pedestrian Accidents	\$25,000	\$12,500	\$2,500	Common-Carrier Accident	\$35,000	\$17,500	\$3,500	Other Accident	\$15,000	\$7,500	\$1,500
		Member:	Spouse:	Child:													
Motorized Vehicle or Pedestrian Accidents	\$25,000	\$12,500	\$2,500														
Common-Carrier Accident	\$35,000	\$17,500	\$3,500														
Other Accident	\$15,000	\$7,500	\$1,500														
Accidental Dismemberment	Pays the percentage of the accidental death benefit:																
	Both arms and legs	100%															
	Two arm or two legs	50%															
	Two eyes, hands, or feet	50%															
	One eye, hand, foot, arm, or leg	20%															
	One or more fingers and/or one or more toes	5%															
Specific Sum Injuries	Pays benefits for dislocations, burns, ruptured discs, torn knee cartilage, eye injuries, lacerations, internal injuries, fractures, and for blood plasma. Benefits range from \$30-\$2,665. Ask for copy of rider for specific amounts payable and definitions and limitations for each specific accident. (Benefits will not be paid for services rendered by a member of the immediate family of an insured person)																
Benefits	On or off the job accidents																
Family Lodging Benefit	\$100 benefit if an insured suffered injuries in a covered accident and requires hospital confinement at a facility more than 100 miles from the residence of the covered person, the selected benefit amount is paid for one motel/hotel room for a member(s) of the immediate family who accompanies that person.																
Transportation Benefit	\$300 benefit if an insured suffers injuries in a covered accident and requires special treatment and hospital confinement at a facility more than 100 miles from the site of the accident or residence of the covered person, the selected benefit amount is paid for transportation costs. A local attending physician must prescribe the treatment and it must not be available locally. This benefit is limited to three trips per calendar year per covered person.																

Rates for Accident			
Member	Member + Spouse	Member + Child(ren)	Family
\$28.39	\$34.29	\$34.94	\$40.84
MONTHLY			

This is a brief summary of Accident Insurance. Insurance may not be available in all jurisdictions. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.



CRITICAL ILLNESS INSURANCE

**GUARANTEED ISSUE UP TO \$15,000!
\$50,000 MAX!**



What Is It?

Concentrate on your recovery, not your finances. Critical illness insurance provides a single cash benefit paid directly to you if you're diagnosed or treated for a covered critical illness -- giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses, such as car payments, the mortgage, groceries, or utility bills. Consider how you would manage if you were unable to work due to an illness.

Critical Illness	
Critical Illness Benefit	Critical illness insurance provides a lump-sum cash benefit which the member can use however they wish. After the critical illness diagnosis, the insured person will receive a lump-sum percentage of the elected benefit amount. The diagnosis must be made after the effective date of the certificate.
Recurrent Critical Illness Benefit	This benefit provides each insured person with an opportunity to receive an additional payment for the same critical illness. The Recurrence Benefit is a percentage of the Critical Illness Benefit amount and the percentage is selected by the association. A recurrence of the same critical illness must be separated by a 12 month waiting period. Only one Recurrence Benefit will be paid for each critical illness.
Wellness Indemnity Benefit	This benefit can help pay the costs for a screening test for early disease signs and lead to earlier intervention, better outcomes and healthier members. The benefit is payable once per calendar year per insured person.
First Occurrence	First occurrence after effective date
Rate Structure	Voluntary - Issue Age

Covered Critical Illnesses	
Illness covered under policy	Percentage of Benefit Amount
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal Failure	100%
Other Specified Organ Failure (Loss of sight, speech, or hearing)	100%
Miscellaneous Diseases - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Encephalitis/meningitis, Rocky Mountain Spotted Fever, Typhoid Fever, Anthrax, Cholera, Primary Sclerosing Cholangitis (Walter Payton's Disease) and Tuberculosis	100%
Alzheimer's Disease	30%
Coronary Artery Disease Requiring Bypass Grafts	25%
Coronary Artery Disease Requiring Angioplasty/Stent	5%

Additional Benefit	Benefit Amount
Wellness Indemnity Benefit	\$100
Recurrent Critical Illness Benefit Rider	100%

Sample Premiums for Member - Non-Tobacco Rates

Age	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	Age	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000
18-29	\$19.75	\$22.60	\$25.45	\$28.30	\$31.15	\$34.00	50-59	\$46.60	\$58.40	\$70.20	\$82.00	\$93.80	\$105.60
30-39	\$21.40	\$24.80	\$28.20	\$31.60	\$35.00	\$38.40	60-64	\$83.35	\$107.40	\$131.45	\$155.50	\$179.55	\$203.60
40-49	\$29.95	\$36.20	\$42.45	\$48.70	\$54.95	\$61.20	65+	\$104.95	\$136.20	\$167.45	\$198.70	\$229.95	\$261.20

MONTHLY

MONTHLY

This is a brief summary of Critical Illness Insurance. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

10 YEAR TERM LIFE INSURANCE

**GUARANTEED ISSUE UP TO \$50,000!
\$500,000 MAX!**



What Is It?

Life insurance helps provide immediate and future financial security for your family following your death. Term life insurance gives you coverage for a specified period of time, or “term” such as 10 years.

Policy Highlights	Benefits
Benefit Levels	<ul style="list-style-type: none"> - Guaranteed issue up to \$50,000 not to exceed 5 times salary. - Spouse guaranteed issue up to \$15,000. - Eligible dependent children issue is up to \$10,000; minimum is \$5,000
Evidence of Insurability	Guaranteed Issue
Portable	If an insured loses eligibility for this insurance for any reason other than nonpayment of premiums, he or she may be able to continue this Voluntary Group Term Life Insurance coverage on a direct basis.
Convertible to Whole Life Policy	Opportunity to convert to permanent ¹ life insurance upon termination of insurance.
Accelerated Death Benefit for Critical Care Condition Rider	Benefit amount is 25% of the life insurance death benefit. Allows the insured to receive an early payout of the life insurance death benefit in the event of these critical care conditions: cancer, heart attack, major organ transplant surgery, renal failure or stroke.
Accelerated Death Benefit for Living Benefit Rider	Accelerates 4% for monthly benefit or 20% of the death benefit amount as a one-time lump sum payment. Accelerates a portion of the life insurance death benefit if the insured person is diagnosed with a covered chronic illness and in the best medical judgment is unable to perform daily activities for a period of at least 90 days without human assistance; or has a severe cognitive impairment that is expected to be permanent or requires supervision to protect the insured’s health or safety.
Extension of Benefits Rider	Accelerates 4% for monthly benefit or 5% of one-time lump sum payment/Paid-up benefit of 25% of face amount
Accelerated Death Benefit for Terminal Illness Rider	Accelerates up to the lesser of \$100,000 or 50%. Accelerates a portion of the death benefit amount if a covered person is first diagnosed with a terminal illness which, in the best medical judgment, will result in death within 12 months.
Waiver of Premium Due to Layoff or Strike Rider	Waives the premium for up to six months in the event of involuntary layoff or strike. Waiver is limited to three layoffs/strikes, not to exceed a total of six months, per 12-month period. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals.

Sample Premiums for \$50,000 in Coverage

AGE	NON-TOBACCO PREMIUM
Age 25	\$16.38
Age 30	\$18.46
Age 35	\$22.17
Age 40	\$29.29
Age 45	\$39.00
Age 50	\$50.71

Issue ages are 16-75 for member and 16-65 for spouse. *Rates are based upon age and tobacco usage. ¹Coverage could lapse prior to the maturity for non-payment of premiums. You must speak with a benefits counselor to receive your applicable rate.

MONTHLY

This is a brief summary of Group Term Life Insurance. Premiums are scheduled to remain level for five years and are guaranteed level for the first five years. **Premiums may actually increase annually starting in year 6.** Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

UNIVERSAL LIFE INSURANCE

**GUARANTEED ISSUE UP TO \$50,000!
\$500,000 MAX!**



What Is It?

Universal Life Insurance is designed to last your lifetime. It combines life insurance protection with the ability to grow cash value over time. As long as your policy has earned sufficient cash value, you may borrow from it for any reason at a modest interest rate. You can use this loan for things such as paying college tuition, mortgage costs, or use it to pay for final expenses.

Policy Highlights	Benefits
Benefit Levels	Guaranteed issue up to \$50,000 for member and \$15,000 for spouse. Eligible dependent children is \$25,000 or \$10,000 for child term rider.
Evidence of Insurability	Guaranteed Issue
Cash Value Accumulation	The policy builds with a minimum guaranteed interest rate of 3%
Portable	Yes. If you retire or leave your group, you can take comfort in knowing that your premium won't change because you leave.
Accelerated Death Benefit for Terminal Condition Rider	Accelerates up to the lesser of \$100,000 or 75%. Accelerates a portion of the life insurance death benefit if the insured person is first diagnosed with a terminal condition which, in the best medical judgment, will result in death within 12 months. When exercised, an administrative fee of \$100 plus 12 months advanced interest will be deducted from the benefit payment. The death benefit and other contract values will be reduced accordingly and this rider will terminate.
Waiver of Monthly Deductions for Layoff or Strike Rider	Waives the monthly deductions for up to six months per year if the member is involuntarily laid off. Benefits are limited to three layoffs per year and are based on the member's layoff only. Layoff of an insured spouse or child does not qualify for this waiver. Premium payments must have begun prior to the insured member's layoff. Rider is available through age 55 and terminates on the member's 60th birthday or when the insurance is assigned to another party, whichever is earlier.
Accelerated Death Benefit for Critical Condition Rider	Accelerates up to the lesser of \$100,000 or 25%. Accelerates a portion of the life insurance death benefit if the insured person is first diagnosed with a covered critical care condition (cancer, heart attack, stroke, renal failure or major organ transplant surgery) after the 30-day waiting period. When exercised, an administrative fee of \$250 will be deducted from the benefit payment. The death benefit and other contract values will be reduced accordingly and this rider will terminate.
Accelerated Death Benefit for Living Benefit Rider	Accelerates 4% for monthly benefit or one-time lump sum payment of 20% of Face Amount. Accelerates a portion of the life insurance death benefit if the insured person is diagnosed with a covered chronic illness and in the best medical judgment is unable to perform daily activities for a period of at least 90 days without human assistance; or has a severe cognitive impairment that is expected to be permanent or requires supervision to protect the insured's health or safety.
Extension of Benefits Rider	Accelerates 4% for monthly benefit of 5% of one-time lump sum payment/Paid-up benefit of 25% of face amount
Automatic Face Amount Increase Rider	\$1 per week for 10 years. Spouse coverage is \$1 per week for 3 years. This rider automatically increases the face amount by increasing the planned premium annually. The face amount will increase by the amount that the planned premium increase will purchase at current age and rate class. This rider is only available to a member, age 16 through 60, during the initial enrollment and cannot be added later.
Child Term Insurance Rider	Benefit of \$10,000 or \$20,000 for each child. All children in the family will be insured for the same coverage amount. Allows an insured member or spouse (but not both) to insure all eligible children, age 15 days through age 25, for the selected amount of term insurance. Insurance on each child terminates on that child's 26th birthday or when the parent's insurance ends, whichever is earlier. Upon the termination the child has 31 days in which to convert to an individual contract for up to 5 times the amount of insurance under this rider or \$50,000. All children in the family will be insured for the same insurance amount.

Sample Member Premiums* - Non-Tobacco		
Age	Amount You Will Pay	Amount Of Death Benefit
Age 25	\$27.85	\$50,000
Age 30	\$32.60	\$50,000
Age 35	\$39.08	\$50,000
Age 40	\$48.13	\$50,000
Age 45	\$60.19	\$50,000
Age 50	\$77.69	\$50,000

Issue ages are 16-80 for member and 16-65 for spouse. *Rates are based upon age and tobacco usage. Coverage could lapse prior to the maturity for non-payment of premiums. You must speak with a benefits counselor to receive your applicable rate.

MONTHLY

This is a brief summary of Universal Life Insurance. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

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ATTENTION



EXCLUSIVE BENEFIT OPTIONS:

Medical Plans

- ✓ Co-pay Doctor Visits
- ✓ Preventative Care
- ✓ Hospitalization
- ✓ Prescription Benefits
- ✓ Guaranteed Acceptance
- ✓ Nationwide Network
- ✓ ACA Compliant

Plan Highlights

- Short-Term Disability
 - Guaranteed Issue Up to \$3,000!
- Critical Illness
 - Guaranteed Issue Up to \$15,000!
- Group Term & Universal Life Insurance
 - Guaranteed Issue Up to \$50,000!

Wellness Benefits



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