

# INTRODUCING AN AFFORDABLE APPROACH TO HEALTHCARE

## An Affordable Approach to Healthcare

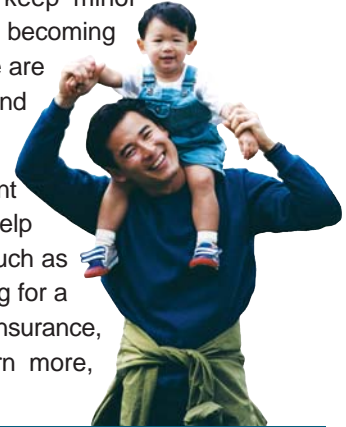
We are excited to announce a New Defined Benefit Medical Plan offered through America Protect® and The National Congress of Employers. This plan is an alternative to higher-priced major medical insurance. Unlike traditional major medical plans, a Defined Benefit Medical Plan is not designed to cover the catastrophic claims, but rather provide first dollar coverage on specific benefits for reimbursement for a variety of health related services such as hospital stays, surgical procedures, doctor visits, wellness visits, emergency room, X-rays, diagnostic tests, accidents and more. These plans are priced very competitively and puts healthcare back within reach for many uninsured or under-insured Americans. To learn more about this exciting benefit or to enroll in coverage please call **1.866.339.8464** today.



## Our Plans

Often people are forced to go without healthcare because they can't afford the exorbitant prices. America Protect® offers health care coverage that is affordable, easy to use and understand, and covers many different types of medical expenses. Through America Protect®, people are able to get the medical attention, and preventative care required to keep minor sickness, injuries, and accidents from becoming serious situations. As a result, people are better able to avoid serious illness and lost work, time and wages.

Whether you're looking to supplement your existing major medical plan to help cover your out-of-pocket expenses such as deductibles or co-insurance or looking for a low cost alternative to major medical insurance, America Protect® can help. To learn more, call us at **1.866.339.8464**



# AMERICA PROTECT®

[www.americaprotect.com/asa](http://www.americaprotect.com/asa)

## Benefit Highlights

- No physicals required
- No health questions asked\*
- No co-pays or confusing coinsurance
- Unisex four tier rates— Does not increase with age
- Choose your own provider— No mandatory network usage
- National PPO network for increased savings
- Pays in addition to other insurance
- Optional employer participation
- Maternity covered same as other sickness
- Benefits are assignable to providers
- Group or individual billing options
- National availability
- Simple enrollment process

\* Product availability, plan design and rates will vary depending on carrier. Subject to Limitations & Exclusions.

## How Do I Enroll?

Enrolling is simple. Simply review the Summary of Benefits and Plan Costs. Decide which plan is right for you and your family. If you have questions about this coverage or would like to enroll, our enrollment counselors are standing by Monday through Friday from 8:00 a.m. to 6:00 p.m. E.S.T. to take your call. You may pay for your coverage either through monthly bank draft or credit card. When calling, please have your personal information and group number **NCEA 1001** available. You can also obtain more information online at [www.americaprotect.com/asa](http://www.americaprotect.com/asa).



For more information

or to enroll, call

**1.866.339.8464**

Group Code:

**NCEA1001**



America's Solution to Healthcare

# Summary of Benefits

## DEFINED BENEFIT MEDICAL PLANS



American Staffing Association

BENEFIT	BENEFIT DESCRIPTION	SELECT 1000	SELECT 750	SELECT 500
		BEST VALUE		
<b>Doctor Office Visit*</b> <i>Sickness or Injury</i>	The plan will pay up to Benefit Amount shown if any Covered Person incurs charges for and requires a Doctor's office visit due to a Covered Accident or Sickness.	\$100 per office visit up to 5 per year	\$75 per office visit up to 5 per year	\$50 per office visit up to 5 per year
<b>Preventive Care*</b> <i>Wellness Visits / Testing</i>	The plan will pay up to the Benefit Amount shown if any Covered Person incurs charges for one wellness visit per year in addition to the office visit.	\$100 per office visit 1 per year	\$75 per office visit 1 per year	\$50 per office visit 1 per year
<b>Emergency Room*</b> <i>Urgent Care</i>	The plan will pay up to the Benefit Amount shown if any Covered Person incurs charges for and requires emergency care of a Covered Accident or Sickness.	\$100 per office visit 1 per year	\$75 per office visit 1 per year	\$50 per office visit 1 per year
<b>Diagnostic Testing, X-Ray &amp; Lab Benefit*</b>	The plan will pay up to the Benefit Amount if any Covered Person incurs charges for diagnostic testing, (x-rays) and laboratory tests. Benefits are payable on a per day basis.	\$100 per service date, up to 3 per year	\$75 per service date, up to 3 per year	\$50 per service date, up to 3 per year
<b>First Hospital Admission &amp; Daily In-Hospital Confinement Benefit*</b>	The plan will pay up to the Benefit Amount shown if any Covered Person incurs charges for and is Confined in a Hospital due to a Covered Accident or Sickness. You will be limited to total days per year as listed including first day hospital stays.	\$1,000 1st day admission, \$1,000 per day thereafter, up to 30 days	\$750 1st day admission, \$750 per day thereafter, up to 30 days	\$500 1st day admission, \$500 per day thereafter, up to 30 days
<b>Intensive Care</b> <i>Coronary Care*</i>	The plan will pay up to the Benefit Amount shown if any Covered Person incurs charges for and is Confined to a Hospital ICU as a result of a Covered Accident or Sickness.	\$1,000 per day, 15 day max	\$750 per day, 15 day max	\$500 per day, 15 day max
<b>Surgical Benefit*</b>	The plan will pay this benefit if any Covered Person undergoes a surgical procedure due to a Covered Accident or Sickness. This benefit will be paid once per covered surgical procedure. Reimbursements are based on RBRVS which is the methodology used by the federal government to determine benefits payable under Medicare.	80% of RBRVS To an UNLIMITED maximum per procedure	80% of RBRVS To an UNLIMITED maximum per procedure	80% of RBRVS To an UNLIMITED maximum per procedure
<b>Anesthesia Benefit*</b>	The plan will pay up 25% of the Surgical Benefit Amount for required anesthesia. Reimbursements are based on Surgery Benefit Amount.	25% of surgery benefit	25% of surgery benefit	25% of surgery benefit
<b>Accident Medical Benefit*</b>	The plan pay up to the benefit amount shown if any Covered Person incurs charges due to injuries received in a Covered Accident. Covered charges are subject to a \$100 Policy Year deductible.	\$5,000 annual maximum	\$2,500 annual maximum	\$1,000 annual maximum
<b>Accidental Death &amp; Dismemberment*</b>	This benefit pays a stated amount if you die as the result of an injury.	\$15,000 per insured	\$10,000 per insured	\$5,000 per insured
<b>National Medical PPO Network*</b>	National PPO network that will provide the insured negotiated in-network re-priced discounts, reducing the insured's out-of-pocket expenses.	Included	Included	Included
<b>Prescription Drug Benefit*</b>	The prescription drug benefit provides the member with the guaranteed lowest price on all generic and brand name drugs at over 50,000 participating pharmacies across the U.S.	Included	Included	Included
<b>NCE Membership Package**</b>	Your NCE membership includes benefits such as; 401(K) Retirement Plan, Tax Preparation & Business Advice, 24 Hour Roadside Assistance, World Wide Emergency Travel Assistance, Online Physician & Lab Access, Diabetic Supplies, and much more.	Included	Included	Included
<b>TOTAL PLAN COST</b>	<b>COVERAGE LEVEL</b>	<b>SELECT 1000</b>	<b>SELECT 750</b>	<b>SELECT 500</b>
	<b>INDIVIDUAL ONLY</b>	<b>\$154.87</b>	<b>\$126.55</b>	<b>\$96.34</b>
	<b>INDIVIDUAL + SPOUSE</b>	<b>\$261.06</b>	<b>\$207.21</b>	<b>\$151.41</b>
	<b>INDIVIDUAL + CHILD (REN)</b>	<b>\$246.10</b>	<b>\$188.53</b>	<b>\$137.93</b>
	<b>INDIVIDUAL + FAMILY</b>	<b>\$367.26</b>	<b>\$287.91</b>	<b>\$205.26</b>

\* These benefits are provided under a group insurance policy underwritten by an AM Best Rated Insurance Company and are subject to the company's underwriting guidelines, exclusions, limitations, terms and conditions of coverage as set forth in the insurance policy and certificate which includes a pre-existing limitation and other restrictions. This insurance is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage. This is a limited medical plan that provides for limitations to the coverage for each benefit. In some circumstances benefits provided will vary as required by state law.

\*\* These plans are offered through a membership and at the sole discretion of National Congress of Employers (NCE) and may vary by availability, vendor or state of resident of member. Monthly membership of \$6.00 per month is included.

**This is NOT Major Medical Insurance**

# Summary of Benefits



www.americaprotect.com

## DENTAL / VISION PLAN

### DENTAL PLAN SUMMARY

Coinsurance	
<b>Type 1</b>	Schedule
<b>Type 2</b>	Schedule
<b>Type 3</b>	Schedule
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum
Maximum (per person)	\$1,000 per calendar year
Dental Rewards	Included
Allowance	Schedule
Waiting Period	12 months for Type 3, All Plan Members

### ORTHODONTIA SUMMARY - CHILD ONLY COVERAGE

Allowance	U&C
Coinsurance	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	12 months All Plan Members

### SAMPLE PROCEDURE LISTING (This is a sample procedure listing please refer to your certificate for complete details.)

Routine Exam <i>(1 in 6 months)</i>	<b>\$26.00</b>	Sealants <i>(age 13 and under)</i>	<b>\$22.00</b>	Inlays <i>(metallic one surface)</i>	<b>\$160.00</b>
Bitewing X-rays <i>(1 in 12 months)</i>	<b>\$23.00</b>	Restorative Amalgams <i>(one surface)</i>	<b>\$50.00</b>	Onlays <i>(metallic two surfaces)</i>	<b>\$208.00</b>
Full Mouth/Panoramic X-rays <i>(1 in 5 years)</i>	<b>\$67.00</b>	Restorative Composites <i>(one surface)</i>	<b>\$61.00</b>	Crowns <i>(1 in 10 years)</i>	<b>\$210.00</b>
Adult Cleaning <i>(1 in 6 months)</i>	<b>\$55.00</b>	Denture Repair <i>(broken base)</i>	<b>\$63.00</b>	Crown Repair	<b>\$40.00</b>
Fluoride for Children 13 and under <i>(1 per benefit period)</i>	<b>\$21.00</b>	Simple Extractions	<b>\$56.00</b>	Endodontics <i>(nonsurgical)</i>	<b>\$145.00</b>
				Endodontics <i>(surgical)</i>	<b>\$150.00</b>
				Periodontics <i>(nonsurgical)</i>	<b>\$49.00</b>
				Periodontics <i>(surgical)</i>	<b>\$238.00</b>
				Complex Extractions	<b>\$98.00</b>
				Anesthesia	<b>\$75.00</b>

### VSP EYE EXAM PLAN SUMMARY (Included)

	VSP Network	Out of Network
Annual Eye Exam		
Exam	100% covered	Up to \$47
Materials (complete pair of glasses)	20% discount	Not Included

### MONTHLY RATES

<b>Member Only</b>	<b>\$24.10</b>
<b>Member + Spouse</b>	<b>\$49.55</b>
<b>Member + Children</b>	<b>\$70.00</b>
<b>Member + Spouse &amp; Children</b>	<b>\$95.35</b>

## CUSTOMER SERVICE

### We're Here to Help

This plan was designed specifically for the working Americans who need affordable Dental / Vision care . At America Protect, we do more than sell insurance - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you from 8 a.m. to 8 p.m. (Eastern Standard Time) Monday through Friday. You can speak to them by calling toll-free: 1.866.823.8585. For more information visit us on the web at [www.americaprotect.com/services](http://www.americaprotect.com/services).

## DENTAL REWARDS

Your dental plan lets you qualify to carry over a portion of your unused annual maximum benefit to use toward future covered dental expenses. You can qualify for this money-saving feature by filing a dental claim during each benefit year and not exceeding your plan threshold listed below. And, if you see a PPO network dentist at least once during the benefit year, you can earn an additional PPO Bonus amount.

<b>Plan Threshold</b>	\$500	The minimum amount of unused maximum in a calendar year in order to qualify for carryover and PPO Bonus
<b>Annual Carryover Amount</b>	\$250	Amount that is added to the following year's maximum
<b>PPO Bonus</b>	\$100	Addition amount awarded for seeing a PPO Provider
<b>Maximum Carryover</b>	\$1,000	The highest possible maximum including carryover and PPO Bonus

## TYPE 3 WAITING PERIOD - all plan members

Plan members become eligible for Type 3 benefits after a 12-month waiting period from the date they are enrolled in the plan.

## ORTHODONTIA WAITING PERIOD - all plan members

Plan members become eligible for orthodontia benefits after a 12-month waiting period from the date they are enrolled in the plan.

## PPO INFORMATION

Go online to [americaprotect.com/services](http://americaprotect.com/services) and choose Dental Provider Lookup. Select National PPO to find the participating network dentists who are most convenient for you. While using a PPO dentist will almost always lower your out of pocket costs, however, this plan gives you the freedom to visit any dentist you choose.

## HOW TO ENROLL

Enrolling in the America Protect Dental / Vision plan is easy. After reviewing this information, simply call our toll free enrollment center at 1.866.339.8464 to speak to one of our enrollment counselors. Our enrollment counselors will take your application for membership and payment information over the phone. Please have your Group Number available when you call. You can get more information on our website at [www.americaprotect.com/apenroll](http://www.americaprotect.com/apenroll).



[www.americaprotect.com](http://www.americaprotect.com)

*This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact **America Protect at 1.866.823.8585. To speak to a Sales Representative, call 1.877.757.5600.***