



## Med-Sense Guaranteed Association Membership with Fixed Cash Benefit

Association Benefits  
provided by:



Insurance Coverage underwritten  
by:



Billing, Fulfillment, and Customer  
Service provided by:





# Your exclusive membership in the **Med-Sense Guaranteed Association**

MEMBERSHIP REQUIRED TO BUY THIS PRODUCT

The Med-Sense Guaranteed Association (MSGA), is a not-for-profit organization that provides memberships to individuals. Members enjoy access to a variety of health, travel, consumer discounts and business services.

You can count on MSGA to continuously and aggressively seek out new discounts to add further value to memberships in the association. Services and discounts you will enjoy as a member may include a collection of the following:

- ID Resolutions Identity Theft Service
- Sprint Cell Phone Service
- Lenscrafter Vision Club
- 24 Hour Nurse Helpline Plan
- Gateway Medicaid
- Discount Hearing Service
- Travel Assistance Benefits
- Hewlett- Packard Computer & Digital Equipment
- 1800Flowers.com
- Savings Benefits Perks Program
- UPS Express Delivery Services
- Office Depot Office Supplies & Furniture
- Hop The Shops
- Customized Web Services- NAC Web Services
- 24-Hour Emergency Roadside Assistance
- Constant Contact
- Magazine Discounts
- TravelerBonus.com
- Karis360
- Grainger Discount Program Facility, Maintenance, & Operations Product
- ADP Payroll Processing Service
- Vitamin Discount
- GymAmerica.com
- ADP Payroll Processing Service
- Moving Services

Disclaimer: These are association or life style discount services and are not affiliated with any Insurance Product or Insurance Company. There are multiple memberships of the association; the listed benefits are a brief overview, not all benefits are included in every membership of the association.



# Med-Sense Guaranteed Association Membership with Fixed Cash Benefit Plan

Fixed Cash Benefit Plan Underwritten by: Standard Life and Accident Insurance Company

Membership with **Med-Sense Guaranteed Association (MSGA)\*** is available with a Fixed Cash Benefit Limited Medical Health Insurance plan.

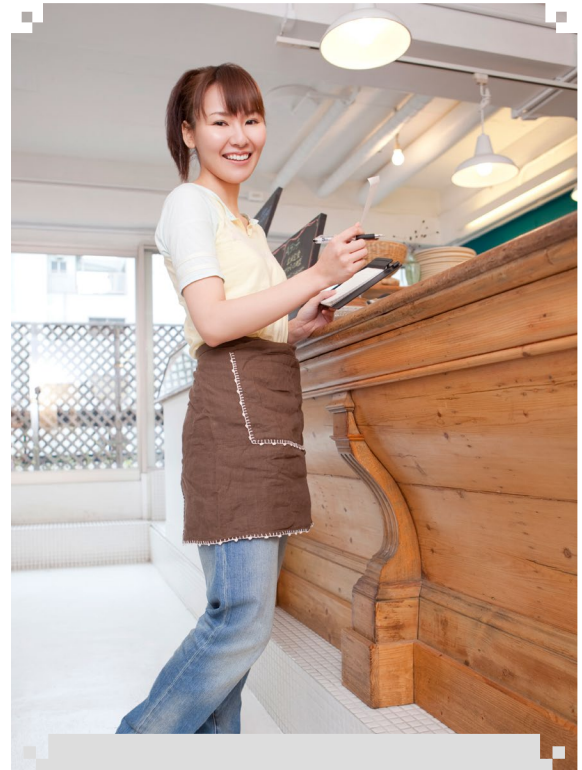
Our Fixed Cash Benefit plan is designed with the needs of everyone in mind.

- **Individuals**
- **Families**
- **Employees**
- **Small business owners**

This plan includes an assortment of benefits to help you cover the cost of your medical treatment. The benefits are straight forward; There are no copayments or deductibles. The plan also pays you regardless of whether or not you are covered under other insurance plans.

The provider network offers access to a wide selection of health care providers and hospitals across the country at a negotiated discount, which can add up to valuable savings.

Fixed Cash Benefit plan is not available in all states.



You could receive a fixed benefit amount for:

- Doctor visits
- Lab tests
- X-rays
- Hospitalization
- Surgery

**Disclaimer:** This is limited benefit health insurance coverage. It is not major medical coverage and it is not intended to replace other major medical coverage. This brochure is a brief description of the Med Sense Guaranteed Association discount and lifestyle benefits. The exact provisions are contained in the Fulfillment Materials that will be issued to the Med Sense Guaranteed Association members upon enrollment. These are not insurance benefits. These are association discount and lifestyle benefits. These plans do not satisfy the requirement to enroll in health insurance under the Affordable Care Act.

This is a brief summary of Limited Benefit Health Insurance underwritten by Standard Life and Accident Insurance Company. Provided by Policy Form Series SL-MS0414-P. Not available in all jurisdictions. Pre-existing conditions are not covered for the first 6-12 months and benefits are subject to the policy limitations and exclusions. Refer to the policy, certificate and riders for complete details. THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If any Covered Person is eligible for Medicare, such person should review the "Guide to Health Insurance for People with Medicare" available from the Company.

# Frequently Asked Questions

## **Who is eligible to apply for membership?**

Med-Sense Guaranteed Association membership is available to individuals from age 18 through age 64. Dependent children are eligible for coverage through age 25. Dependent coverage ends at age 26.

Membership provides access to Limited Benefit Accident and Sickness insurance, underwritten by Standard Life and Accident Insurance Company. Not available in all states.

## **Are there any waiting periods for non-insurance Association benefits?**

No. You can begin saving as soon as your payment is accepted and approved.

## **Are there any waiting periods for insurance benefits?**

There are no waiting periods for benefits. You can begin accessing your insurance benefits once your payment is accepted and approved. However, Pre-existing Conditions are not covered for twelve (12) months after Your membership's Effective Date.

## **When will my association and insurance benefits start?**

If you submit your application today, you can select your plan to be effective as early as 12:01am tomorrow. All coverage is subject to approval of your application and receipt of your first payment. Please refer to the plan limitations and exclusions for details.

## **What if I change my mind after I purchase coverage?**

If for any reason you are not satisfied with your coverage and you have not filed a claim, you can cancel within 30 days of the date of the Welcome letter and we will refund any premium paid and your Limited Medical coverage will be null and void.

## **Do I have to use a MultiPlan provider?**

Members under this plan may choose to be treated within or outside of the MultiPlan Network. MultiPlan has almost 800,000 healthcare providers under contract, an estimated 57 million consumers accessing the network products, and 40 million claims processed through the networks each year, giving them more of the experience and resources healthcare payers and providers need to face today's unprecedented cost and competitive pressures. As part of your Membership plan, an arrangement has been negotiated between the Association and MultiPlan to treat individuals within the MultiPlan Network for a reduced fee over the customary fees of non-Network Providers.

## **How do I access/receive my fulfillment package and policy documents?**

After you complete your purchase and your payment is approved, your fulfillment package, ID card, Association documents, insurance certificate and any other plan documents are available to you online under your Customer Login. A copy of your Welcome letter and ID cards will arrive by mail within 7-10 business days after payment is received and approved. If you are unable to access, you can request a copy of your certificate by calling (877)-353-0962.

# Fixed Cash Benefit - Covered Medical Expenses

Med-Sense Guaranteed Association with Fixed Cash Benefit membership offers the following Limited Benefit Health Insurance benefits, underwritten by Standard Life and Accident Insurance Company.

Fixed Cash Benefit plan is not available in all states. State options and benefits may vary.

	Plans	500	750	1000
<b>Hospital Confinement</b>				
Daily Hospital Confinement Benefit		\$500	\$750	\$1,000*
Maximum Number of Days per Certificate Year		30	30	30
<b>Intensive Care Unit</b>				
Daily Hospital Confinement Benefit		\$0	\$0	\$1,100*
Maximum Number of Days per Certificate Year		0	0	10
<b>Emergency Room</b>				
Daily Emergency Medical Services Benefit		\$100	\$100	\$300
Maximum Number of Days per Certificate Year		1	1	1
<b>Surgery -- Inpatient Benefit</b>				
Daily Inpatient Surgery Benefit		\$500	\$750	\$1,500
Maximum Number of Days per Certificate Year		1	1	1
<b>Surgery -- Outpatient Benefit</b>				
Daily Outpatient Surgery Benefit		\$500	\$750	\$750
Maximum Number of Days per Certificate Year		1	1	1
<b>Doctor Office Visits</b>				
Daily Doctor's Office visit Benefit		\$50	\$75	\$80
Maximum Number of Days per Certificate Year		5	5	5
<b>Preventive Care Office Visit</b>				
Daily Preventive Care office visit Benefit		\$75	\$75	\$75
Maximum Number of Days per Certificate Year		1	1	1
<b>Diagnostic Advanced Studies</b>				
Daily Diagnostic Advanced Studies Benefit		\$0	\$0	\$75
Maximum Number of Days per Certificate Year		0	0	2
<b>Diagnostic X-Rays</b>				
Daily X-Ray test Benefit		\$50	\$50	\$75
Maximum Number of Days per Certificate Year		2	2	3
<b>Diagnostic Lab Tests</b>				
Daily Lab Test Benefit		\$50	\$50	\$75
Maximum Number of Days per Certificate Year		2	2	3
<b>Ambulance</b>				
Daily Ambulance trip Benefit		\$100	\$100	\$100
Maximum Number of Days per Certificate Year		3	3	3
<b>Maternity Coverage Benefit</b>				
		No	No	No
<b>30 Day Wait for Sickness</b>				
		No	No	No

\*The Daily Hospital Confinement and Intensive Care Unit benefits will not be paid concurrently.

## Pre-existing Condition Limitation

Loss caused by or relating to a Pre-existing Condition is not covered for the first 12 months after the Certificate Effective Date of each Covered Person.

Pre-existing Condition means a condition not otherwise excluded by name or specific description:

1. for which medical advice, testing, care, treatment or medication was given or was recommended by, or received from, a Physician within 12 months before the Certificate Effective Date; or
2. that would have caused a reasonable person to seek medical diagnosis or treatment within 12 months before the Certificate Effective Date.

# LIMITATIONS AND EXCLUSIONS

Any services not specified in the Certificate of Coverage are not covered services under this Group Accident and Sickness Hospital Indemnity Plan.

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

- Occur when the coverage is not in force;
- Are not Medically Necessary;
- Are not prescribed by a Physician as necessary to treat Sickness or injury, except for the Preventive Care Benefit;
- Are Experimental/Investigative in nature, except as required by law;
- Are received without charge or legal obligation to pay, except for Medicaid; or
- Are provided by Immediate Family.

## **Additional Limitations and Exclusions:**

Except as specifically provided for in this coverage or any attached Riders, We will not pay benefits for death, Sickness or injuries that are caused by:

**Dental Procedures** - We will not pay benefits for Dental care or treatment except for such care or treatment necessitated by accidental injury to sound natural teeth within 12 months of the accident, and except for dental care or treatment necessary due to congenital disease or anomaly.

**Elective Procedures and Cosmetic Surgery** - We will not pay benefits for cosmetic surgery, except for reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child which has resulted in a functional defect. In the case of a Covered Person who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, We will pay the Surgery Benefit, shown on the Certificate Schedule for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Protheses and the treatment of physical complications at all stages of mastectomy, including lymphedemas.

The maximum benefit paid for breast reconstruction surgery will be defined by the Surgery Benefit in the Certificate Schedule.

**Felony or Illegal Occupation** - We will not pay benefits for death, Sickness or injuries incurred during the commission or attempted commission of a felony, or to which a contributing cause was the Named Insured's being engaged in an illegal occupation.

**Intoxication** - We will not pay benefits for death or injuries that are contributed to in whole or in part from:

- The Covered Person's being intoxicated (defined as blood alcohol concentration equal to or in excess of the legal limit of the state or jurisdiction in which the injuries occurred). This applies whether or not the Covered Person is charged with any legal violation in connection with a loss; and there is no need to prove a loss was caused, contributed to, or resulted from the excessive blood alcohol concentration; or
- The Covered Person's: 1) voluntary use of illegal drugs; 2) the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; or 3) intentional misuse of prescription drugs.

**Pregnancy** - We will not pay for medical treatment related to Pregnancy and childbirth except for those services required to treat Complications of Pregnancy, as defined in the Definitions section of this Certificate.

**Suicide or Injuries Which Any Covered Person Intentionally Does to Him/Herself** - We will not pay benefits for death, Sickness or injuries resulting from suicide, attempted suicide or intentionally self-inflicted injury.

**War or Act of War** - We will not pay benefits for death, Sickness or injuries resulting from war or any act of war (whether declared or undeclared); participation in a riot or insurrection; or service in the Armed Forces or units auxiliary thereto.

**Worker's Compensation** - We will not pay benefits where such benefits would be provided under any State or Federal workers' compensation, employers' liability or occupational disease law.

**Pre-Existing Condition Limitation** - There is no coverage for, nor will we pay benefits for death, Sickness or injuries related to, a pre-existing condition for a continuous period of 12 months following the Certificate Effective Date of coverage under this coverage.

This limitation applies to the following benefits:

- Hospital Confinement Benefit
- Emergency Room Benefit
- Doctor's Office Visit Benefit
- Diagnostic Tests Benefit
- Hospital Intensive Care Unit Confinement Benefit
- Surgery Benefit
- Ambulance Benefit

This limitation does not apply to:

- Genetic information in the absence of a diagnosis of the condition related to such information;
- A newborn child who is enrolled in the plan within 31 days after birth; nor to a child who is adopted or placed for adoption before attaining 26 years of age

# So many reasons to use Teladoc<sup>®</sup>



**Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.**  
It's an affordable option for quality medical care.

<p>1</p>  <p>Talk to a doctor anytime, anywhere you happen to be</p>	<p>2</p>  <p>Receive quality care via phone, video or mobile app</p>	<p>3</p>  <p>Prompt treatment, median call back in 10 min</p>
<p>4</p>  <p>A network of doctors that can treat every member of the family</p>	<p>5</p>  <p>Prescriptions sent to pharmacy of choice if medically necessary</p>	<p>6</p>  <p>Teladoc is less expensive than the ER or urgent care</p>

## GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink Eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician

Talk to a doctor anytime for **free!**

 [Teladoc.com](https://www.teladoc.com)

 1-800-Teladoc



# karis360

## Karis360 positively transforms the healthcare experience.

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### healthcare navigator

Karis360 Advisors are available to address healthcare questions, concerns, and needs.

Advisors assist in physician, prescription cost, and healthcare facility searches, as well as health cost estimates, alternative medicine options, lab and imaging services and Affordable Care Act questions, and more.



### surgery saver

Surgery costs can vary greatly from facility to facility, and in our experience, we have seen a 66% cost difference for the same surgical procedure with no appreciable difference in quality.

A dedicated Advisor shops up to five surgical facilities to verify the best available price, quality and availability for non-emergency procedures, as well as physician privilege verification.



### bill negotiator

A dedicated Patient Advocate works directly with a member's healthcare provider to help reduce their out-of-pocket portion of medical bills.

To be eligible for Bill Negotiator, you must be an active member of a plan or program that includes Karis360 at the time of your related medical incident, and your out-of-pocket balance from such medical services must exceed \$2000.

NOTE: Karis360 is not insurance and does not provide funds to pay for bills. This is a best-efforts service. Results cannot be guaranteed.



## Even more great services and discounts



### MultiPlan PPO Network Providers\*

Limited Benefit Insurance partners with MultiPlan to provide its Limited Benefit Plan participants access to thousands of hospitals, practitioners and ancillary facilities who have agreed to significant discounts on their medical services.

MultiPlan is the nation's oldest, largest and most comprehensive provider of independent medical cost management solutions, including PPO Networks. With a network of more than half a million healthcare professionals, over 4,700 hospitals and over 96,000 ancillary care facilities, plan participants will have access to a wide range of quality healthcare providers across the county. Limited Benefit Insurance plan participants can access and choose their Providers in order to take advantage of discounted prices through facilities and providers that are part of the MultiPlan network. To locate a MultiPlan Provider visit [www.multiplan.com](http://www.multiplan.com)- Search for a Doctor or Facility - Locate the logo shown below on the "other logos" tab.

\*These are not insurance benefits and are not affiliated with Standard Life and Accident Insurance Company or the Limited Benefit Health Insurance Plan.