

INTRODUCING AN AFFORDABLE APPROACH TO HEALTHCARE

A New Limited Medical Plan Without Participation Requirement or Contribution From the Employer

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 your 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/fic

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 **69612720** available. You can also obtain more information online at www.americaprotect.com/fic.



For more information
or to enroll, call

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or visit
www.americaprotect.com/fic

Group Code:
69612720



Summary of Benefits

DEFINED BENEFIT MEDICAL PLANS

BENEFIT	BENEFIT DESCRIPTION	SELECT 1000	SELECT 750	SELECT 500
		BEST VALUE		
Doctor Office Visit* <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
Preventive Care* <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
Emergency Room* <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
Diagnostic Testing, X-Ray & Lab Benefit*	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
First Hospital Admission & Daily In-Hospital Confinement Benefit*	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
Intensive Care <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
Surgical Benefit*	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
Anesthesia Benefit*	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
Accident Medical Benefit*	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
Accidental Death & Dismemberment*	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
National Medical PPO Network*	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
Prescription Drug Benefit*	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
NCE Membership Package**	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
TOTAL PLAN COST	COVERAGE LEVEL	SELECT 1000	SELECT 750	SELECT 500
	INDIVIDUAL ONLY	\$154.87	\$126.55	\$96.34
	INDIVIDUAL + SPOUSE	\$261.06	\$207.21	\$151.41
	INDIVIDUAL + CHILD (REN)	\$246.10	\$188.53	\$137.93
	INDIVIDUAL + FAMILY	\$367.26	\$287.91	\$205.26

* 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