

Core Access

**Hospital and surgical insurance
benefits for you and your family.**



Core Access is a fixed-benefit indemnity plan and provides coverage for covered out-of-pocket expenses incurred due to medical care.

Underwritten by Independence American Insurance Company, (IAIC), a member of the IHC Group. For more information about IAIC and the IHC Group, visit www.ihcgroup.com. This product is not considered to be Minimum Essential Coverage as defined by the Patient Protection and Affordable Care Act (ACA). The Core Access plan series is administered by The Loomis Company. UnitedHealthOne is the brand name that represents a portfolio of insurance options for individuals and families.



Core Access offers affordable coverage with simple, straight-forward benefits and easy enrollment. Design your coverage by selecting one of four plans that will provide insurance protection within your budget.



Core Access Highlights

- ✓ Core Access plans do not have open enrollment periods; you and your family can secure coverage at any time of the year.
- ✓ The plan pays the fixed-benefit amount you select, regardless of the amount charged by providers.
- ✓ You have the flexibility to choose any doctor or hospital in United States, plus additional cost savings available when you choose a provider that is part of the MultiPlan national network.
- ✓ Core Access plans are guaranteed renewable; you and your family cannot be singled out for a rate increase or cancellation based solely on changes to your health.
- ✓ Coverage is provided from an insurance company rated A- (Excellent) by A.M. Best, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet their obligation to their insureds. (An A++ rating from A.M. Best is its highest rating.).

A fixed-benefit hospital and surgical plan may not be right for everyone. Core Access is not major medical insurance; it provides a fixed-indemnity benefit after the deductible, if any, for covered medical expenses, including outpatient surgery, and chemotherapy and radiation services. Carefully designed plan benefits keep plan premiums affordable. It is very important you review the plan information closely. You may still be responsible for the ACA shared responsibility payment (tax).

Benefit	Core Access Value Plan 1	Core Access Value Plan 2	Core Access Premier Plan 1	Core Access Premier Plan 2
Inpatient Services (per day)				
Deductible Choices (Per Injury/Illness)	\$0 \$1,000 \$2,500 ¹ or \$5,000 ¹	\$0 \$1,000 \$2,500 ¹ or \$5,000 ¹	\$0 \$1,000 \$2,500 or \$5,000	\$0 \$1,000 \$2,500 or \$5,000
Inpatient Hospital Confinement	\$1,000 (unlimited)	\$1,500 (unlimited)	\$2,000 (unlimited)	\$3,000 (unlimited)
Hospital Intensive Care Unit or Critical Care Unit Covers room and board, miscellaneous hospital expenses, and general nursing while confined in the intensive care unit or critical care unit of a hospital. This benefit is paid in lieu of inpatient hospital confinement.	\$2,000 (unlimited)	\$2,500 (unlimited)	\$3,000 (unlimited)	\$4,500 (unlimited)
Inpatient Physician Visits Covers physician visit during inpatient hospital confinement.	\$50 (1 per day)	\$60 (1 per day)	\$70 (1 per day)	\$80 (1 per day)
Inpatient Surgical Services (per surgery)				
Total Benefit for Inpatient Surgical Service Covers surgery performed during inpatient confinement. If two or more surgical procedures are performed through the same incision, the amount shown applies to the first surgery and 50 percent of the benefit shown applies to the second surgery. If two or more surgeries are performed through different incisions, the benefit shown applies to each surgery.	\$2,250 (per surgery) (unlimited)	\$3,000 (per surgery) (unlimited)	\$6,000 (per surgery) (unlimited)	\$9,000 (per surgery) (unlimited)
Primary surgeon	\$1,500	\$2,000	\$4,000	\$6,000
Assistant surgeon	\$300	\$400	\$800	\$1,200
Anesthesiologist	\$450	\$600	\$1,200	\$1,800
Outpatient Surgical Services (per surgery)				
Total Benefit for Outpatient Surgical Service	\$1,950	\$2,200	\$2,600	\$3,900
Facility Covers services and supplies provided by the outpatient surgical facility such as use of the operating room, general nursing, casts, splints and diagnostics such as radiology and pathology (benefit is not payable if surgery is performed in a doctor's office).	\$600 (unlimited)	\$700 (unlimited)	\$800 (unlimited)	\$1,200 (unlimited)
Surgeon Covers surgeon's services when performed at an outpatient surgical facility. If two or more surgical procedures are performed through the same incision, the amount shown applies to the first surgery and 50 percent of the benefit shown applies to the second surgery. If two or more surgeries are performed through different incisions, the benefit shown applies to each surgery.	\$900 (unlimited)	\$1,000 (unlimited)	\$1,200 (unlimited)	\$1,800 (unlimited)
Assistant surgeon	\$180	\$200	\$240	\$360
Anesthesiologist	\$270	\$300	\$360	\$540

¹Deductible only available in the following states: AR, GA, IL, KY, MI, MO, MT, NE, OK, OR, PA, SC, TX, VA, WI, WY.
Benefits listed are subject to the per injury or illness deductible, if applicable.

	Core Access Value Plan 1	Core Access Value Plan 2	Core Access Premier Plan 1	Core Access Premier Plan 2
Additional Covered Services				
Ambulance (per trip) Ground or water Air	\$100 (1 per year) \$500 (1 per year)	\$300 (1 per year) \$1,000 (1 per year)	\$400 (1 per year) \$1,500 (1 per year)	\$500 (1 per year) \$2,000 (1 per year)
Second Surgical Opinion Benefit payable for a second opinion prior to a surgery; this benefit is not subject to per injury or illness deductible.	\$100 (unlimited)	\$100 (unlimited)	\$100 (unlimited)	\$100 (unlimited)
Chemotherapy and Radiation Covers outpatient chemotherapy treatment including chemotherapy medication and radiation therapy, for the treatment of cancer.	\$300 (100 per lifetime)	\$600 (100 per lifetime)	\$800 (100 per lifetime)	\$1,000 (100 per lifetime)
Maternity (Pregnancy) 12 month waiting period. This benefit is not subject to per injury or illness deductible. See page 8 for details.	Not Covered	\$3,000 (per pregnancy) (1 per year)	Not Covered	\$5,000 (per pregnancy) (1 per year)
Outpatient Prescription Drugs This benefit is not subject to per injury or illness deductible.	Not Covered (Rx discount card included)	\$4 generic, \$20 name brand, \$50 Specialty (6 per year of each)	Not Covered (Rx discount card included)	\$4 generic, \$20 name brand, \$50 Specialty (6 per year of each)
Health Maintenance Benefits (per covered person)				
Wellness and Preventive Care Covered services include routine physical examination including diagnostic tests that are performed during the exam, routine Pap smear, screening mammography, immunizations and prostate and colorectal cancer screening; this benefit is not subject to per injury or illness deductible.	\$200 (1 per year)	\$200 (1 per year)	\$200 (1 per year)	\$200 (1 per year)
Outpatient Physician Office Visit or Retail Health Clinic This benefit is not subject to per injury or illness deductible.	\$60 (4 per year)	\$60 (4 per year)	\$60 (4 per year)	\$60 (4 per year)
Outpatient Urgent Care or Emergency Room Visit This benefit is not subject to per injury or illness deductible.	\$100 (1 per year)	\$100 (1 per year)	\$200 (1 per year)	\$300 (1 per year)
Outpatient Diagnostic Testing¹ (per covered person)				
Outpatient Diagnostic X-ray and Lab Covers X-rays and lab tests performed in an outpatient setting and not done in conjunction with a wellness or preventive care examination; this benefit is not subject to per injury or illness deductible.	\$100 (1 per year)	\$100 (1 per year)	\$100 (1 per year)	\$100 (1 per year)
Outpatient Advanced Studies Covers Angiogram, Arteriogram, Computed Tomography Scan (CT); Electroencephalogram (EEG), Magnetic Resonance Imaging (MRI), Myelogram, Positron Emission Tomography Scan (PET), Thallium Stress Test; this benefit is not subject to per injury or illness deductible.	\$200 (1 per year)	\$300 (1 per year)	\$500 (1 per year)	\$700 (1 per year)

¹Covered Person receives Outpatient diagnostic X-ray or Lab Tests or Outpatient Advanced Study tests within 30 days following an Inpatient confinement or Injury.

Refer to page 7 for more information regarding the per injury or illness deductible.

Benefit examples*

Indemnity benefit example for inpatient confinement

Plan selected: **Core Access Premier Plan 1**

Per injury or illness deductible selected: \$0

Medical situation: Shirley is admitted to the hospital with chronic obstructive pulmonary disease and bronchiectasis. Inpatient confinement is four days. The condition was not pre-existing.

Claims benefits example (based on covered benefits):

Inpatient hospital confinement benefit:

\$6,000 (\$2,000 per day x 3 days)

Doctor visits while hospital confined benefit:

\$280 (\$70 per day x 4 days)

Benefits payable before per injury or illness deductible:

\$6,280

Less per injury or illness deductible:

\$0

Total benefits paid:

\$6,280

Indemnity benefit example for outpatient confinement

Plan selected: **Core Access Value Plan 2**

Per injury or illness deductible selected: \$1,000

Medical situation: Marcus undergoes adenoidectomy. Same-day surgery is performed at an outpatient hospital surgical facility. The condition was not pre-existing.

Claims benefits example (based on covered benefits):

Outpatient surgery facility benefit:

\$700

Outpatient surgeon benefit:

\$1,000

Outpatient assistant surgeon benefit:

\$200

Anesthesiologist benefit:

\$300

Benefits payable before per injury or illness deductible:

\$2,200

Less per injury or illness deductible:

(\$1,000)

Total benefits paid:

\$1,200

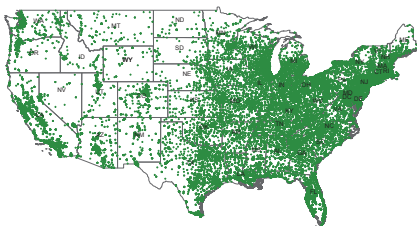


*The benefit examples shown above are intended for illustrative purposes only. These examples do not contemplate the provider's actual charges for services rendered nor the full extent of the covered person's out-of-pocket costs.



Using the nationwide MultiPlan network is simple!

Core Access fixed-indemnity benefits are paid the same, regardless of which providers you use. That means you have the flexibility to use any doctor or hospital in the United States.



If you wish to save even more on out-of-pocket costs, discounts are available through the MultiPlan discount network. MultiPlan is one of the country's largest independent PPO networks, with more than 500,000 providers in 50 states. These providers have agreed to negotiated discounts, which are reflected on your final bill for both covered and non-covered expenses (discounts for non-covered expenses are at the provider's discretion).

Association Benefits

America's Business Benefit Association provides you the opportunity to join with thousands of others across the nation and enjoy savings on consumer, business, travel, and health related benefits and services. ABBA is able to provide large company group buying power to the smaller market, and is dedicated to helping small business owners, the self-employed, individuals and families.

To view the benefits package, visit

http://www.healthdeals.com/Media/Default/ABBA/Benefits_Guide.pdf

Plan and benefit details

Eligibility

If you are a dues-paying member of America's Business Benefit Association (ABBA) or Communicating for America, Inc. (CA), 18 to 64.5 years of age and a permanent resident of the United States, you and your eligible dependents may apply to purchase the Core Access Plan. You can apply by completing an application for insurance, and you and your eligible dependents, if applying, must qualify for coverage based on the plan's underwriting guidelines. Eligible dependents include: Your lawful spouse/domestic partner under 64.5 years of age, and your child(ren) under age 26.

Effective date

You may request that your coverage become effective on any day of the month. We must receive your application before the requested effective date. If your application is approved, your coverage will become effective on the requested effective date following approval. Your applicable premium must be paid before your coverage under the Policy goes into effect. If the company is unable to approve your application within 60 days of the application date, the requested effective date will not be honored and a new, currently dated application may be required.

Precertification

Precertification is a screening process used to determine if the proposed inpatient confinement or outpatient chemotherapy or radiation treatment is medically necessary and appropriate. Failure to obtain the required precertification will result in no benefits being paid. Precertification is required at least seven days prior to each non-emergency inpatient confinement and within 48 hours of inpatient admission or as soon as reasonably possible for emergency inpatient confinement. Precertification is also required seven days prior to receiving outpatient chemotherapy and radiation therapy. Precertification is not pre-authorization or pre-approval of coverage and it does not guarantee payment of benefits. Payment of benefits will be determined in accordance with and subject to all the terms, conditions, limitations and exclusions of the policy.

Termination of insurance

A covered person's insurance under the Policy will terminate on the earliest of the following: the date of termination of the Policy; the premium due date following the date a written request to terminate coverage is received; the date the premium is not paid; the date of death; the last day of the month following the date of attainment of age 65; the last day of the month following the date of Medicare eligibility; the last day of the month following termination of membership with the policyholder; or the date the person enters the armed forces. A dependent spouse's coverage also terminates on the premium due date following a divorce or legal separation.

A dependent child's coverage will terminate on the premium due date following the date the child ceases to meet the definition of an eligible dependent.

Intentional misrepresentation or fraud in the application for coverage may result in rescission of coverage.

Coordination of benefits

The Core Access Plan does not coordinate benefits with other health insurance plans.

Per injury or illness deductible

If you selected a per injury or illness deductible, the deductible must be satisfied for each separate covered injury or illness before covered benefits under the policy are paid. The deductible applies per covered person for each period of treatment. However, if multiple covered persons in a family are injured in the same accident, only one deductible must be satisfied for each period of treatment.

Period of treatment

A period of treatment begins for a covered injury or illness (1) when a covered person is initially admitted to the hospital, (2) when services are provided in an outpatient surgical facility or (3) when chemotherapy or radiation therapy is received on an outpatient basis. The period of treatment ends 180 consecutive days following that date for the same or related injury or illness. If treatment extends past 180 days for the same injury or illness, a new period of treatment will begin and a new per injury or illness deductible will be required. A separate period of treatment will apply to each covered injury or illness.

Maternity (Pregnancy)

The pregnancy indemnity benefit is a fixed amount paid when the covered person is confined as an inpatient in a hospital due to a covered pregnancy. Benefits are not paid if the inpatient confinement is due to complications of pregnancy. Benefits are subject to the Benefit Waiting Period of 12 months from the date of issuance before the onset of pregnancy diagnosis. This Benefit includes inpatient treatment, services or supplies received in connection with a routine Pregnancy, including the mother's prenatal care and the newborn's well baby care while hospital confined. Benefits are payable when delivery occurs while coverage is in force. Benefits paid under this Pregnancy Indemnity Benefit are not payable under any other benefit in the Policy.

Daily hospital room and board and miscellaneous hospital services inpatient indemnity benefit

The daily hospital room and board benefit is paid for each day of inpatient confinement and general nursing furnished by the hospital. Benefit includes hospital miscellaneous medical services and supplies, X-rays, laboratory tests and other diagnostic tests, chemotherapy or radiation services for the treatment of cancer, services of a radiologist or radiology group and for services of a pathologist or pathology group for interpretation of diagnostic tests or studies necessary for the treatment of the covered person while confined inpatient. This benefit does not include fees charged for take-home drugs, personal convenience items or items not intended primarily for the use of the covered person while confined inpatient. This benefit is not paid if benefits are paid under the daily hospital intensive care benefit.

Daily hospital intensive care and miscellaneous hospital services inpatient indemnity benefit

The daily hospital intensive care benefit is paid for each day of inpatient confinement in the hospital's intensive care or cardiac care unit, burn unit or other specialized care unit of a hospital. Benefit includes hospital miscellaneous medical services and supplies, X-rays, laboratory tests and other diagnostic tests, chemotherapy or radiation services for the treatment of cancer, services of a radiologist or radiology group and for services of a pathologist or pathology group for interpretation of diagnostic tests or studies necessary for the treatment of the covered person while confined inpatient. This benefit does not include fees charged for take-home drugs, personal convenience items or items not intended primarily for the use of the covered person while confined inpatient. This benefit is paid in lieu of the daily hospital room and board benefit.

Surgeon benefit

The surgeon benefit is paid per surgery and is based on whether it was performed while admitted as an inpatient or performed at an outpatient surgical facility. If two surgeries are performed through the same incision, then 100 percent of the surgeon benefit is paid for the first surgery and 50 percent of the surgeon benefit is paid for the second and subsequent surgeries. If two surgeries are performed through different incisions, then 100 percent of the surgeon benefit is paid for each surgery.

Assistant surgeon benefit

The assistant surgeon benefit is paid for services rendered by an assistant surgeon or by a licensed surgical assistant who is performing duties within the scope of his or her license. The benefit is paid per surgery and is based on whether the surgery was performed while admitted as an inpatient or performed at an outpatient surgical facility.

Anesthesiologist benefit

The anesthesiologist inpatient benefit or the anesthesiologist outpatient benefit is paid per surgery when a covered person receives anesthesia. The benefit paid is based on whether the related surgery was performed while admitted as an inpatient or performed at an outpatient surgical facility.

Outpatient surgical facility benefit

The outpatient surgical facility benefit is paid per outpatient surgery in an outpatient surgical facility and includes services and supplies furnished by the facility, such as use of the operating and recovery rooms, administration of drugs and medicines during surgery; dressings, casts, splints and diagnostic services including radiology, laboratory or pathology performed at the time of surgery. Benefits are not payable when surgery is performed in a physician's office.

Outpatient chemotherapy and radiation therapy for cancer treatment benefit

The outpatient chemotherapy and radiation therapy for cancer treatment benefit is paid per outpatient treatment for chemotherapy, including chemotherapy medication and radiation therapy for the treatment of cancer, limited to a lifetime maximum benefit of 100 treatments.

Second surgical opinion office visit benefit

This benefit pays \$100 for a second surgical opinion prior to the surgery. If the second surgical opinion disagrees with the first opinion, a \$100 second surgical opinion benefit will be paid for a third opinion. The benefit is only payable if the physicians providing the second and third opinions are not affiliated with each other or the original physician who will perform the surgery, or financially associated with the original physician, and do not assist in the surgery. This benefit is not subject to the per injury or per illness deductible, if applicable.

Hospital definition

A hospital is an institution that: operates pursuant to law; has 24-hour nursing services by registered nurses; has a staff of one or more doctors; provides inpatient therapeutic and diagnostic services for illness or injury; provides facilities for major surgery or has a formal arrangement with another institution for surgical facilities; and is approved by the Joint Commission on the Accreditation of Health Care Facilities as a Hospital (JCAHO); the American Hospital Association (AHA); the American Osteopathic Healthcare Association (AOHA); the American Osteopathic Association accreditation (AOA); or the Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation.

The definition of a hospital does not include: A rest or nursing home, home for the aged or convalescent home; a skilled nursing facility; an extended care facility; hospice; a place for custodial care; or a birthing center.

Pre-existing condition definition and limitation

A pre-existing condition is a disease, accidental bodily injury, illness or physical condition for which a covered person: had treatment; incurred charge; took medication; or received a diagnosis or advice from a doctor; during the 12-month period immediately preceding the insured person's coverage effective date.

Covered benefits are payable for a pre-existing condition after the insured person has been continuously covered under the policy for 12 consecutive months. This does not apply to a newborn or newly adopted child placed for adoption under age 18 if such child is enrolled for coverage within 31 days from the date of birth or date of adoption or placement for adoption.

Exclusions

Consult the certificate of insurance for a complete list of exclusions and description of the benefits not covered.

Except as specifically provided for in the policy, the plan does not provide any benefits when a covered person receives any of the following treatments, services or supplies:

- A pre-existing condition, as defined
- Preventive Care, except as specifically included under the Preventive Care Indemnity Benefit
- Treatment that is not medically necessary or not recommended by a doctor, or is not due to an injury or illness
- Any treatment provided by a government-owned or government-operated facility or by government-employed health care providers
- A weekend hospital confinement occurring between noon on any Friday and noon the following Sunday for non-emergency procedures, unless medically necessary or unless surgery is scheduled for the next day
- An illness or injury which arises out of or in the course of any employment for wage or profit or an illness or injury for which you or your covered dependent spouse has or had a right to recovery under any Workers' Compensation Law or Occupational Disease Law. This exclusion does not apply to an employment related injury or illness if you or your included dependent spouse is a sole proprietor, partner, or owner eligible under state law to legally elect to not be covered under workers' compensation and who is not insured under, and who does not have or had a right to recovery for such employment related injury or illness under any Workers' Compensation Law or Occupational Disease Law.

- Physical or psychological examinations required by any third party, such as by a court or for employment, licensing, insurance, school, sports or recreational purposes
- An injury or illness incurred while on active duty with the military of any country or international organization, or resulting from war, act of war or participation in a riot or insurrection
- An injury or illness incurred during the commission or attempted commission of a crime or felony or while engaged in an illegal act or while imprisoned
- An injury or illness, incurred due to, or contracted as a consequence of a covered person being intoxicated or under the influence of illegal narcotics or other drugs, unless the drug is administered by a doctor and taken in accordance with the prescribed dosage
- An injury or illness for which treatment, services or supplies were received or purchased outside the United States unless the charges are incurred while traveling on business or for pleasure, for a period not to exceed 90 days, and the charges are incurred for an emergency, provided the treatment, services or supplies used in connection with the emergency are approved for use in the United States
- Treatment, services or supplies for (a) breast augmentation; (b) the removal of breast implants unless medically necessary and related to surgery performed as reconstructive surgery due to an illness; and (c) breast reduction surgery unless medically necessary due to an illness
- Surgery to correct refractive errors
- Routine eye exams, glasses or contact lenses, or visual therapy
- Routine hearing exams or hearing aids
- Penile implants and fertility and sterility studies
- Voluntary abortion; infertility including impregnation techniques; or reversal of sterilization
- Mental illness disorders; substance abuse; tobacco-cessation programs and products
- Marriage or family counseling, recreational therapy, equine therapy, educational therapy, social therapy, sex therapy; or sexual reassignments, dysfunctions or inadequacies
- Meridian therapy (acupuncture), or spinal manipulation
- Orthotics; treatment, services or supplies related to the feet by means of posting, strapping or range-of-motion studies; or related to paring or removal corns, calluses, bunions or toenails
- Obesity or weight reduction including all forms of surgery and complications resulting from such surgery; education or training material
- Treatment for which the covered person is not required to pay; or treatment rendered by a person who ordinarily resides in your household or a member of your immediate family
- Custodial care, domiciliary care or rest cures regardless of who prescribes or renders such care; inpatient personal convenience items
- An injury or illness resulting from participation in hazardous avocations including: mountain or rock climbing, skydiving, hang gliding, motor vehicle racing, scuba diving, rodeo or private aviation
- Telephone consultations, missed appointment fees and fees for completing claim forms
- Treatment, services or supplies for complications of conditions that are not included under the policy
- Treatment, services or supplies related to the teeth gums, or any other associated structures
- Treatment for temporomandibular joint (TMJ) dysfunction
- Experimental or investigational procedures, drugs or treatment methods
- Intentionally self-inflicted injury or illness while sane; except a self-inflicted injury or illness that is the result of a medical condition
- Outpatient treatment, services and supplies except as specifically provided for in the policy
- Physical, speech or occupational therapy
- Hospice or home health care
- Treatment, services or supplies to improve the appearance or self-perception of a covered person, which does not restore a bodily function including, without limitation, cosmetic or plastic surgery, hair loss or skin wrinkling, or the complications of any such treatment

Independence American Insurance Company

Independence American Insurance Company is domiciled in Delaware and licensed to write property and casualty insurance in all 50 states and the District of Columbia. Its products include short-term medical, employer medical stop-loss, hospital indemnity, fixed-indemnity limited benefit, group and individual dental, pet insurance, and non-subscriber occupational accident insurance in Texas. Independence American is rated A- (Excellent) for financial strength by A.M. Best Company, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations (an A++ rating from A.M. Best is its highest rating).

CA Association

Communicating for America, Inc., (CA) is a national non-profit advocacy organization that supports affordable healthcare for all Americans. Since 1972, more than 100,000 consumers have trusted CA to help them find affordable health insurance and Gap plans to stretch their healthcare dollar while advocating on their behalf with insurance companies, regulators and lawmakers.

America's Business Benefit Association

America's Business Benefit Association (ABBA) is a national, not-for-profit association that provides individuals, small businesses and self-employed consumers with business benefits, services and health-related options, including access to valuable association-endorsed health insurance benefits.

The Loomis Company

The Loomis Company (Loomis), founded in 1955, has been a leading Third Party Administrator (TPA) since 1978. Loomis has strategically invested in industry leading ERP platforms, and partnered with well-respected companies to enhance and grow product offerings. Loomis supports a wide spectrum of clients from self-funded municipalities, school districts and employer groups, to large fully insured health plans who operate on and off state and federal marketplaces. Through innovation and a progressive business model, Loomis is able to fully support and interface with its clients and carriers to drive maximum efficiencies required in the ever evolving healthcare environment.

Important Information

This brochure provides a very brief description of the important features of Fixed-Benefit Indemnity Insurance. This brochure is not a certificate of coverage and only the actual certificate provisions will control. The certificate itself sets forth in detail the rights and obligations of both the certificate holder and the insurance company. It is, therefore, important that you READ THE CERTIFICATE CAREFULLY. For complete details, refer to the Certificate Form #IAIC HICERT D610 (may vary by state).

The association products included in ABBA and CA memberships are underwritten by Madison National Life Insurance Company, Inc. (MNL), a Wisconsin insurance company. The association products are issued to members under a separate certificate from the fixed-indemnity benefit form #IAIC HICERT D610. Madison National Life Insurance Company, Inc. is a member of The IHC Group. Not available in all states. Exclusions and limitations apply. Association benefits are offered at the sole discretion of ABBA or CA and may vary by vendor or state. There is no ownership affiliation between ABBA, CA, IAIC and MNL.

The Pro-Care Discount Card is NOT insurance. The Pro-Care Discount plan is not insurance coverage and does not meet the minimum requirements under the Affordable Care Act. This plan provides discounts at certain providers for prescription drugs. This plan does not make payments directly to the pharmacy or medical provider. The individual is obligated to pay for all pharmacy or medical services but will receive a discount from providers who have contracted with the discount plan organization.

This fixed-indemnity product is stand-alone, and does not coordinate benefits with any other type of health insurance coverage you may have.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA) LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

