

SureCard Premier

A product of **NMIN Alliance** Affinity Group



Basic Care Limited Benefit Medical Plan

- Single or Family Coverage
- Doctor Office Visits (adult and child)
- Hospitalization Benefits
- Emergency Room Benefits
- Surgery Benefits
- No physical exams to qualify
- Choose any doctor

Basic Care provides limited medical indemnity insurance plans that offer insurance benefits to help with the everyday cost of medical treatment.

You already know that comprehensive health insurance is very expensive. Basic Care Insurance offers a less expensive, limited benefit alternative for everyone.

Basic Care Insurance is guaranteed issue for eligible members. There are no physical exams to qualify. And you are free to go to any provider.

Plan Benefits

	Plan 1	Plan 2	Plan 3
Daily Hospital Confinement Benefits for covered maternity are provided after the 300-day waiting period.			
Daily Hospital Pays a daily benefit beginning with the first day of hospital confinement for a maximum of 365 days for each covered accident or sickness.	\$50 per day	\$150 per day	\$250 per day
ICU Pays a daily benefit for confinement in an Intensive Care or Coronary Care Unit for a maximum of 30 days per calendar year.	\$100 per day	\$300 per day	\$500 per day
Skilled Care Pays a daily benefit for confinement in a Skilled Nursing Facility for a maximum of 60 days per calendar year.	\$25 per day	\$75 per day	\$125 per day
Substance Abuse Pays a daily benefit beginning with the first day of hospital confinement for a maximum of 30 days per calendar year for treatment of substance abuse.	\$50 per day	\$150 per day	\$250 per day
Mental or Nervous Pays a daily benefit beginning with the first day of hospital confinement for a maximum of 30 days per calendar year for treatment of mental or nervous disorders.	\$25 per day	\$75 per day	\$125 per day
Outpatient Medical Expense Benefit Pays benefits for medical treatment received in a physician's office, outpatient hospital facility, clinic, ambulatory surgical center or day surgery facility.			
Sickness and Maternity Treatment Pays the benefit amount per visit for a maximum of 5 visits per calendar year per covered adult and 5 visits per calendar year for all covered children. Benefits for covered maternity are provided after the 300-day waiting period.	\$25 per visit	\$25 per visit	\$50 per visit
Accidental Injury Treatment Pays the actual charges not to exceed the maximum benefit amount for treatment per accidental injury.	\$250	\$500	\$750
Annual Physical Examination Benefit Pays the benefit amount for routine physical examination for adult insureds every 12 months, after 60 day waiting period.	\$50	\$50	\$100
Outpatient Diagnostic Testing Benefit Pays a daily benefit for the purpose of diagnosis of a specific illness or injury. Maximum of 4 days per calendar year.	\$25 per day	\$50 per day	\$75 per day
Inpatient Hospital Admission Rider (Rider HOSPADM-RDR 01/04) Selected benefit is payable, once per calendar year, when an insured person is confined to a hospital as a resident inpatient for 24 hours or more.	\$250	\$500	\$750

Contact:

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Underwritten by Central United Life Insurance Company, Houston, Texas. Basic Care Limited Benefit Medical Plan Policy Form Series BCCMSTR and BCCCERT. Refer to the policy for exact details. Product availability and benefits may vary by state.

Plan Benefits (Continued)

	Plan 1	Plan 2	Plan 3	
Outpatient Medical Expense Benefit Continued				
Scheduled Surgical Benefit Rider (Rider form SCHEDSURG-RDR 01/04) Provides benefits based upon as schedule of operations with a maximum benefit amount per calendar year. Benefits are paid on an inpatient or outpatient basis.	n/a	\$1,000	\$3,000	
Anesthesia Rider Benefit Benefits for anesthesia administered by a physician are limited to 25% of the amount paid for the procedure. Benefits are paid on an inpatient or outpatient basis.	n/a	25% of surgical benefit	25% of surgical benefit	
Accidental Death Benefit Pays \$5,000 if death occurs as a result of accidental injury. Benefit amount is \$10,000 for fare-paying passenger on a common carrier.	\$5,000	\$5,000	\$5,000	
Supplemental Accidental Death and Dismemberment Rider Rider form series ADD-RDR 01/04 (including state variations) Pays the benefit amount if death or dismemberment occurs as a result of accidental injury. Benefit amount is doubled for fare-paying passenger on a common carrier.	\$10,000	\$20,000	\$30,000	
Voluntary Monthly Rates Policy Form Series BCCMSTR and BCCERT	Member	\$28.88	\$53.99	\$94.82
	Member & Spouse	\$58.04	\$108.24	\$188.27
	Employee & Children	\$49.77	\$94.57	\$162.20
	Family	\$78.93	\$148.82	\$255.65

Additional Benefits Rider (Rider MISC-RDR 01/04)

Benefits First Payable After 60 Day Waiting Period

- **Ambulance Transportation** (no 60 day wait for this benefit)
\$500 per covered injury or sickness for ground ambulance and \$1,000 per covered injury or sickness for air ambulance.
- **Vision**
 - Benefit of \$40 each 12 consecutive month period for an eye exam
 - Benefit of \$75 every two years for prescription lenses and frames
- **Hearing**
 - Benefit of \$70 each year for hearing exam
 - Benefit of \$150 every two years for hearing aid(s)
- **Dental**
 - Benefit of \$25 per visit for exam and cleaning
 - Two visits per year

Additional Benefits Rider	Voluntary Monthly Rates
Member	10.85
Member and Spouse	21.75
Employee and Children	24.46
Family	35.36

GenRx (RXCERT1)

The GenRx Plan is a stand-alone prescription drug plan that offers a low co-pay for generic drugs. If you currently use or expect to use prescription drugs, this plan can save you money when you purchase generic drugs at a participating or non-participating pharmacy or approved mail order pharmacies. Refer to GenRx when enrolling online.

GenRx Plan Benefits	Participating and Non Participating Pharmacy	Approved Mail Order Pharmacy
Generic	\$8 Co-Pay	\$20 Co-Pay
Brand Name <small>Preferred & Non-Preferred</small>	Employee Pays 100%	Employee Pays 100%
Maximum Monthly Benefit Per Insured: \$400		
Deductible Per Calendar Year: \$100		

GenRx Benefits	Voluntary Monthly Rates
Member	15.80
Member and Spouse	30.60
Employee and Children	38.50
Family	53.30

Pharmacy Chains

The following pharmacies are national chains (15 or more locations) that are members of the MemberHealth pharmacy network. Over 45,000 pharmacies participate in the program including local and independent pharmacies. To check if a pharmacy is part of our network, check our pharmacy locator at mhrx.com or call 1-888-868-5854.

A and P Pharmacy	Dillon Pharmacy	Fred Meyer Pharmacy	King Soopers Pharmacy	Phar-Mor	The Medicine Shoppe
Albertson's	Discount Drug Mart	Fred's Pharmacy	Kinney Drugs, Inc.	Price Chopper Pharmacy	Tops Pharmacy
Arbor Pharmacy	Dominick's Pharmacy	Fruth Pharmacy	Knight Drugs	Publix Pharmacy	Ukrops Pharmacy
Arrow Center	Drug Emporium	Fry's Food & Drug Store	Kroger Pharmacy	Quality Food Centers	United Pharmacy
Aurora Pharmacy	Duane Reade	Furr's Pharmacy	Legend Participating Store	Rainbow Pharmacy	Von's Pharmacy
Bartell Drugs	Eagle Pharmacy	Genovese Drug Store	Lewis Family Drug	Rite Aid Pharmacy	Wal-Mart Pharmacy
Bi-Lo Pharmacy	Eckerds Drug	Grand Union Pharmacy	Med-X Drug	Safeway Pharmacy	Waldbaum's Pharmacy
Bi-Mart Pharmacy	Econofoods Pharmacy	Haggen Food & Pharmacy	Medic Discount Drug	Save Mart Pharmacy	Walgreen Drug Store
Big Bear Pharmacy	Edwards Pharmacy	Schnucks Pharmacy	Medicap Pharmacy	Seely Snyder Drug	Wegman Pharmacy
Brookshire Bros. Pharmacy	Epic Participating Stores	Happy Harry's Discount	Meijer Pharmacy	Sentry Drugs, Inc.	Weiss Pharmacy
Brookshire Pharmacy	Fagan Pharmacy	Homeland Pharmacy	Metro Pharmacy	Shop'n Save Food & Drug	White Drug
Bruno's Pharmacy	Fairview Pharmacy	Horizon Pharmacy	More 4 Family Pharmacy	Shopko Pharmacy	Winn Dixie Pharmacy
Cashwise Pharm	Family Participating Store	Hy-Vee Pharmacy	Ncs Healthcare	Shoprite Pharmacy	
Cub Pharmacy	Farmco Drug Center	K Mart Pharmacy	Osc Drug	Starr Pharmacy	
CVS Pharmacy	Farmer Jack	Kash N'Karry Pharmacy	Pamida Pharmacy	Stop & Shop	
D & W Food Centers	Food Town Pharmacy	Kerr Drug	Pathmark Pharmacy	Target Pharmacy	

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BASIC CARE PLAN

Pre-Existing Conditions Limitation

The policy does not provide benefits for loss or losses due to pre-existing conditions which are incurred during the twelve-month period following the certificate effective date. In addition, a loss caused by a pre-existing condition will not be covered if the pre-existing condition was revealed in the application or we have specifically excluded the pre-existing condition by name or specific description. However, a claim for a pre-existing condition incurred after twelve months from the certificate effective date will be covered, unless that condition is excluded by name or specific description effective on the date of loss. This Pre-Existing Conditions limitation does not apply to the Annual Physical Examination Benefit provided by this Policy.

Limitations of Policy/Certificate

When an insured person attains age 65 or becomes eligible for Medicare, whichever occurs first, the benefits of the policy and its attachments, if any, are payable only to the extent that covered expenses are not paid by Medicare and would otherwise be payable under the policy. The benefits will also be subject to any other exclusions set forth in the policy.

Exclusions

Benefits otherwise provided by the Policy will not be payable for services or expenses or any Loss resulting from or in connection with the following:

1. Dental treatment except (a) dental treatment required by Covered Injury to sound, natural teeth, or (b) benefits described in the Dental Benefits provision of this Policy or provided by optional rider, if any;
2. War or act of war (Loss due to acts of terrorism are not excluded from coverage);
3. Service in the armed forces or units auxiliary thereto. Premiums will be refunded on a pro-rata basis for any Insured Person who enters military services and all coverage for that Insured Person will be suspended until military service is over;
4. Any intentional self-inflicted injury, suicide, or attempted suicide;
5. Addiction to, overdose of or sickness or injury resulting from use of drugs, narcotics, hallucinogens, controlled or uncontrolled substances unless administered on and according to the advice of a Physician, except as stated in the Hospital and Intensive Care Confinement Indemnity Benefits provision;
6. Hospitalization for which the principal purpose is physical examination;
7. Routine well-baby care;
8. Elective abortion or any elective procedure or treatment;
9. Services or supplies provided solely for cosmetic purposes, unless necessitated as a result of accidental injury sustained while covered by the policy;
10. Alcoholism or any sickness or injury to

which a contributing cause was the Insured Person's being under the influence or resulting from the use of intoxicants, except as stated in the Hospital and Intensive Care Confinement Indemnity Benefits provision; 11. Aviation of any type, except as a fare-paying passenger on a regularly scheduled flight on a commercial airline;- 12. Services performed by the Insured Person or a member of the Insured Person's immediate family as defined under Physician;
- 13. Mental or Nervous Disorders without demonstrable organic disease, except as stated in the Hospital and Intensive Care Confinement Indemnity Benefits provision;
- 14. Care or treatment for which no charges are made which an Insured Person is required to pay, except in cases of Medicaid;
- 15. Confinement or treatment in any convalescent home, sanitarium, convalescent rest or nursing facilities, facilities for the aged, or facilities for drug addiction or alcoholism, except as stated in the Hospital and Intensive Care Confinement Indemnity Benefits provision;
- 16. An Insured Person's commission of or attempt to commit a felony or any Loss to which a contributing cause was the Insured Person's being engaged in an illegal occupation;
- 17. Charges incurred outside the United States if an Insured Person traveled to the location for the purpose of receiving medical services, drugs or supplies; and
- 18. Participation in a riot, rebellion, or insurrection.

Renewability/Termination

The Group policy/certificate will automatically terminate at the end of a grace period if the premium is not paid. The Group policy under which the certificate is issued may be amended or cancelled at any time as stated in the provisions. Coverage for the employee and/or the dependents will end automatically on the first day of the month that (a) employee ceases to be eligible for coverage, (b) employee is terminated, (c) the employer's group falls below the required participation levels stated in the Group policy, or (d) the last day of the month in which the dependent(s) no longer meet the definition of a dependent as defined in the Certificate.

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GENRX PLAN

EXCLUSIONS

Prescription Drug benefits are not payable for the following: 1. Prescription Drugs that are not Covered Prescription Drugs as defined in the Certificate. 2. Drugs and medicines available without a prescription, including all over-the-counter products and medications unless shown under the definition of Prescription Drug. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements and all other over-the-counter products and medications. 3. Prescription drugs when there is an equivalent available without a prescription. 4. Drugs received for which no charge was made and any medication consumed or administered where it is dispensed. 5. All other therapeutic devices or appliance, medical supplies and durable medical equipment unless shown in the definition of Prescription Drug, regardless of intended use. 6. Refills in excess of that specified by the prescribing Physician, or refills dispensed after one year from the original date of the prescription. 7. Any drug labeled "Caution-limited by Federal Law for Investigational Use" or experimental drugs. 8. Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment. 9. Drugs needed due to war or any act of war, whether declared or undeclared, while

serving in the military service or any auxiliary thereto. 10. Any expenses related to the administration of any drug. 11. Drugs or medicines taken while in or administered by a hospital or any other health care facility or office. 12. Drugs covered under Worker's Compensation, Medicare, Medicaid or other Governmental Programs. 13. Drugs, medicines or products which are not medically necessary. 14. Vacation and replacement of lost, stolen, spilled, broken or dropped prescription drugs. 15. All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication. 16. Any quantity of drugs or medicines for more than a 30-day supply (90-day) supply for Mail Order Program. 17. Refills that are not authorized refills. An authorized refill of a covered prescription drug supply of less than 15 day is one that is refilled, with physician authorization, 4 days or less before the supply expiration date. An authorized refill of a covered prescription drug supply of more than 14 days is one that is refilled, with physician authorization, 10 days or less before the supply expiration date or when 75% of the number of days supplied has expired.

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Central United Life Insurance Company / Houston, Texas

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Central United Life Insurance Company (CUL) specializes in providing insurance to employees on a payroll deduction basis. Since 1963 Central United Life has served its clients with a diverse portfolio of products designed to meet individual needs of employees and their families through the convenience of payroll deduction. Responsive customer service and prompt payment of claims is a constant goal Central United Life strives to achieve for all policyholders and group clients.

CUL has received a secure rating from The A.M. Best Company for more than 20 years. The A.M. Best Company describes secure insurers as "having a strong or good ability long term to meet their obligations to policyholders". They also state: "Insurers classified in the secure rating categories maintain a level of financial strength that is not vulnerable to unfavorable changes in the business, economic or regulatory environment." Ratings within the secure category range from A++ to B+. Central United Life Insurance Company has the B++ rating.

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