



Affordable Healthcare Plans Available to Individuals and their Families

PLAN HIGHLIGHTS

- » Guaranteed Issue to Individuals & their Families
- » No Lifetime Benefit Cap
- » Five Different Levels of Coverage

PLAN BENEFITS

- » In-Patient Hospital Confinement
- » Preventive Care Tests
- » ICU/CCU Stays (most plans)
- » Doctor's Office Visits
- » Diagnostic Laboratory and X-Ray
- » Accidents (not available in Texas)
- » Mental Health and Substance Abuse
- » Surgery with anesthesia rendered by a licensed anesthesiologist or Certified Registered Nurse Anesthetist (CRNA)



NCE ASSOCIATION MEMBERSHIP DISCOUNT MEDICAL & CONSUMER SAVINGS BENEFITS

- » Pharmacy Discount Card
- » \$5,000 Life Insurance (primary member)
- » Vision
- » Medical PPO Discount through MultiPlan Network
- » Dental
- » Hearing
- » Wellness
- » Alternative Care

The Group Limited Medical Insurance Plan is underwritten by American Medical and Life Insurance Company (AMLIC).



Limited Medical Insurance offered to members
of The National Congress of Employers

Questions?
Contact your broker

AMLI

NCE Advantage

| AMERICAN MEDICAL AND LIFE INSURANCE CO. BENEFITS | BENEFIT DESCRIPTION (Maximums stated are per policy year) | 300 | 500 | 750 | 1000 | 1000 PLUS |
|---|--|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|
| <p>Doctor's Office Visit: The carrier will pay the benefit shown if you incur charges for and require a doctor's visit due to injuries received in a covered accident or due to a covered illness.</p> | <p>Per Visit Maximum Visits</p> | <p>\$50 3</p> | <p>\$50 3</p> | <p>\$50 3</p> | <p>\$75 3</p> | <p>\$75 5</p> |
| <p>Preventive Care Test: The carrier will pay the benefit shown if you incur charges for and have one of the preventive care test listed in the policy's certificate schedule.</p> | <p>Per Test Maximum Visits</p> | <p>\$50 1</p> | <p>\$50 1</p> | <p>\$100 1</p> | <p>\$150 1</p> | <p>\$150 1</p> |
| <p>Diagnostic, X-Ray and Laboratory Tests: The carrier will pay the benefit shown if you incur charges for diagnostic, x-ray, and/or laboratory testing caused by a covered accident or illness.</p> | <p>Per Day Maximum Visits</p> | <p>N/A</p> | <p>\$50 2</p> | <p>\$50 3</p> | <p>\$75 3</p> | <p>\$75 5</p> |
| <p>In Patient Hospital Confinement: The carrier will pay the benefit shown if you incur charges for and are confined in a hospital due to injuries received in a covered accident or due to a covered illness.</p> | <p>Per Day Maximum Days</p> | <p>\$300 30</p> | <p>\$500 30</p> | <p>\$750 30</p> | <p>\$1,000 30</p> | <p>\$1,000 30</p> |
| <p>ICU/CCU: The carrier will pay the benefit shown if you incur charges for and are confined to an intensive care/ critical care unit due to injuries received in a covered accident or due to a covered illness. The hospital confinement benefit and the hospital intensive care unit confinement benefit will not be paid concurrently.</p> | <p>Per Day Maximum Days</p> | <p>\$500 10</p> | <p>\$750 10</p> | <p>N/A</p> | <p>N/A</p> | <p>\$1,000 5</p> |



Advantage



| AMERICAN MEDICAL AND LIFE INSURANCE CO. BENEFITS | BENEFIT DESCRIPTION | Adv300 | Adv500 | Adv750 | Adv1000 | Adv1000 PLUS |
|--|--|--|--|--|--|---|
| <p>Surgery and Anesthesia: Surgery must be performed with the administration of anesthesia and must be performed by a licensed anesthesiologist or Certified Registered nurse anesthetist.</p> <p>Reimbursements are based on the Medicare/RBVS benefit schedule.</p> <p>Anesthesia When administered by a licensed anesthesiologist or Certified Registered Nurse Anesthetist</p> | <p>Surgery Paid as a percentage of RBRVS</p> <p>Annual Max Not to Exceed the Amount of the Charge Incurred.</p> <p>Anesthesia Paid as a percentage of the surgery benefit</p> | <p>50%</p> <p>Un-limited</p> <p>20%</p> | <p>70%</p> <p>Un-limited</p> <p>20%</p> | <p>80%</p> <p>Un-limited</p> <p>20%</p> | <p>80%</p> <p>Un-limited</p> <p>20%</p> | <p>100%</p> <p>Un-limited</p> <p>20%</p> |
| <p>Accident (Unforeseen Incident): The carrier will pay the benefit shown if you incur charges due to injuries received in a covered accident. (Not available in Texas)</p> | <p>Deductible (Per policy year)</p> <p>Payment at:</p> <p>Maximum (Per policy year)</p> | <p>\$100</p> <p>80%</p> <p>\$1,000</p> | <p>\$100</p> <p>80%</p> <p>\$2,500</p> | <p>\$100</p> <p>80%</p> <p>\$2,500</p> | <p>\$100</p> <p>80%</p> <p>\$5,000</p> | <p>\$100</p> <p>80%</p> <p>\$5,000</p> |
| <p>Inpatient Mental Health: The carrier will pay the benefit shown if you receive treatment as a result of mental illness.</p> | <p>Benefit Per Day</p> <p>Maximum Days (Per policy year)</p> | <p>\$150</p> <p>60</p> | <p>\$250</p> <p>60</p> | <p>\$375</p> <p>60</p> | <p>\$500</p> <p>60</p> | <p>\$500</p> <p>60</p> |
| <p>Outpatient Mental Health: The carrier will pay the benefit shown if you receive treatment as a result of mental illness.</p> | <p>Benefit Per Day</p> <p>Maximum Days (Per policy year)</p> | <p>\$25</p> <p>20</p> | <p>\$25</p> <p>20</p> | <p>\$25</p> <p>20</p> | <p>\$25</p> <p>20</p> | <p>\$25</p> <p>20</p> |
| <p>Inpatient Chemical Abuse and Dependence Diagnosis and Treatment Benefit: The carrier will pay the amount shown for each day of confinement, to a maximum shown, if you are confined to a hospital or licensed institution to provide treatment for substance abuse Detoxification Max Benefit</p> | <p>Benefit Per Day</p> <p>Maximum Days</p> <p>12 Days of Active Treatment Per Policy Year Per Covered Person</p> | <p>\$150</p> <p>60</p> | <p>\$250</p> <p>60</p> | <p>\$375</p> <p>60</p> | <p>\$500</p> <p>60</p> | <p>\$500</p> <p>60</p> |

*In some states this is payable as a fixed surgical allowance. Please contact our customer service department at (866)-886-1796 for information on surgical allowances



| AMERICAN MEDICAL AND LIFE INSURANCE CO. BENEFITS | BENEFIT DESCRIPTION | 300 | 500 | 750 | 1000 | 1000 PLUS |
|---|--|--|--|--|--|--|
| Diabetes Supplies, Equipment and Self-Management Education Benefit | Diabetes Supplies, Equipment and Self-Management Education Benefit | \$100 Per Policy Year Per Covered Person | \$100 Per Policy Year Per Covered Person | \$100 Per Policy Year Per Covered Person | \$100 Per Policy Year Per Covered Person | \$100 Per Policy Year Per Covered Person |
| Chemical Abuse and Dependence Outpatient Benefit: The carrier will pay the benefit shown if you receive treatment as a result of Substance Abuse to a maximum shown. | Benefit Per Treatment | \$25 | \$25 | \$25 | \$25 | \$25 |
| | Maximum Visits (Per policy year) | 20 | 20 | 20 | 20 | 20 |

MONTHLY RATES (not inclusive of one time Enrollment Fee)

| | | | | | |
|---|--------------|--------------|--------------|--------------|--------------|
| MEMBER MONTHLY RATE | \$163 | \$216 | \$230 | \$279 | \$328 |
| MEMBER & SPOUSE MONTHLY RATE | \$275 | \$383 | \$410 | \$508 | \$606 |
| MEMBER & CHILDREN MONTHLY RATE | \$254 | \$349 | \$374 | \$462 | \$551 |
| FAMILY MONTHLY RATE | \$356 | \$499 | \$536 | \$669 | \$801 |

Underwritten by American Medical and Life Insurance Company. Group Insurance Policy Number: (50015). Limited Benefit Health 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. Benefits may not be available in all states. Benefits may vary from state to state. This document is not a contract of insurance. This document provides only brief descriptions of the coverages available. The policies contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in each policy. If there are any conflicts between this document and each Policy, the Policy shall govern.



MultiPlan Discount Provider Network (Available with NCE Membership)

- ❑ **NCE Advantage utilizes the MultiPlan Limited Medical Network**
 - maximize consumer savings
 - reduce out-of-pocket expenses

- ❑ All plans pay the same dollar amounts whether or not the network is utilized, and there is no reduction in benefits. Simply present the NCE Advantage Member ID card at the time of service. The provider will send the claim direct to the carrier's claims department (payor) for re-pricing and benefit payments.

- ❑ 550,000 practitioners in all 50 states!

- ❑ **PPO Network Providers**
 - Doctors and Physicians
 - Hospitals and Outpatient Surgical Centers
 - Clinics and Specialty Centers
 - Laboratories and Imaging Centers



CONSUMER DISCOUNT BENEFITS

| Category | Products/Services |
|----------|-------------------|
|----------|-------------------|

| | |
|--------------------------------|--|
| Pharmacy | Prescription Drugs Discount |
| Life Insurance Benefit | \$5,000 life insurance benefit for primary member |
| Vision Care | Optometry, laser vision correction, mail order products |
| Dental Care | General and cosmetic dentistry, orthodontics, specialty care |
| Alternative Care | Chiropractic, acupuncture, massage therapy, naturopathy |
| Wellness | Weight management, smoking cessation, fitness equipment |
| Long-term Care Services | Nursing and assisted living facilities, home health care, hospice/respice, homemaker and personal care. |
| Hearing | Hearing Aids |
| Infertility Treatment | Reproductive endocrinology, IVF |

For more information on benefits or to enroll, please contact your insurance agent. Membership enrollment is available online 24/7.

Terms and Conditions



Association Eligibility

NCE dues paying members between ages 18 and 64 (if applying as a couple, both you and your spouse must be under 65) and dependent children under the age of 19.

Members not eligible for Medicare.

Insurance Eligibility

Member's unmarried dependent children with proof of full time student status between the ages of 19 and 26.

Members not in full-time service of the Armed Forces (military).

Members that are legal residents of United States.

Members not receiving disability benefits or Worker's Compensation.

Provisions

Persons who **enter** this plan presenting a Certificate of Creditable Coverage will receive credit toward this plan's pre-existing conditions limitation. **(For all states)**

There is no coverage for a pre-existing condition for a continuous period of 12 months following the effective date of coverage under the Policy. Pre-existing condition means a condition (whether physical or mental), regardless of the cause of the condition for which medical advice, diagnosis, care or treatment was recommended or received from a physician within a 6-month period preceding the effective date of coverage of the Covered Person.

The AMLI Limited Benefits Medical is a group insurance benefit program. The group insurance benefits vary depending on the plan selected. These benefits are provided under a group insurance policy underwritten by the American Medical and Life 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 issued which includes a pre-existing limitation and other restrictions. The insurance is not basic health insurance or major medical coverage and is not designated 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. The limitations are disclosed in the certificate of coverage which is a part of the applicant kits made available at the time of enrollment

This is a limited medical plan that provides for limitations to the coverage of each benefit. The limitations are disclosed in the certificate of coverage which are made available shortly after completion of enrollment.

Certain provisions of the plans may vary by state.

There is a 30 day free look period.

Effective Dates

Effective dates are available on either the 1st or 15th of each month.

For more information or to enroll, please contact your insurance agent.