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NowCare





www.affiliatedworkersassociation.org



Allen Texas 75013

Toll Free: 800-272-0512

Our Purpose...

The **Affiliated Workers Association (AWA)** was established by the American worker, for the American worker. Being hard working Americans ourselves, we know the best ways to assist and empower independent contractors, associations, and business organizations of all sizes. Our **exclusive benefits program** was designed around the wants and needs of your professional as well as personal life.

Let's face it, after a long day's work, the last thing you want to deal with are the day-to-day issues

that exist in our society. **So let us help!** It is our goal to assist the American working family with support programs, cost and time savings, as well as products and services in areas of business, lifestyle, education, and health.

Your **AWA** membership grants you access to one of the fastest growing industry focused worker associations in the United States. **AWA** members have **exclusive access** to education and training programs designed to meet the needs of an ever changing workforce.

Given the current state of our economy, financial security has become an issue for many hard working Americans. The **Affiliated Workers Association** is dedicated to providing access to identity-theft protection, budgeting, and credit correction benefits to members who've experienced or are experiencing tough times. Your **AWA** membership can provide you and your family with peace of mind at any stage of your life.

AWA Limited Benefit Health Insurance

Designed Specifically for Members of the Affiliated Workers Association

This broad, **affordable** limited benefit health insurance was specifically designed for **you** if:

- You are a member of the **Affiliated Workers Association**
- You do not currently have individual or group insurance coverage
- You are unable to qualify for a traditional health plan because of pre-existing medical conditions
- You want to supplement the coverage you receive at work or your individual high deductible health plan

AWA Limited Benefit Health Insurance can help provide coverage for yourself and your family. It takes the term **easy-to-use** to a new level—with no deductibles or co-payments and streamlined claims processing.

The NowCare experience is different!

How?

The NowCare member benefit program, administered by Homeland HealthCare, features Limited Benefit Health Insurance underwritten by Markel Insurance Company. With this program, members receive affordable medical benefits that are flexible, cost-effective and easy to administer. Homeland HealthCare brings over 50 years of combined experience in insurance administration, marketing and sales management. Homeland's administrative expertise, supported by advanced proprietary technology, makes it easier for members to manage their benefit programs; minimizing enrollment and associated costs compared to other plans.

NowCare is backed by Markel Insurance Company

NowCare is underwritten by Markel Insurance Company, a long-time partner of Homeland HealthCare. Markel is strong and secure, rated A (excellent) by A.M. Best, a respected, independent credit rating organization. Markel has more than 60 years of experience and success in developing and underwriting specialty insurance plans for niche markets.



NowCare offers a unique and wide range of plans and features for members and their families.

These include specialized benefits for 1. Visits to the doctor's office 2. Prescription 3. Health screenings 4. Emergency room care 5. In-hospital stays 6. Outpatient services 7. Surgical 8. Vision coverage and much more. **All benefits are assignable or can be paid to the insured, independent of actual medical costs and regardless of other insurance.**

NowCare is an insurance plan that pays "first dollar" benefits.

It is a program designed to provide specific, supplemental or limited health coverage that pays a fixed lump-sum amount directly to covered members for covered services. There are no deductibles or co-payments. Benefits may also be assigned by the insured to a medical provider or facility. NowCare is a fixed indemnity insurance plan for members and is not major medical insurance.



An innovative solution for members.

With NowCare, members have a lower-cost alternative to comprehensive major medical insurance that delivers broad, affordable coverage. The program can also enhance a total benefits program by offering a way to help cover members who may not have access to traditional member benefits, cannot afford comprehensive medical insurance or want to supplement other insurance coverage.



Affordable. Convenient. NowCare programs are Flexible. Professional. Strong. Reliable. Valuable.

Affordable

Minimal cost and virtually no administration. Members buy coverage at affordable group rates through bank draft, as well as using credit/debit cards (i.e. Payroll deduction). Homeland technology minimizes the time and costs associated with enrollments, individual certificate distribution and payroll deduction.

Convenient

Fixed cash benefits can be paid directly to members without a deductible or co-payments. Members can use the money for non-reimbursed medical expenses, alternative treatments, travel or any other purpose.

Flexible

The program's flexible benefit levels allow members to choose the plan that best fits their needs — from maximum coverage to maximum affordability.

Professional

Our claims specialist team includes supervisors and examiners who have the expertise to swiftly evaluate claims and the sensitivity to respond compassionately to crisis situations.

Strong and Reliable




Markel Insurance Company, a subsidiary of Markel Corporation, is publicly traded (MKL on the New York Stock Exchange) with an A.M. Best rating of "A" (Excellent).

Valuable

NowCare can help keep you and your family healthy and active year round.



With Homeland NowCare, you can select from the following

		 	
Health Plan: Claim Payer Code Effective Date: Effective Date		Locate Providers: URL 1-000-000-0000	
Member ID:	Group Number:	Policy No.	
Member	John Doe	Group/Association Name	
	Payer ID	Payer ID	
Dependents	Jane Doe	RX Bin: 000000 PCN: 00000000	
VERIFICATION OF BENEFITS: 1.800.493.4240 Administered by Homeland HealthCare, Inc.			

- **Physicians Office Visits**
 Pays the amount shown per visit to a physician's office for treatment of injury or sickness, four (4) visits per covered person per calendar year, with the exception of the AWA NowCare Plus plan which has six (6) visits per covered person per calendar year; one (1) of which may be used for wellness care. There is no family limit!
- **Routine Well Child Benefit**
 Pays the amount shown per visit to a physician's office for well child care at ten (10) specified age intervals from birth through age six (6).
 Well child care visits include physical examination, developmental assessment, immunizations and vision and hearing screenings. There is no family limit!
- **Diagnostic Testing or X-Ray**
 Pays the amount shown per visit to a physician's office or outpatient facility for medically necessary diagnostic testing and x-rays due to injury or sickness. Covers three (3) visits per covered person per calendar year; one (1) of which may be used for wellness care. There is no family limit! This pays in addition to our other lab benefits. *(Not available under the AWA NowCare Bronze plan.)*
- **Accident Medical Insurance**
 Benefits paying up to \$2,000 in accident medical coverage for all persons covered under the medical plan. *(\$100 deductible per occurrence.)*

- **First Hospital Confinement**
 Pays the additional amount shown for one (1) overnight stay in the hospital, with the exception of the AWA NowCare Plus plan, which pays the amount shown each day up to three (3) days, as a one-time benefit for the first hospital confinement per covered person per calendar year. If confined in successive calendar years for the same injury or same or related sickness, the confinements must be separated by at least six (6) months for benefits to be payable.
- **Surgical Benefits**
 Pays the amount shown for one (1) inpatient and one (1) outpatient surgery (performed in a hospital or outpatient surgery center) per calendar year. *(Not available under the AWA NowCare Bronze plan.)*
- **Hospital Income**
 Pays the amount shown per day for up to thirty (30) days per confinement. This plan includes: ICU/CCU treatment for a maximum of ten (10) days per confinement; mental illness, alcohol or drug abuse for a maximum of ten (10) days per confinement; and twenty (20) days per confinement in a convalescent facility following within three (3) days of a hospitalization of at least three (3) days.

Homeland Value Added Benefits

In addition to our insurance plans, Homeland HealthCare offers a wide range of value-added benefits that our members truly appreciate. The following services (with the exception of the vision coverage*) are non-insurance plans that are neither underwritten nor provided by Market Insurance Company.

◦ Consult A Doctor

Consult A Doctor is the first telemedicine company to provide both online and telephone health care access. Free consultations with our licensed, Board Certified physicians can range from simple answers and basic health-related questions to more in-depth questions resulting in diagnosis and treatment recommendations, including prescriptions when appropriate. Prescriptions may even be called into your pharmacy.

With four levels of service available 24 hours a day/7 days a week, a U.S.-based Board Certified physician is only moments away, based on the patient's specific needs.

- **On call:** Telephone consult within minutes
- **Priority:** In-depth telephone consultation within an hour
- **By appointment:** In-depth telephone consultation at a convenient time for the patient the next day
- **E-Consult:** Online consultation at any time via Consult A Doctor's online secure messaging system

Members also have access to a comprehensive online personal health manager. This service features an electronic medical record, which can be provided to a member's primary care physician for continuity of care, a health information reference library, a symptom checker and many other tools.

◦ Prescription Drug Benefit

Generic Prescription Card—\$10 or 50% co-pay. This insured drug benefit covers most of the commonly prescribed generic drugs at a low member co-pay of \$10 or 50%. In addition, this benefit allows members to purchase brand name drugs and generic drugs at a discounted rate. Our national pharmacy network has over 54,000 providers. The network includes all major chains and most of the nation's independent pharmacies! The AWA NowCare Bronze and Silver level, drug card has a \$100 (individual) and \$200 (family) monthly benefit maximum. The AWA NowCare Gold and Platinum levels, drug card has a \$150 (individual) and \$300 (family) monthly benefit maximum. The AWA NowCare Plus level drug card has a \$200 (individual) and \$400 (family) monthly benefit maximum.

◦ Vision Care Program

National Vision Administrators (NVA) provides the vision care plan for you and your family. NVA's national provider network includes most major retail chains, including Target Optical, Eyemasters and Pearle Vision, and many independent providers. Visit www.e-nva.com to see if your eye care professional is in NVA's network or to find a provider in your area. Or contact NVA's customer service at (800) 672-7723.

Under the plan, you'll receive annual eye exams for a \$10 co-pay, along with discounts on frames, contact lenses and standard glass or plastic eyeglass lenses. You can use your discounts as often as you want on eyewear.

Save money on replacement contact lenses with Contact Fill, NVA's mail order contact lens replacement program. Visit www.contactfill.com or call (866) 234-1393 to place your order. The same name brand contact lenses you receive from your local retailer are available through Contact Fill, with significant savings and the convenience of home delivery.

You'll also receive discounts on laser vision correction through The National LASIK Network, one of the largest panels of LASIK surgeons in the United States. You'll receive 15% off standard pricing or %5 off promotional pricing on the entire cost of the procedure to maximize your savings.



Homeland Value Added Benefits

The following Value Added Benefit is provided through Careington International Corporation.

◦ Direct Lab Program

The DirectLabs program provides discounts on diagnostic blood tests. You can save 20% to 80% off regular retail pricing on blood tests at more than 3,000 certified labs nationwide. As a member of DirectLabs, you'll have access to labs for the blood tests that can detect serious medical conditions such as heart disease, prostate cancer, diabetes, thyroid disease and more. You'll also save 20% to 70% on physician-ordered MRAs, MRIs, CT scans and PET scans at more than 1,800 diagnostic facilities across the nation. Results are provided directly to your doctor.

◦ Better Living Now

Better Living Now is your source for discounted diabetes management and lifestyle enhancement supplies by mail.

Key features of the discounted plan include:

- Free blood glucose monitor upgrade
- 20% to 30% off retail prices for durable medical equipment
- 20% to 40% off retail prices for disposable medical supplies
- 20% to 25% off retail prices for nutritional supplements
- 20% to 25% off retail prices for daily living aids
- No shipping charges on orders of \$100 or more
- No forms to fill out

Up to a 90-day supply is shipped, and you'll receive a replacement notification before your supplies run out. Most of the products from Better Living Now come with a 20-day, 100% satisfaction guarantee. Some products have restrictions and cannot be returned.

◦ HearPO

HearPO is a discount plan for hearing care. HearPO provides discounts on a variety of hearing aids and services at more than 1,700 locations across the nation.

Key features of the HearPO plan include:

- Discounts on hearing exams and services
- An average of 25% savings on the purchase of hearing aids, as well as discounts on diagnostic services that include hearing exams and batteries
- Financing option with up to 12 months no interest
- Sixty (60)-day, no-risk trial period - if you're not satisfied, return your hearing aids within the trial period for a 100% refund
- One (1) year of follow-up care, which includes cleaning, adjustment, and other hearing aid services
- Three (3)-year warranty on most hearing aids, covering repairs, loss and damage (*Some exclusions may apply. Limited to one claim for loss and damage.*)
- Discounts on batteries mailed directly to your home

HearPO also features a low price guarantee that beats the best price by 5%. (You'll need to provide the competitor's coupon for verification of price and model. It's limited to manufacturers offered through the HearPO program. Only local provider quotes will be matched.)

Homeland Value Added Benefits

The following Value Added Benefit is provided through Careington International Corporation.

◦ Careington POS Dental Network*

Careington International Corporation provides discounted dental benefits for all Homeland HealthCare plans. Careington's network is made up of more than 62,000 dental providers across the nation.

The discount dental plan includes:

- Savings of 20% to 50% on most dental procedures, including routine oral exams, unlimited cleanings and major work such as dentures, root canals and crowns
- Orthodontics for children and adults at a 20% savings
- Cosmetic dentistry such as bonding and veneers
- All specialties – endodontics, oral surgery, orthodontics, pediatric dentistry, periodontics and prosthodontics – with a 20% reduction on normal fees where available

*This dental plan is not insurance. **This is not a Medicare prescription drug plan. The plan provides discounts at certain health care providers for medical services. The range of discounts will vary depending on the type of provider and service. The plan does not make payments directly to the providers of medical services. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization. Before purchase, you may access a list of participating health care providers at www.searchforaprovider.com. Upon request the plan will make available a written list of participating health care providers. You have the right to cancel within the first 30 days after receipt of membership material and receive a full refund, less a nominal processing fee (nominal fee for MD residents is \$5). Discount Medical Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone (800) 441-0380.

Note to Texas Consumers: Regulated by the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711; (800) 803-9202 or (512) 463-6599 Website: www.license.state.tx.us/complaints. The program and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers.

**Medicare statement applies to MD residents when pharmacy discounts are part of program. This program is not available in Montana and Vermont.

◦ Compass Medical Advocacy

If you need assistance with your health care, Compass Professional Health Services can point you in the right direction. Compass is a medical advocacy service, working for you to help with simple and complex health care needs and saving you money and time.

Use Compass for these services and more:

- Price comparisons for procedures, medications and hospitals to get the best care at the best price
- Unbiased doctor recommendations
- Bill review and problem resolution
- Facilitating communication between doctors
- Lower-costing drug alternatives
- Insider information on saving money on health care

Compass' services can be used as often as needed, at no cost to Homeland HealthCare members and their families.

Supported by the leading Medical PPO Network



You're not alone with NowCare. In addition to our useful products and services, we provide cost relief through MultiPlan, the nation's leading preferred provider network. Discounted rates are available at physicians' offices, hospitals and medical centers around the country.

Founded in 1980, MultiPlan is the nation's oldest and largest supplier of independent, network-based cost management solutions. MultiPlan supports more than half a million health care providers under contract, has an estimated 40 million consumers accessing its' network products and processes over 65 million claims through its' networks each year.

MultiPlan is the only company that can offer access to the leading independent national primary PPO, as well as its' complementary network and fee negotiation services, through a single electronic claim submission. To locate providers in your area, visit www.multiplan.com.

The end result is a highly focused service team that:

- Resolves over 60% of inquiries within one business day
- Resolves escalated issues in less than 5 business days on average
- Offers extensive experience in health care financial management
- Understands the dynamics of your type of business and your local area
- Helps you get the most out of your relationship with your health plan

Enrolling
is as
easy as

1-2-3

1. **Review** NowCare plan(s) and select the plan(s) that best suit the needs of you and your family.
2. **Complete** the enclosed application and fax to Homeland HealthCare at 214-953-1101. Please remember to include your email address on your application as we periodically provide you with health care updates.
3. **Enroll** online or by phone using our easy-to-use administrative system or through paper enrollment. Premium payment can be made by individual bank draft or credit card.

Frequently Asked Questions

Are pre-existing conditions covered by the NowCare program?

Yes, after a twelve (12) month pre-existing condition limitation.

Will I receive identification cards?

Yes. Personalized, “wallet friendly” identification cards are sent to each member. The fulfillment kit also contains phone numbers, web links and information describing how to use all the benefits included in your NowCare program.

Can I use any doctor or hospital with the NowCare program?

Yes, you may go to any doctor or hospital. However, you can receive substantial discounts for covered medical care when you visit a participating provider in the nationwide network included with the plan.

Is there a co-payment amount or a deductible?

The only co-payment is for prescription drugs; there’s a \$100 deductible on the accident medical benefit.

How do members pay for NowCare covered care or file claims?

At the time of a visit, you or your covered family members should present your medical identification card to the provider. The back of your identification card has all the information the provider needs to verify benefits and file claims. The providers may require the full amount due at the time of service if you are filing your own claims. There are no claim forms. You or the provider should simply send itemized statements detailing the medical visit to the claims address printed on the back of the identification card.

How do the Homeland Value Added Benefits plans work?

Do members need to file claims?

With Homeland Value Added Benefits, which include Vision Care, Prescription Drug Benefit and Consult A Doctor, there are no claims to file. The discount is provided at the time of service. It is important that you present your cards during your visit. (If you need service and have not received your cards, they can call 1.800.493.4240.)

When can members begin using their prescription drug card and other discount benefits?

Members can begin using their benefits on the effective date of coverage, subject to the terms and conditions of the health plan they choose.

Is maternity covered on the Limited Benefit Health plan?

Yes, maternity is covered as any other illness.

What if I need to go to the doctor and I have lost my card or haven’t received it yet?

If the coverage is in effect and you do not have your identification card, contact Homeland HealthCare toll free at 1.800.493.4240. We will provide the doctor with verification of coverage and all of the information needed to process your claims.

Plan Options

Benefits	NowCare Bronze	NowCare Silver	NowCare Gold	NowCare Platinum	NowCare Plus
LIMITED BENEFITS HEALTH INSURANCE COVERAGE					
Preventive Benefits					
Physician Office Visit (1 may be used for wellness - no family limit) NowCare Bronze, Silver, Gold, & Platinum: per visit - 4 pp/py NowCare Plus: per visit - 6 pp/py	\$50	\$50	\$75	\$75	\$100
Routine Well Child (per visit - no family limit)	\$50	\$50	\$75	\$75	\$75
Diagnostic/X-Ray/Labs (per visit - 3 pp/py - 1 of which may be for wellness care - no family limit)	N/A	\$50	\$100	\$125	\$125
Emergency Room (per visit - 4 py - no family limit)	\$50	\$100	\$150	\$250	\$250
Hospital Benefits					
Hospital Income (max. 30 days per confinement - no family limit)	\$250	\$500	\$750	\$1000	\$1000
First Hospital Confinement NowCare Bronze, Silver, Gold, & Platinum: amount shown up to 1 day NowCare Plus: amount shown up to 3 days	\$250	\$500	\$750	\$1000	\$1000
Mental Illness Benefit (max. 10 days per confinement - no family limit)	\$125	\$250	\$375	\$500	\$500
Alcohol and/or Drug Abuse Benefit (max. 10 days per confinement - no family limit)	\$125	\$250	\$375	\$500	\$500
Convalescent Facility (max. 20 days per confinement in a convalescent facility following within 3 days of hospitalization of at least 3 days - no family limit)	\$125	\$250	\$375	\$500	\$500
Intensive Care Unit (max. 10 days per confinement - no family limit)	\$500	\$1000	\$1500	\$2000	\$2000
Surgery Benefits					
Outpatient (per visit - 1 pp/py - no family limit)	N/A	\$400	\$400	\$800	\$800
Inpatient (per visit - 1 pp/py - no family limit)	N/A	\$1000	\$1000	\$2000	\$2000
Accidental Medical Benefits/Accidental Death & Dismemberment Benefits					
Accident Medical Benefit (per occurrence)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Accidental Death & Dismemberment Benefit	\$10,000	\$20,000	\$30,000	\$40,000	\$40,000
Loss of two hands, two feet or sight of both eyes	\$10,000	\$20,000	\$30,000	\$40,000	\$40,000
Loss of one hand and one foot	\$10,000	\$20,000	\$30,000	\$40,000	\$40,000
Loss of one hand and sight of one eye	\$10,000	\$20,000	\$30,000	\$40,000	\$40,000
Loss of one foot and sight of one eye	\$10,000	\$20,000	\$30,000	\$40,000	\$40,000
Loss of speech and hearing of both ears	\$10,000	\$20,000	\$30,000	\$40,000	\$40,000
Quadriplegia	\$10,000	\$20,000	\$30,000	\$40,000	\$40,000
Loss of one arm or one leg	\$7,500	\$15,000	\$22,500	\$30,000	\$30,000
Paraplegia	\$7,500	\$15,000	\$22,500	\$30,000	\$30,000
Loss of one hand or one foot	\$5,000	\$10,000	\$15,000	\$20,000	\$20,000
Loss of sight of one eye	\$5,000	\$10,000	\$15,000	\$20,000	\$20,000
Loss of speech or hearing in both ears	\$5,000	\$10,000	\$15,000	\$20,000	\$20,000
Hemiplegia	\$5,000	\$10,000	\$15,000	\$20,000	\$20,000
Loss of thumb and index finger on the same hand	\$2,500	\$5,000	\$7,500	\$10,000	\$10,000
Loss of hearing in one ear	\$2,500	\$5,000	\$7,500	\$10,000	\$10,000
Other Benefits⁺					

Plan Options

HOMELAND VALUE-ADDED BENEFITS*					
Consult A Doctor	Included	Included	Included	Included	Included
Prescription Drug Card \$10 or 50% co-pay	Included	Included	Included	Included	Included
Vision Care Program**	Included	Included	Included	Included	Included
Direct Lab Program	Included	Included	Included	Included	Included
Discount Dental	Included	Included	Included	Included	Included
Better Living Now	Included	Included	Included	Included	Included
HearPO	Included	Included	Included	Included	Included
Compass Medical Advocacy	Included	Included	Included	Included	Included

* Homeland Health Care Value Added Benefits Program is neither underwritten nor provided by Market Insurance Company

** Vision Care Program is underwritten by National Guardian Life Insurance Company (NGL)

AWA plans currently can NOT be issued in: AK, CA, CT, FL, KS, MA, ME, MD, MN, NH, NJ, NY, NV, OH, OR, SD, UT, VT, and WA.



Plan Rates

MONTHLY RATES FOR STANDARD PLANS

NowCare Bronze

Insured	With Spouse	With Child(ren)	Family
\$169	\$249	\$259	\$329

NowCare Silver

Insured	With Spouse	With Child(ren)	Family
\$239	\$369	\$379	\$519

NowCare Gold

Insured	With Spouse	With Child(ren)	Family
\$299	\$499	\$509	\$719

NowCare Platinum

Insured	With Spouse	With Child(ren)	Family
\$339	\$579	\$589	\$819

NowCare Plus

Insured	With Spouse	With Child(ren)	Family
\$399	\$699	\$709	\$999



Limitations & Exclusions

THESE EXCLUSIONS APPLY TO THE LIMITED MEDICAL BENEFIT

Benefits are not provided for injury or sickness of a covered person which results directly or indirectly, wholly or partly, from:

- Insurrection, rebellion, participation in a riot, commission of or attempting to commit an assault, battery, felony, or act of aggression;
- War or any act of war, whether declared or undeclared, or sickness contracted or accidental bodily injury occurring while on full-time active duty in the Armed Forces of any country or combination of countries;
 - Occupational injury or sickness, or any injury or sickness otherwise covered by any Workers' Compensation Act, Occupational Disease Law or similar law;
 - Operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit;
 - Care of treatment related to intentionally self-inflicted injury or self-induced sickness;
 - Charges for which there is no legal obligation to pay, or no charge is made, or in the absence of coverage;
 - Charges incurred after termination of coverage;
 - Charges for care or services furnished by an agency or program funded by federal, state or local government except Medicaid;
 - Charges which are not medically necessary for treatment of sickness or injury;
 - Unless specifically provided for in the plan, charges for routine physicals or exams or routine immunizations when no injury or sickness is present;
 - Charges for medical care, services, or supplies which are not furnished or prescribed by a doctor;
 - Charges for experimental or investigational treatment, procedures for research purposes, or practices when not generally recognized as accepted medical practices;
 - Charges for care treatment, services or supplies that are not approved or accepted as essential to the treatment of an injury or sickness by any of the following:
 - The American Medical Association,
 - The U.S. Surgeon General,
 - The U.S. Department of Public Health,
 - The National Institute of Health;
- Charges related to cosmetic surgery except:
 - To repair disfigurement because of an accidental bodily injury which occurs while covered under the plan, or
 - For reconstructive surgery because of mastectomy which is performed within 12 months of the date of a mastectomy, provided the mastectomy is because of malignancy and is performed while covered under the plan, and
 - For treatment of a congenital anomaly in a child born to you while covered under the plan;
- Unless dental care benefits are included in this Plan, dental care or oral surgery except for closed or open reduction of fractures or dislocation of the jaw (this exception only applies to plans containing a surgery benefit);
- Unless specifically provided in the Plan, charges for treatment of Alcohol or Drug Abuse;
 - Unless specifically provided in the Plan, charges for refractions, eyeglasses or their fitting;
 - Hearing aids or their fitting.
- Unless specifically provided in the Plan, charges for treatment of Mental Illness;
- Charges in connection with obesity, weight reduction, or dietetic control, except for morbid obesity or disease etiology;
- Charges for treatment or services for Temporomandibular Joint (TMJ) Syndrome, orofacial, or myofascial syndrome whether medical or dental in scope;
- Charges for reversal procedures in connection with previous male or female sterilization;
- Charges for services related to educational or vocational testing or training;
- Any charges for abortions which are not medically necessary;
- Any charges for outpatient food, food supplements, or vitamins;
- Any charges for prescription drugs or durable medical equipment;
- Surgery to correct vision problems which are not caused by a sickness or injury;
- Charges for treatment of male or female infertility; in vitro and in vivo fertilization of an ovum, or artificial insemination including but not limited to:
 - Drugs and medicines;
 - Diagnostic and surgical procedures including but not limited to:
 - Aspiration of ovarian cysts;
 - Harvesting or obtaining eggs;
 - Other surgical treatment of infertility;
 - Diagnostic laboratory and pathology procedures; and
 - Diagnostic radiology, nuclear medicine and ultra sound procedures;
- Charges made by a surgeon, nurse, dentist, or doctor who:
 - Normally lives with the covered person;
 - Is a member of the covered person's family; or
 - Is the covered person's sponsor or another employee of the sponsor; or
 - Is contracted for or by a union, employee benefit association, trustee, or similar organization or the employee of a clinic contracted for or by any such organization;
- Charges for custodial care;
- Charges for care, treatment, services, supplies or confinements primarily for the convenience of the covered person, his doctor, his family or other providers;

- Charges related to smoking cessation;
- Charges for the treatment of the following:
 - Codependency;
 - Social, occupational, or religious maladjustments;
 - Compulsive gambling;
 - Chronic marital or family problems when not related to the primary focus of treatment which must be a diagnosable mental disorder.
- Treatment received outside the United States except for emergency treatment while traveling;
- The processing of nuclear fission or fusion, or the processing, use, handling or transporting of radioactive material, including but not limited to nuclear reactors or any weapon of war or explosive device employing nuclear fission or fusion;
- Pre-existing conditions until covered under the Plan for 12 continuous months.

THESE EXCLUSIONS APPLY TO THE ACCIDENT MEDICAL EXPENSES

- The policy does not cover Loss nor provide benefits for:
 - Expenses for treatment on or to the teeth, except for treatment resulting from injury to natural teeth;
 - Services normally provided without charge by you or your employees;
 - Eyeglasses, hearing aids, and examination for the prescription or fitting thereof;
 - Suicide, attempted suicide or intentionally self-inflicted injury;
 - Injury due to participation in a riot;
 - Cosmetic surgery. Cosmetic surgery does not include reconstructive surgery made medically necessary due to a covered accident or sickness which results in trauma, infection or other diseases of the involved part;
 - Loss resulting from air travel, except as a fare-paying passenger on a commercial airline;
 - Injury or sickness resulting from any declared or undeclared war;
 - Injury or sickness while in the armed forces of any country. When an insured enters such armed forces, we will refund the unearned pro rata premium to the insured;
 - Injury or Sickness covered by any workers' compensation or occupational disease law;
 - Treatment provided in a governmental hospital unless the insured is legally obligated to pay such charges;
 - Infections except pyogenic or bacterial infections caused wholly by a covered injury or sickness;
 - All types of hernia;
 - The insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
 - Claims occurring while parachuting or hang-gliding; or injury sustained while traveling in or on any two or three-wheeled motor vehicle operated by a person who does not hold a valid operator's license;
 - Pre-existing conditions as defined;
 - False labor; occasional spotting; physician prescribed rest during the period of pregnancy; morning sickness; or similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct complication of pregnancy as defined.

THESE EXCLUSIONS APPLY TO THE RX

- Prescription Benefit - Generic Only: Benefits will not be payable under the Policy for Federal Legend expenses incurred for:
 - Generic drugs new to the market and less than 12 months old
 - Anorexiant
 - Anti-Obesity Drugs
 - Biologicals
 - Blood/Blood Plasma
 - Diaphragms
 - Fertility Drugs
 - Fluoride Preps
 - Growth Hormones
 - Injectables (other than Insulin)
 - Medical or Therapeutic Devices
 - Nutritional/Dietary Supplements
 - Implants
 - Smoking Cessation Agents
 - Topical Minoxidil
 - Vitamins (other than prenatal)
- Glucometers
- Other Syringes
- Impotence Agents
- Cosmetic Agents
- Research or Experimental Drugs
- Depo-Provera

Enrollment Form

Homeland NowCare Limited Benefit Health Insurance
 Underwritten by Markel Insurance Company
 Administrative Offices: 4600 Cox Road, Glen Allen, VA 23060

GROUP POLICYHOLDER Affiliated Workers Association Requested Effective Date _____

Enrollee Name _____

Enrollee Address _____

City _____ State _____ Zip _____

Social Security Number _____ Daytime Phone Number _____

Gender: Male Female D.O.B. _____ E-mail Address _____

PLAN OPTIONS

Plan Selection: NowCare Bronze NowCare Silver NowCare Gold NowCare Platinum NowCare Plus
 Coverage: Member Only Member & Spouse Member & Child(ren) Family

SPOUSE & DEPENDENT INFORMATION

(Write spouse's name below if you are applying for Enrollee and Spouse or Enrollee and Family coverage; if no spouse or if spouse is not to be covered, put N/A or "None" in space below.)

Spouse's Name _____ D.O.B. _____ SS# _____

Beneficiary* (Please print full name) _____ Relationship _____

*The enrollee will be the beneficiary for his or her spouse and/or dependent children if dependent coverage is selected unless designated otherwise.

Dependent Name	Date of Birth	Social Security Number	Gender (M/F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, I and the individuals named herein are eligible for insurance. I understand that this is limited benefit health insurance, not major medical coverage and it is not intended as a substitute for basic health insurance or major medical coverage. Coverage will not begin until the effective date shown in the coverage document. I further understand that the coverage will not pay benefits during the Plan Period described below for pre-existing conditions I/we currently have or have had in the past. Beginning on the Effective Date, benefits will not be paid for any pre-existing condition until the end of 12 consecutive months. I authorize Homeland HealthCare to collect any and all premiums and fees due for this coverage. By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions of coverage as they have been presented to me.

Fraud Warning: Any person who knowingly and with intent, defrauds or deceives any insurance company by submitting an application or filing a claim that contains any false or incomplete information, or conceals information for the purpose of misleading, is guilty of insurance fraud, which is a felony and subject to criminal and/or civil penalties.

CREDIT CARD or AUTOMATIC BANK DRAFT

Credit Card Type _____ Card Number _____ Expired _____ Security Code _____

Bank Name _____ Routing Number _____ Account Number _____

 Applicant Signature Date

 Agent Signature Agent Name (Print) Agent Number

 Enrollee's Signature Date eighteen