



SmartCare PPO

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Our Purpose...



The Affiliated Workers Association is a nationwide network of professionals, tradesmen, small business owners and the self-employed. AWA is dedicated to ensuring that each American worker is empowered with the purchasing power that allows them to make sound financial, personal and health decisions. Through the Affiliated Workers Association, you are able to freely purchase health and lifestyle benefits that can save you and your family money.

When you join AWA, you receive a wide variety of benefits. The healthcare plans included with our memberships are at the top of the industry, and can help reduce day-to-day healthcare costs. We are able to provide you with additional business and lifestyle benefits that are not included in most major medical health plans. Through our partners, we offer an impressive array of small business solutions, consumer discounts and health programs.

AWA Scheduled Benefit Health Plan

Designed Specifically for Members of the Affiliated Workers Association

AWA SmartCare PPO includes a scheduled benefit health plan product that's specifically for members of the Affiliated Workers Association who are between the ages of 18 and 64. AWA SmartCare PPO can help if you:

- Don't have individual or group health insurance
- Can't get traditional health insurance because of a pre-existing condition
- Want to supplement a high-deductible policy or the coverage you get at work.

AWA SmartCare PPO provides benefits coverage for individuals and families, addressing day-to-day healthcare expenses. You can't be turned down for an AWA membership. There is a 12 month waiting period before coverage of pre-existing conditions is available for Hospital Confinement Benefit, Surgery, and Anesthesia related to surgery.



The SmartCare PPO experience is different! How?

The SmartCare PPO benefit plan features scheduled benefit health insurance underwritten by Freedom Life Insurance Company of America. With this benefit program, AWA members can receive affordable medical benefits that are flexible and cost-effective. Through advanced proprietary technology and superior benefits management, AWA minimizes enrollment and administration costs compared to other benefit plans and streamlines the claims process.

Scheduled Benefit Plans are Underwritten by Freedom Life Insurance Company of America, a subsidiary of USHEALTH Group

USHEALTH Group is an innovator in the insurance industry, with products designed to meet the needs of the individual market. Headquartered in Fort Worth, Texas, USHEALTH Group is a subsidiary of Credit Suisse, one of the world's largest financial institutions with more than \$1 trillion in assets under management. USHEALTH Group, through its insurance Company subsidiaries, has served more than 15 million customers and paid more than \$1 billion in claims over the last 50 years.



Insurance underwritten by:
Freedom Life Insurance Company of America



Affordable. Convenient. SmartCare PPO Flexible. Professional. Strong. Reliable. Valuable.

Affordable

AWA members receive health insurance coverage at affordable group rates through their association membership and dues which can be paid by bank draft, debit or credit cards. Our technology minimizes the time and cost associated with enrollment and individual membership guide distribution.

Convenient

There are no deductibles or co-pays with AWA SmartCare PPO, except for a \$100 deductible for the accident medical expense benefit. Fixed cash benefits can be paid directly to you. You can use the money for non-reimbursed medical expenses, alternative treatments, travel or any way you want. If you choose, you can have the payments sent directly to your provider instead of to you.

Flexible

AWA SmartCare PPO's multiple levels of benefits allow you to choose the plan that best fits your needs – from maximum coverage to maximum affordability.

Professional

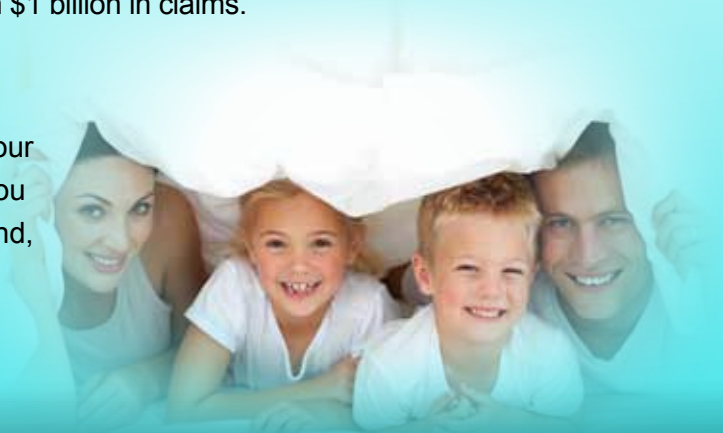
Our team is made up of highly experienced insurance professionals. Our claims specialist team includes supervisors and examiners with the expertise to quickly evaluate claims and the sensitivity to respond compassionately to crisis situations.

Strong and Reliable

AWA SmartCare PPO's scheduled benefit plans are underwritten by Freedom Life Insurance Company of America, a subsidiary of USHEALTH Group. USHEALTH Group has served more than 15 million customers and paid more than \$1 billion in claims.

Valuable

AWA SmartCare PPO helps you manage your day-to-day healthcare expenses, keeping you and your family healthy and active year round, even with pre-existing conditions.



With AWA SmartCare PPO, you receive the following benefits and more:

- **Physicians Office Visits**

SmartCare PPO 1 and 2 pay \$50 per office visit, up to five times a Calendar Year per Insured. SmartCare PPO 3 pays \$75 per visit, up to five visits per Calendar Year per Insured, while with SmartCare PPO 4 and 5, you'll be paid \$100 per visit, up to five visits per Calendar Year per Insured.

- **Routine Wellness Health Screening Benefit**

All SmartCare plans provide each Insured member 1 health screening per Calendar Year for routine exams or Preventive Testing.

- **Routine Well-Child Care**

All SmartCare plans provide each each Insured child with 1 Routine Well-Child Care visit per Calendar Year, including patient history, physical examination, developmental assessment, lab test and hearing and vision screening.

- **In-Patient Hospital Services**

With SmartCare PPO 1 and 2, you'll be paid \$250 a day for Hospital Confinement, up to 30 days a year, and \$250 first day benefit. With SmartCare PPO 3, you'll be paid \$500 for each day of Confinement, up to 30 days a year, and \$500 first day benefit. SmartCare PPO 4 pays \$1,000 per day, up to 30 days, and \$750 first day benefit. SmartCare PPO 5 pays \$1,500 for Confinement, up to 30 days a year, and \$1,000 first day benefit.

- **Emergency Room Visits**

SmartCare PPO 1 and 2 provide no emergency room benefits. SmartCare PPO 3 pays \$100 per visit, while SmartCare PPO 4 pays \$150 per visit. SmartCare PPO 5 pays \$250 per visit. The benefits allow for two emergency room visits per Calendar Year per Insured.

- **Diagnostic Testing or X-Ray**

SmartCare PPO 1 and 2 pay \$50 for diagnostic testing or X-rays, up to \$150 per Calendar Year per Insured. SmartCare PPO 3 and 4 pay \$100 per test, up to \$300 a year, while SmartCare PPO 5 pays \$150 per test, up to \$450 a year.

- **Surgical Benefits**

SmartCare PPO 2, 3, 4 and 5 follow the Freedom Life Insurance Company of America surgical schedule, paying a percentage of the fee schedule for each procedure. SmartCare PPO 2 pays \$20 to \$2,000 per inpatient or outpatient procedure, while SmartCare PPO 3 pays \$25 to \$2,500 per inpatient or outpatient procedure. SmartCare PPO 4 and 5 pay \$50 to \$5,000 per inpatient or outpatient procedure. SmartCare PPO 1 pays no surgical benefits.

- **Outpatient Prescription Drug Benefit**

Each SmartCare PPO plan pays up to \$10 per generic prescription. SmartCare PPO 1 has a \$1,200 annual maximum on generics. SmartCare PPO 1 pays no benefit for brand name drugs. SmartCare PPO 2 and 3 pay up to \$30 for each name brand drug, with a \$1,200 annual maximum. SmartCare PPO 4 pays \$30 for name brand drugs and an \$1,800 annual maximum. SmartCare PPO 5 pays up to \$30 for name brand drugs, with a \$2,400 annual maximum. SmartCare PPO 1, 2 and 3 have a 120-prescription maximum per Calendar Year. SmartCare PPO 4 allows for 180 prescriptions per Calendar Year and SmartCare PPO 5 allows 240 prescriptions per Calendar Year.

- **Accident Excess Medical Expense Coverage**

Each SmartCare PPO plan pays a benefit if you're injured in an accident. Coverage pays benefits in excess of any other valid coverage, health plan, automobile medical payments coverage, government provided coverage, workers compensation coverage or any other employer / employee liability coverage. SmartCare PPO 1, 2 and 3 pay \$2,000 per incident. SmartCare PPO 4 and 5 pay \$5,000 per accident. Supplemental accident medical has a \$100 deductible on each plan.

See the charts on pages 12 and 13 for summary of coverage details.

AWA Highlighted Benefits

Consult A Doctor

Consult A Doctor is the first telemedicine company to provide both online and telephone healthcare access. Free consultations with 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 can even be called in to your pharmacy.

With four levels of service available 24 hours a day, 7 days a week, a U.S.-based physician is only moments away, based on your needs:

- ✓ On Call: Telephone consultation within minutes
- ✓ Priority: In-depth telephone consultation within an hour
- ✓ By appointment: In-depth telephone consultation at a time that's convenient for you
- ✓ E-Consult: Online consultation at any time through Consult A Doctor's secure messaging system.



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

Compass Medical Advocacy Services

If you need assistance with your healthcare, 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 healthcare 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 healthcare



Compass' services can be used as often as needed, at no cost to you or your family.

Mutual of Omaha Guaranteed Issue Life Insurance

As an AWA member, you will receive a \$10,000 guaranteed issue life insurance policy. Guaranteed issue means you cannot be denied coverage. This benefit is limited to the primary AWA member.



Mutual of Omaha

AWA Health Solutions

Scheduled Benefit Health Insurance

AWA SmartCare PPO is a scheduled benefit health plan product that's specifically designed for members of the Affiliated Workers Association who are between the ages of 18 and 64. SmartCare PPO addresses day-to-day healthcare expenses for you and your family. You can't be turned down for a SmartCare PPO plan.

Guaranteed Issue Life Insurance

As an AWA member, you will receive a \$10,000 guaranteed issue life insurance policy. Guaranteed issue means you cannot be denied coverage. This benefit is limited to the primary AWA member.

Pharmacy and Prescription

CVS/Caremark is the pharmacy benefit manager. You'll have access to discounts at more than 60,000 pharmacies, including more than 7,000 CVS/pharmacy stores.

Cigna Discount Dental

Save on dental work through the Cigna Dental Network. The discount is good at more than 80,000 dentists and specialists around the country. There's no limit to the number of dental visits you can make in a year.

Diabetes Management

You'll have access to 4GBiometrics, an online service that will monitor blood glucose levels and other meaningful metrics and report those metrics to your doctor automatically when they are outside of your doctor's plan. This tool is helpful for managing the impact of your diabetes.

American Specialty Health

The largest complementary and alternative medicine network in the country that includes more than 27,000 practitioners nationwide. Providers include chiropractors, acupuncturists, massage therapists, fitness clubs and discount vitamin and supplement sources. Receive a 25% discount on services performed at network-included facilities.

Hearing Services

A nationwide plan that offers AWA members premium, name brand hearing aids at huge savings with a no-risk, 100% satisfaction guarantee. The discounts on the hearing aids typically save a member 50% to 60% off the prices at most audiology clinics or dispensing offices.

Hearing Network

The Beltone Hearing Network is comprised of 1,500 nationwide locations where you can receive hearing care. You and your immediate family (parents, grandparents, spouse and children) will receive a complementary hearing screening and a 15% discount on the retail price of any approved Beltone hearing instrument at any of the in-network locations.

One Call Medical

Allows you access to high-quality radiology tests at reduced rates. OCM combines a national network of highly credentialed providers and unique steorage and scheduling services that can help you with access to your providers. This program can help you find discounted radiological services and assist you in finding the right doctor and scheduling appointments.

AWA Business Solutions

Hewlett-Packard

Discounts of varying levels on HP computer and digital equipment including point-of-sale equipment, notebooks, laptops, desktops, servers, handhelds, cameras and more.

UPS

Receive a variety of discounts on UPS delivery services.

ADP Payroll Processing

A 20% discount is offered, along with the first month free. ADP will meet your needs as your business grows for workers compensation, payroll, payroll tax and HR solutions.

Customized Websites

Receive a 20% discount on a customized website from eGroupManager. An experienced staff of professional designers and programmers is available to boost your business' online presence, with all the latest programming capabilities.

National Transaction Corp.

Process all your business transactions including product sales and service fees with special rates.

Office Depot

Qualify for discounts on more than 16,000 items.

Penny Wise Office Supplies

Huge selection, fast and free delivery and guaranteed lowest prices on office products from Penny Wise. Select from more than 20,000 items and save up to 36% on the already low prices.

OnLetterhead

Save 20% on the setup of an account for broadcast branded e-mails.

Springer Collections

When you need to collect on past debts, Springer Collections offers a 20% discount.

PowerNet Global Long Distance

Long distance rates of 4.9 cents a minute state to state, 24 hours a day, seven days a week for your home or business. There's no monthly minimum; one-minute increment billing for homes and six-second increment billing for businesses; and great in-state plans. PowerNet Global uses the highest quality 100% digital fiber optic network.

Internet Access Services

In addition to PowerNet Global's long-distance phone service, you can take advantage of its unlimited high speed dial-up Internet service for \$1 the first month and \$12.95 a month after that. PowerNet Global offers fast and reliable connections, free tech support and valuable add-ons.

Integrated Communications

Start with a free phone bill audit and have your communications network reviewed for money-saving options.

TravelCell

Stay safe and in touch by renting global phones for international travel. Rental fees are cut in half for AWA members -- \$15 a week. Satellite phone rental also is available.

Crisp Fifty-Minute Series

Discounts on books and tapes from the widely acclaimed self-help and motivation series. The material covers key topics on business and the professional soft skills that are essential to employees at all levels of an organization.

AWA Consumer Solutions

Legal Assistance

You and your family members can receive no-cost and affordable assistance with legal, financial, identity theft and tax issues from attorneys and financial professionals in your area. Through this program, you'll also gain access to one of the world's largest online legal and financial resources that can provide you with needed forms and information.

T-Mobile

Take advantage of special discounts on personal T-Mobile service, including rate plan, activation fee and handset discounts.

MyHomeBenefits

A one-stop resource for everything you need to buy, sell, finance or move a home – fast, easy and affordably. Receive assistance from real estate, home financing and moving professionals throughout the country.

North American Van Line

Receive a substantial discount on interstate relocation services, including up to 58% on transportation charges.

Emergency Roadside Assistance

24-hour nationwide discounted services. Roadside services include towing, mechanical assistance, tire changes, fuel delivery and more.

Montrose Travel

Save on all your travel needs. Receive special pricing on package tours, cruises, hotels, car rentals and airlines.

Travel Club

Receive discounts on selected Travel, tours and cruises.

ITC-50

You'll save 50% off the regular, non-discounted room rate at a participating network of more than 4,000 hotels. Participating hotels include Doubletree, Marriott Suites and Hotels, Fairfield Inn, Ramada Inn, Hilton, Red Roof Inn, Sheraton, Hyatt, Wyndham and many more.

Car Rental Discounts

Receive a special discounted member price when you rent a car from Avis, Budget or Dollar Rent A Car.

Carperks

Take the hassle out of buying a car. You can benefit from a corporate pricing program that eliminates the hassles. Carperks' dealer network has agreed to sell automobiles for a price better than their best Internet price, resulting in prices hundreds of dollars lower than the retail sales price.

HopTheShops.com

Preferred customer access to HopTheShops.com, a premium online shopping mall with more than 150 stores. Products include sporting goods, cards and gifts, toys, automobiles, fashion, computers, pet supplies and much more.

ProFlowers

Save 15% with online purchases from ProFlowers. The online florist sells a wide variety of fresh-cut flowers, mixed bouquets and potted plants, shipped fresh from the grower.

Floral Service

Send flowers anywhere in North America from My Online Florist's website or by phone and receive a 40-60% discount from most retail flower shop prices.

AWA Consumer Solutions Continued

Cherry Moon Farms

Save 15% with online purchases of fresh fruit delivered directly to you generally within 2 days of being packed. Fruit arrives in an attractive gift box or gift basket on the day you choose.

RedEnvelope

Save 15% with online purchases. Send gifts anywhere in the United States from a collection of exclusive, sophisticated and memorable gifts for everyone.

Meineke Car Care Center

Save 10% on any Meineke service (except the sale of tires and batteries) and 5% on tires and batteries.

UBP Child ID Card

By registering your children with SafetyNet, authorities will be able to provide faster, more complete help to your child should he or she be missing or abducted. When you register, you'll receive wallet-sized cards with your child's picture and vital statistics. As an AWA member, you can register two children for free. Registering more children has a nominal fee.

Savers Club Book

Receive a free copy of the Savers Club Book, good throughout the country. Save on theme parks and recreation destinations, movie theaters, room rates at more than 4,400 hotels, motels and inns worldwide and retail services such as floral, automotive, health and beauty, dining and shopping.

Travel Assistance Plan

Provides emergency medical transportation and numerous other travel assistance benefits.

Magazine Subscriptions

Save up to 85% off regular subscription rates on virtually all popular titles, including gift subscriptions, renewals and transfers. In addition, some services offer rebates of up to 35% off the purchase price.

Supported by the leading Medical PPO

You're not alone with AWA SmartCare PPO. In addition to our useful products and services, we provide cost relief through MultiPlan, the nation's leading preferred provider organization (PPO). Discounted rates are available at physician offices, hospitals and medical centers around the country that are part of the MultiPlan PPO.

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 healthcare providers under contract, has an estimated 40 million consumers accessing its network products and processes more than 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 healthcare providers in your area who are on the MultiPlan network, visit www.multiplan.com. If your provider isn't on the MultiPlan network, you can nominate him or her on the MultiPlan website.

With MultiPlan, you have a highly focused service team that:

- ✓ Resolves more than 60% of inquiries within one business day
- ✓ Resolves escalated issues in less than five business days on average
- ✓ Helps you get the most out of your relationship with your health plan



SmartCare PPO Plan Options

Benefits	SmartCare PPO 1	SmartCare PPO 2	SmartCare PPO 3	SmartCare PPO 4	SmartCare PPO 5
SCHEDULED BENEFIT HEALTH PLANS					
*Inpatient Benefits					
Daily Hospital Confinement Benefit	\$250	\$250	\$500	\$1,000	\$1,500
Maximum Days per Calendar Year	30	30	30	30	30
Hospital Admission Benefit	\$250	\$250	\$500	\$750	\$1,000
Days Covered by Hospital Admission Benefit (For Each Period of Confinement)	1	1	1	1	1
ICU/CCU Benefit					
Daily Intensive Care Unit Benefit	\$500	\$500	\$1,000	\$1,500	\$2,000
Maximum Intensive Care Unit Benefit (per Calendar Year)	10	10	10	10	10
Ambulatory Surgical Center Benefit					
Benefit per Visit	N/A	N/A	\$100	\$150	\$250
Emergency Room					
Benefit per ER Visit	N/A	N/A	\$100	\$150	\$250
Calendar Year Maximum per Insured	N/A	N/A	2	2	2
*Surgical Benefit					
Inpatient Maximum Scheduled Benefit (per Surgery Schedule)	N/A	\$2,000	\$2,500	\$5,000	\$5,000
Outpatient Maximum Scheduled Benefit (per Surgery Schedule)	N/A	\$2,000	\$2,500	\$5,000	\$5,000
*Anesthesia Benefit					
Anesthesia Benefit	N/A	N/A	25%	25%	25%
Provider Office Visits					
Provider Office Visit Benefit	\$50	\$50	\$75	\$100	\$100
Calendar Year Maximum per Insured	5	5	5	5	5
Routine Wellness					
Health Screening Benefit (per Test)	\$50	\$50	\$75	\$100	\$100
Calendar Year Maximum per Insured	1	1	1	1	1
Routine Well Child Care Benefit (per Provider Visit)	\$30	\$30	\$40	\$50	\$50
Calendar Year Maximum per Insured	1	1	1	1	1
Diagnostic X-Ray and Lab Benefit					
Per Test Amount	\$50	\$50	\$100	\$100	\$150
Calendar Year Maximum per Insured	\$150	\$150	\$300	\$300	\$450
Specialty Radiology Benefit (MRI, CT Scan, PET Scan)					
Per Test Amount	N/A	N/A	\$500	\$750	\$1,000
Calendar Year Maximum per Insured	N/A	N/A	500	750	1,000
Ambulance Benefit					
Ground Ambulance Benefit	\$0	\$0	\$100	\$250	\$500
Calendar Year Maximum per Insured	N/A	N/A	1	1	1
Air Ambulance Benefit	N/A	N/A	\$400	\$1,000	\$2,000
Calendar Year Maximum per Insured	0	0	1	1	1

SmartCare PPO Plan Options

Benefits	SmartCare PPO 1	SmartCare PPO 2	SmartCare PPO 3	SmartCare PPO 4	SmartCare PPO 5
Outpatient Prescription Drug Benefit					
Benefit per Prescription - Generic	\$10	\$10	\$10	\$10	\$10
Benefit per Prescription - Brand	N/A	\$30	\$30	\$30	\$30
Maximum Annual Benefit	\$1,200	\$1,200	\$1,200	\$1,800	\$2,400
Maximum Prescriptions per Calendar Year (per Insured)	120	120	120	180	240
**Accident Excess Medical Expense Coverage					
Excess Medical Coverage Maximum Benefit (per Accident per Insured)	\$2,000	\$2,000	\$2,000	\$5,000	\$5,000
Excess Medical Expense Deductible (per Accident per Insured)	\$100	\$100	\$100	\$100	\$100
Accidental Death & Dismemberment Benefit					
AD&D Maximum Benefit					
Primary Insured	\$10,000	\$10,000	\$20,000	\$30,000	\$40,000
Spouse of Primary Insured	50%	50%	50%	50%	50%
Children of Primary Insured	50%	50%	50%	50%	50%
Accidental Death & Dismemberment Benefits					
Loss of Life	\$10,000	\$10,000	\$20,000	\$30,000	\$40,000
Loss of Two or More Limbs	\$10,000	\$10,000	\$20,000	\$30,000	\$40,000
Loss of Speech and Loss of Hearing (both ears)	\$10,000	\$10,000	\$20,000	\$30,000	\$40,000
Loss of Sight (both eyes)	\$10,000	\$10,000	\$20,000	\$30,000	\$40,000
Loss of One Limb	\$5,000	\$5,000	\$10,000	\$15,000	\$20,000
Loss of Speech	\$5,000	\$5,000	\$10,000	\$15,000	\$20,000
Loss of Hearing (both Ears)	\$5,000	\$5,000	\$10,000	\$15,000	\$20,000
Loss of Sight (One Eye)	\$5,000	\$5,000	\$10,000	\$15,000	\$20,000
Loss of One Hand	\$2,500	\$2,500	\$5,000	\$7,500	\$10,000
Loss of One Foot	\$2,500	\$2,500	\$5,000	\$7,500	\$10,000
Loss of Hearing (One Ear)	\$2,500	\$2,500	\$5,000	\$7,500	\$10,000
Loss of Thumb and Index Finger (same Hand)	\$2,500	\$2,500	\$5,000	\$7,500	\$10,000
*Blanket Critical Illness Benefit					
Life Threatening Cancer	N/A	N/A	\$2,500	\$5,000	\$10,000
Stroke	N/A	N/A	\$2,500	\$5,000	\$10,000
Kidney Failure	N/A	N/A	\$2,500	\$5,000	\$10,000
Coronary Artery Bypass Surgery	N/A	N/A	\$2,500	\$5,000	\$10,000
First Diagnosis Heart Attack	N/A	N/A	\$2,500	\$5,000	\$10,000
Major Organ Transplant	N/A	N/A	\$2,500	\$5,000	\$10,000
Permanent Paralysis	N/A	N/A	\$2,500	\$5,000	\$10,000
Terminal Illness	N/A	N/A	\$2,500	\$5,000	\$10,000
Blanket Outpatient Radiation Therapy & Chemotherapy Benefit					
Per Month	N/A	N/A	\$250	\$500	\$1,000
Calendar Year Maximum per Insured	N/A	N/A	\$750	\$1,500	\$3,000

SmartCare PPO Plan Options

Monthly Membership Rates					
	SmartCare PPO 1	SmartCare PPO 2	SmartCare PPO 3	SmartCare PPO 4	SmartCare PPO5
Insured	\$139	\$199	\$269	\$369	\$439
Insured +1	\$199	\$309	\$469	\$679	\$829
Family	\$259	\$399	\$629	\$909	\$1,109

SmartCare PPO is not available in the following states:

AK, CA, CT, D.C., HI, ID, KS, ME, MA, MN, MT, NH, NJ, NM, NY, ND, OR, RI, SD, UT, VT, WA, WI

*There is a 12 month waiting period before benefits will be paid for medical services for Hospital Confinement, Surgery, Anesthesia and Critical Illness relating to a Pre-Existing Condition.

**Coverage pays benefits excess of any other valid coverage, health plan, automobile medical payments coverage, government provided coverage, workers compensation coverage or any other employer / employee liability coverage

The Blanket Association group coverage BLKTINDMN-P-IL-FLIC is underwritten and issued by Freedom Life Insurance Company of America to the Affiliated Workers Association ("AWA"). This association group coverage is available to each individual enrolled member of AWA in the applicable membership of AWA who has timely and properly paid their monthly dues to AWA and who has been identified by AWA to Freedom Life Insurance Company of America as an authorized and enrolled member of the applicable membership. This association group insurance coverage is subject to the definitions, terms, conditions, limitations and exclusions set forth in the master group policy issued to AWA, which are summarized in the description of coverage provided in your AWA membership materials. Coverage becomes effective on the date provided in your membership materials and terminates at the end of policy period of the master group policy issued to AWA unless renewed by the mutual agreement of AWA and Freedom Life Insurance Company of America. Benefits under this master group policy issued to AWA are only available for new AWA members who enrolled on and after November 1, 2010 who are between the ages of 18 and 64. There is a 12 month waiting period before benefits will be paid for medical services for Hospital Confinement, Surgery and Anesthesia relating to a pre-existing condition. Pre-existing Condition means a condition, whether physical or mental, and regardless of the cause: 1. for which medical advice, diagnosis, care or treatment was recommended or received during the twelve (12) month period immediately preceding the effective date of coverage under the Blanket Group Indemnity Insurance Policy for the Insured incurring the expense; or 2. which Manifested during the twelve (12) month period immediately preceding the effective date of coverage under the Blanket Group Indemnity Insurance Policy for the Insured incurring the expense. Benefits reduce by 50% when an insured member reaches age 65.

THE BLANKET ASSOCIATION GROUP COVERAGES ARE NEITHER WORKERS COMPENSATION INSURANCE NOR MAJOR MEDICAL INSURANCE COVERAGE. INSTEAD, IT IS BLANKET ASSOCIATION GROUP FIXED INDEMNITY INSURANCE COVERAGE THAT IS NOT INTENDED TO BE A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE, HOSPITAL-SURGICAL INSURANCE OR OTHER TYPES OF BASIC HEALTH INSURANCE COVERAGE.

Limitations & Exclusions

LIMITATIONS

In addition to any other provisions of the **Blanket Group Indemnity Insurance Policy**, **Benefits** and coverage are limited as follows:

1. Any loss or expense incurred as a result of an **Insured's Pre-existing Condition** is not covered under the **Blanket Group Indemnity Insurance Policy** unless such loss or expense constitutes **Covered Expenses** incurred by such **Insured** more than twelve (12) months after the **Insured** obtains coverage under the **Blanket Group Indemnity Insurance Policy**, and are not otherwise limited or excluded by the **Blanket Group Indemnity Insurance Policy** or any riders, endorsements, or amendments attached hereto;
2. If an **Insured** suffers one or more **Injuries** from the same **Accident** for which amounts are payable for more than one **Benefit** under the **Blanket Group Indemnity Insurance Policy** the maximum amount payable will not exceed the amount payable for the one with the largest maximum amount for that **Benefit for that Insured**;
3. Any **Benefit** payable under the **Blanket Group Indemnity Insurance Policy** will be reduced by 50% if the applicable **Insured** is age sixty-five (65) or older, based on the **Insured's** most recent birthday, on the date the **Benefit** becomes payable or, in the case of an **Injury**, on the date of the **Accident** causing the **Injury**;

EXCLUSIONS

The **Blanket Group Indemnity Insurance Policy** does not provide any **Benefit**, coverage or payment for any loss caused by, in whole or in part, contributed to or resulting from, directly or indirectly, any of the following incidents, events, occurrences or activities involving such **Insured**:

1. The amount of any professional fees or other medical expenses or charges for treatments, care, procedures, services or supplies which do not constitute **Covered Expenses**;
2. **Covered Expenses** incurred prior to the **Insured** obtaining coverage under the **Blanket Group Indemnity Insurance Policy**;
3. **Covered Expenses** incurred after the **Blanket Group Indemnity Insurance Policy** terminates;
4. **Covered Expenses You or Your** covered family members are not required to pay, which are covered by other insurance, or that would not have been billed if no insurance existed;
5. Any professional fees or expenses for which the **Insured** and/or any covered family member are not legally liable for payment;
6. Any professional fees or expenses for which the **Insured** and/or any covered family member were once legally liable for payment, but from which liability the **Insured** and/or family member were released;
7. Treatment of the teeth, the surrounding tissue or structure, including the gums and tooth sockets. This exclusion does not apply to treatment: (i) due to **Injury** to natural teeth, or (ii) for malignant tumors;
8. **Injury or Sickness** due to any act of war (whether declared or undeclared);
9. Services provided by any state or federal government agency, including the Veterans Administration unless, by law, an **Insured** must pay for such services;
10. **Covered Expenses** that are payable under any motor vehicle no fault law insurance policy or certificate;
11. Charges that are payable or reimbursable by any governmental agency (except Medicaid)
12. Drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
13. Experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
14. Any **Injury** or **Sickness** covered by any Workers' Compensation insurance coverage, or similar coverage underwritten in connection with any Occupational Disease Law, or Employer's Liability Law, regardless of whether **You** file a claim for benefits thereunder;
15. Eye refractions, eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids, and exams for their prescription or fitting;
16. Cochlear implants;
17. Being **Intoxicated** or under the influence of alcohol or any drug, narcotic or hallucinogens unless administered via a prescription and on the advice of a **Provider**, and taken in accordance with the limits of such advice;
18. Intentionally self-inflicted **Injury**, suicide or any suicide attempt while sane or insane;
19. Serving in one of the branches of the armed forces of any foreign country or any international authority;
20. Voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
21. Services **Provided** by **You** or a **Provider** who is a member of an **Insured's** family;
22. Any medical condition excluded by name or specific description by either the **Blanket Group Indemnity Insurance Policy** or any riders, endorsements, or amendments attached hereto;
23. Any loss to which a **contributing cause** was the **Insured's** being engaged in an illegal occupation;
24. Participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;

25. Cosmetic surgery, except for **Medically Necessary** cosmetic surgery performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from trauma or infection to correct a normal bodily function, or (ii) such cosmetic surgery constitutes breast reconstruction that is incidental to a **Mastectomy** provided any of the above occurred while the **Insured** was covered under the **Blanket Group Indemnity Insurance Policy**;
26. Charges for breast reduction or augmentation or complications arising from these procedures;
27. Voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
28. Fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
29. Any operation or treatment performed, **Prescription** or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
30. Appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
31. Any professional fees or other medical expenses incurred as the result of an **Injury** which was caused or contributed by an **Insured** racing any land or water vehicle
32. Any professional fees, or other medical expenses incurred for the diagnosis, care or treatment of **Mental and Emotional Disorders, Alcoholism, and Drug Addiction/ Abuse**;
33. Any behavioral or learning disorders, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
34. Except for **Complications of Pregnancy**, routine maternity or any other expenses related to childbirth, including routine nursery charges and well baby care
35. Fluoride products
36. Allergy kits intended for future **Emergency** treatment of possible future allergic reactions;
37. Fees or expenses charged for spinal manipulations;
38. Programs, treatment or procedures for tobacco use cessation
39. Charges for blood, blood plasma, or derivatives that have been replaced;
40. Treatment of autism;
41. Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
42. Treatment received outside of the United States, and
43. Services or supplies for personal convenience, including **Custodial Care** or homemaker services;

ADDITIONAL EXCLUSIONS SPECIFIC TO PRESCRIPTION DRUG BENEFIT

1. **Prescription Drugs** that are immunosuppressants;
2. Administration of experimental drugs or substances or investigational use or experimental use of **Prescription Drugs** except for any **Prescription Drug** prescribed to treat a covered chronic, disabling, life threatening **Sickness** or **Injury**, but only if the investigational or experimental drug in question:
 - a. Has been approved by the FDA for at least one indication; and
 - b. Is recognized for treatment of the indication for which the drug is prescribed in:
 - 1) a standard drug reference compendia; or
 - 2) substantially accepted peer-reviewed medical literature.
3. Drugs labeled "Caution – limited by Federal law to investigational use";
4. **Prescription Drugs** or other medicines and products used for cosmetic purposes or indications;
5. **Prescriptions** for behavioral or learning disorders, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
6. **Prescription Drugs** that are classified as psychotherapeutic drugs, including antidepressants;
7. **Prescription Drugs** produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products, or immunization agents, biological or allergy sera, hematronics, blood or blood products administered on an **Outpatient** basis;
8. Level one controlled substances;
9. **Prescription Drugs** used to treat or cure hair loss or baldness;
10. **Prescription Drugs** that are classified as anabolic steroids or growth hormones;
11. Compounded **Prescription Drugs**;
12. Replacement of a prior filled **Prescription** for **Prescription Drugs** that was covered and is replaced because the original **Prescription** was lost, stolen or damaged;
13. **Prescription Drugs**, unless shown under the PRESCRIPTION DRUG BENEFIT provision which have an over-the-counter equivalent that may be obtained without a **Prescription**, even though such **Prescription Drugs** were prescribed by a **Provider**;
14. Any intentional misuse or abuse of **Prescription Drugs**, including **Prescription Drugs** purchased by an **Insured** for consumption by someone other than such **Insured**;
15. **Prescription Drugs** that are classified as anti-fungal medication used for treatment of onychomycosis;
16. **Prescription Drugs** that are classified as tobacco cessation products;
17. Drugs prescribed for the treatment of any disease, illness or condition that has been excluded from coverage under the **Certificate** by exclusionary rider, limitation or exclusion;
18. **Prescription Drugs** that are dispensed by a **Provider, Hospital** or other state licensed facility;

Limitations & Exclusions

ADDITIONAL EXCLUSIONS SPECIFIC TO ACCIDENT EXCESS MEDICAL EXPENSE COVERAGE AND ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

The **Blanket Group Indemnity Insurance Policy** does not provide any **Benefit**, coverage or payment for any loss caused by, in whole or in part, contributed to or resulting from, directly or indirectly, any of the following incidents, events, occurrences or activities involving such **Insured**:

1. The unintended or accidental results of any surgery or operation performed either for cosmetic purposes or in an attempt to surgically treat any **Sickness** or **Injury**;
2. Intentional inhalation or ingestion of any poison, gas or fumes;
3. **Sickness**, disease, or Injury or **Mental** or **Emotional Disorders**, or any medical or surgical treatment thereof, except bacterial infection resulting from an **Accidental Injury**, or **Accidental** ingestion of a poisonous food;
4. Stroke or cerebrovascular **Accident** or event, cardiovascular **Accident** or event, myocardial infarction or heart attack, coronary thrombosis, aneurysm;
5. Expenses incurred for the **Medically Necessary** treatment of an **Injury** that are covered under any other valid insurance coverage, accident medical expense benefits or health benefit plan coverage (e.g. uninsured/underinsured motorist coverage, personal injury protection coverage under any automobile policy, comprehensive major medical insurance, hospital/medical surgical insurance, other indemnity health insurance, health coverage under an HMO or PPO plan, workers compensation medical expense benefits, Federal Employers Liability Act medical expense benefits, Jones Act medical expense benefits, Medicaid, Medicare, Medicare Supplement coverage, Medicare Advantage, and any other government provided benefits that cover the **Medically Necessary** treatment of **Injuries** sustained in an Accident);
6. **Covered Expenses** which exceed the **AD&D Maximum Benefit**; and
7. **Covered Expenses** which exceed the **Excess Medical Expense Coverage Maximum per Accident per Insured**.

CLAIMS

For claims assistance contact:
Freedom Life Insurance Company of America
AWA Blanket Coverage Claims Unit
P.O. Box 549
Fort Worth, TX 76101
Or call 800-387-9027

Can I get a AWA SmartCare PPO membership if I have a pre-existing condition?

Yes. You can't be turned down for a AWA SmartCare PPO health plan for any reason, including pre-existing medical conditions. There is a 12 month waiting period before coverage of pre-existing conditions is available for Hospital Confinement Benefit, Surgery, Anesthesia related to surgery and Critical Illness.

Will I receive identification cards?

Yes. You'll receive personalized identification cards for your wallet. You'll also receive a fulfillment kit that contains your policy, phone numbers, web links and information describing how to use all the benefits included in your SmartCare PPO plan.

Can I use any doctor or hospital with my SmartCare PPO plan?

Yes, you may go to any doctor or hospital. However, you can receive substantial discounts for covered medical care when you visit a provider who's part of the nationwide PPO that's included with the plan.

What is the co-pay or deductible?

Except for the accident excess medical expense, there's no deductible or co-pays. Your benefits begin paying for your healthcare expenses right away. The accident medical expense has a \$100 deductible but no co-pays.

How does my prescription benefit work?

Your scheduled benefit health plan provides a \$10 benefit regardless of the prescription drug cost, whenever you have a generic prescription filled, up to your plan annual maximum benefit.

How do I file claims or pay for the services that my SmartCare PPO plan covers?

At the time of a healthcare visit, you or your covered family member should show your insurance identification card to the provider. The back of the 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're filing your own claims. There are no claim forms. You or your provider should simply send the itemized statements detailing the medical visit to the claims address printed on back of the identification card.

How do the AWA benefits work?

The benefits are discounts for products and services, and the discounts are provided at the time you receive the service. It's important that you present your identification card at your visit to receive your discounts.

When can I begin using my prescription and other benefits?

You can begin using your benefits on your plan's effective date, subject to the terms and conditions of the plan.

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

If the membership is in effect and you don't have the card yet, contact AWA's Member Care at (800) 493-4240. We can provide the doctor with verification of coverage and all the information needed to process your claims.

Affiliated Workers Association Application

101 East Park Blvd. Suite 600 Plano, TX 75074
(866) 973-4651



* Fields are required.

APPLICANT INFORMATION _____ Date _____

Are you an Independent Contractor or a member of an Association or Business Organization? Yes No

Name of Business / Association / Business Organization _____

Enrollee Name * _____

Enrollee Address * _____

City * _____ State * _____ Zip * _____

Social Security Number * _____ Daytime Phone Number _____

Gender: Male Female

Date of Birth * _____ Email Address * _____

EMPLOYEE INFORMATION

Name of Employer _____

Employer Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Fax Number _____

By signing below, I authorize the AWA to collect monthly membership dues, including a \$15 administration fee. I acknowledge that I have read, understand, and agree to the terms and conditions of membership as they have been presented to me.

I hereby enroll as a member of the Affiliated Workers Association (the "Association"). I appoint the Secretary of the Association in office at any particular time as my proxy to receive notice of and attend all meetings of the members and vote on my behalf and to otherwise act for me in the same manner and with the same effect as if I were personally present. This proxy shall be valid until revoked at any time prior to voting at any meeting by executing and delivering a written notice of revocation to the Secretary of the Association, by executing and delivering a subsequently dated proxy to the Secretary of the Association or by voting in person.

Member Signature

Member Name (Print)

Date

Enrollee's Signature

Date

Enrollment Form

* Fields are required.

GROUP OR ASSOCIATION Affiliated Workers Association Requested Effective Date _____

Enrollee Name * _____

Enrollee Address * _____

City * _____ State * _____ Zip * _____

Social Security Number * _____ Daytime Phone Number _____

Gender: Male Female

Date of Birth * _____ E-mail Address * _____

MEMBERSHIP LEVELS

Selection: SmartCare PPO1 SmartCare PPO2 SmartCare PPO3 SmartCare PPO4 SmartCare PPO5

Coverage: Insured Insured +1 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 _____ Date of Birth* _____ Social Security Number _____

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 membership. I understand that the scheduled benefit health insurance included with my membership is not major medical coverage. Membership will not begin until the effective date shown in the member guide documents. I further understand that the coverage under the scheduled benefit health plan will not pay benefits for hospital confinement, surgery and anesthesia for a Pre-Existing Condition for a period of 12 consecutive months. I authorize Homeland HealthCare to collect any and all fees and dues for this membership. By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions of membership as they have been presented to me. I understand that one time non-refundable \$99 membership processing fee is being collected on my behalf.

CREDIT CARD OR AUTOMATIC BANK DRAFT

Credit Card Type _____ Card Number _____ Expiration Date _____ Security Code _____

Bank Name _____ Routing Number _____ Account Number _____

 Applicant Signature Date

Martin Unger 29364

 Agent Signature Agent Name (Print) Agent Number