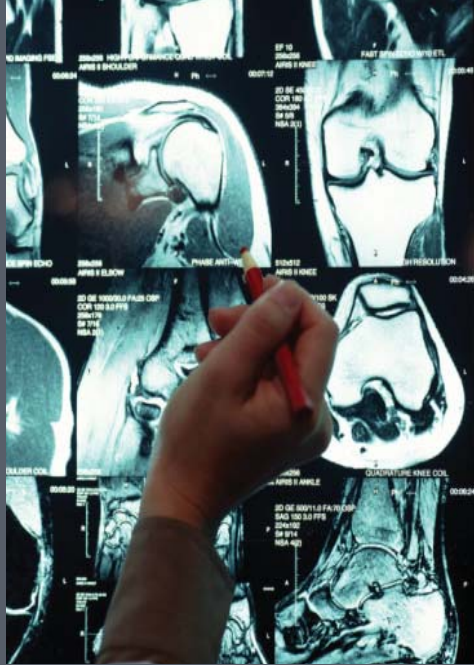


Affiliated Workers Association

Limited Benefit Health Insurance



Martin Unger
1.800 - 272-0512
getaquote@gmail.com

AIG **AIG Companies**[®]

Underwritten by:
National Union Fire Insurance Company of Pittsburgh, Pa
AIG Domestic Accident & Health Division

Offered to Affiliated Worker's Association (AWA) Members

Please Note: You automatically become part of the association when you take the plan. There are no employment requirements.

The Advantage Plans described herein are available to members of Affiliated Worker's Association.

- **Guaranteed Issue/Open Enrollment**
- **No height or weight questions asked**
- **Pays in addition to other benefit plans**
- **Four plan options available**

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Our Carrier

Homeland HealthCare's AWA Limited Indemnity Health Insurance Plans are underwritten by the National Union Fire Insurance Company of Pittsburgh, Pa.



American International Group, Inc. (AIG), world leaders in insurance and financial services, is the leading international insurance organization with operations in more than 130 countries and jurisdictions. AIG companies serve commercial, institutional, and individual customers through the most extensive worldwide property-casualty and life insurance networks of any insurer. In addition, AIG companies are leading providers of retirement services, financial services and asset management around the world. AIG's common stock is listed in the U.S. on the New York Stock Exchange as well as the stock exchanges in London, Paris, Switzerland and Tokyo.

Limited Benefit Health Insurance

THIS IS LIMITED INDEMNITY COVERAGE. *This 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 vary from state to state.*

Benefit Descriptions	AWA Bronze	AWA Silver	AWA Gold	AWA Platinum
PREVENTATIVE BENEFITS				
Physician Office Visit <ul style="list-style-type: none"> 3 visits per person/pcy 6 visits per family/pcy 	\$50 per visit \$150 per year maximum	\$50 per visit \$150 per year maximum	\$75 per visit \$225 per year maximum	\$75 per visit \$225 per year maximum
Health Screening Benefit <ul style="list-style-type: none"> 3 visits per person/pcy Includes routine exams and preventative testing 	\$25 per visit \$75 calendar year maximum	\$25 per visit \$75 calendar year maximum	\$50 per visit \$150 calendar year maximum	\$75 per visit \$150 calendar year maximum
Routine Well Child Benefit <ul style="list-style-type: none"> Includes physical examinations and immunizations during the first 6 months following birth 6 visits per covered child/pcy 	\$30 per visit \$180 calendar year maximum	\$40 per visit \$240 calendar year maximum	\$50 per visit \$300 calendar year maximum	\$60 per visit \$360 calendar year maximum
Diagnostic, X-ray, & Lab Benefit <ul style="list-style-type: none"> 6 tests per person/pcy 	-	\$50 per visit \$300 calendar year maximum	\$100 per visit \$600 calendar year maximum	\$125 per visit \$750 calendar year maximum
Emergency Room Benefit <ul style="list-style-type: none"> 4 visits per person/pcy 	\$50 per visit \$200 calendar year maximum	\$100 per visit \$400 calendar year maximum	\$150 per visit \$600 calendar year maximum	\$250 per visit \$1000 calendar year maximum
HOSPITAL BENEFITS				
Hospital Admission Benefit <ul style="list-style-type: none"> Inpatient Admission for treatment of Sickness or Injury 	\$250 per admission	\$500 per admission	\$750 per admission	\$1,000 per admission
Hospital Confinement Benefit <ul style="list-style-type: none"> Pays per day for the first 30 days of Inpatient Confinement Pays in addition to Hospital Admission Benefit 	\$250 per day No annual maximum	\$500 per day No annual maximum	\$750 per day No annual maximum	\$1,000 per day No annual maximum
Intensive Care Unit Benefit <ul style="list-style-type: none"> Pays per day each day Insured is Confined in the Intensive Care Unit Pays in addition to Hospital Admission Benefit and Hospital Confinement Benefit 	\$250 per day No annual maximum	\$500 per day No annual maximum	\$750 per day No annual maximum	\$1,000 per day No annual maximum

	AWA Bronze	AWA Silver	AWA Gold	AWA Platinum
SURGERY BENEFITS				
% of the amount on Surgical Fee Schedule	-	100% of scheduled amount	100% of scheduled amount	100% of scheduled amount
Anesthesia (% of Surgical Fee Schedule)	-	25% of scheduled amount	25% of scheduled amount	25% of scheduled amount
Ambulatory Surgery Center (per day)	-	\$100	\$150	\$250
OTHER BENEFITS				
Critical Illness (First Diagnosis)	-	\$2,500	\$5,000	\$10,000
• There's a 30 day waiting period for this benefit, and the insured person must survive for 30 days after the diagnosis.				
Invasive Cancer Benefit %	-	100%	100%	100%
InSitu Cancer Benefit %	-	10%	10%	10%
Heart Attack Benefit %	-	100%	100%	100%
Stroke Benefit %	-	100%	100%	100%
Renal Failure Benefit %	-	100%	100%	100%
Coronary By-Pass Surgery Benefit %	-	100%	100%	100%
ADL Decit Benefit %	-	100%	100%	100%
ACCIDENTAL DEATH BENEFITS				
Accidental Death Benefit	\$10,000	\$20,000	\$30,000	\$40,000
Common Carrier Benefit	\$2,500	\$5,000	\$7,500	\$10,000
DISMEMBERMENT BENEFITS				
Loss of Both Hands or Both Feet	\$10,000	\$10,000	\$15,000	\$20,000
Loss of Sight in Both Eyes	\$10,000	\$10,000	\$15,000	\$20,000
Loss of One Hand and One Foot	\$10,000	\$10,000	\$15,000	\$20,000
Loss of One Hand and Sight in One Eye	\$10,000	\$10,000	\$15,000	\$20,000
Loss of One Hand or One Foot	\$10,000	\$10,000	\$15,000	\$20,000
Loss of Speech and Hearing in Both Ears	\$10,000	\$10,000	\$15,000	\$20,000
Loss of Hearing in One Ear	\$10,000	\$10,000	\$15,000	\$20,000
Loss of Thumb and Index Finger of Same Hand	\$10,000	\$10,000	\$15,000	\$20,000
Loss of One or More Fingers or Toes	\$2,500	\$2,500	\$2,500	\$2,500
Loss of Sight of One Eye	\$10,000	\$10,000	\$15,000	\$20,000
DISLOCATIONS & FRACTURE BENEFITS				
Dislocation Benefits (All)	\$1,000	\$1,000	\$1,250	\$1,500
Concussion	\$100	\$100	\$125	\$150
Fractures-Rib	\$500	\$500	\$500	\$500
Fractures-Other*	\$1,000	\$1,000	\$1,250	\$1,500
*Covered fractures include Pelvis, Skull, Neck, Thigh, Upper Arm, Ankle, Lower Leg, Elbow, Heel, Shoulder Blade, Lower Jaw, Collarbone, Forearm, Wrist, Vertebrae, Sternum, Kneecap, Cheekbone, Hand, Foot, and Coccyx.				
	AWA Bronze	AWA Silver	AWA Gold	AWA Platinum
MONTHLY RATES				
Individual	\$90.00	\$158.00	\$207.00	\$245.00
Plus Spouse	\$129.00	\$253.00	\$343.00	\$410.00
Plus Child(ren)	\$137.00	\$267.00	\$363.00	\$452.00
Family	\$168.00	\$351.00	\$485.00	\$611.00

Value-Added Benefits

These items are not insurance, excluding the Accident Medical and AD&D Insurance, and they are neither underwritten nor insured by the Domestic Accident and Health Division of the AIG Companies.

Prescription

(Included in Monthly Premium)

This prescription benefit is a three-tier discount benefit. Most drugs will be discounted to a low \$10, \$20, or \$40 max pay for a 30 day supply of preferred-brand and generic drugs at participating retail pharmacies. There is a 10-60% discount on medications that do not fall within a tier. There are over 48,000 participating pharmacies across the nation.

Option 1: Alternative Generic Prescription Card-\$10 Copay

An optional \$10 Generic only Co-pay card is also available for an additional \$13 for an individual, \$26 for Plus Spouse/Child(ren) coverage, and \$39 for Family coverage. There is a monthly maximum of \$200 per individual and \$400 per family for the \$10 Co-pay option. Name brand drugs are discounted with this option.

Vision

The Vision Benefit Plan has contracted with over 30,000 eye care locations nationwide. Members enjoy \$20 co-pay for eye exams (limit: one per person per year). Members save up to 15% on conventional contacts, and up to 40% on frames and lenses, contacts, and surgical procedures. The Provider Network includes ophthalmologists, optometrists, independent optical centers and national chain locations. To locate providers in your area please call customer service at 1-800.493-4240.

Dental

Members save 20-60% on most dental procedures at over 29,000 providers nationwide. Save on specialty care such as orthodontics and cosmetic dentistry. Discounts on complete dentures are also included. To locate a provider go to www.careington.com.

Lab & Imaging Benefits

The Homeland Direct Lab benefit provides significant discounts on all kinds of lab testing. More than 1,700 available tests available with thousands of patient service centers located in all fifty states. Highlights include: no limits of use, no hidden fees, immediate access to benefits, online reporting and includes several national and regional lab providers.

Teladoc

TelaDoc provides members and their dependents 12 years of age or older with unlimited telephone access to licensed physicians nationwide who diagnose individual medical problems, recommend treatment and prescribe medication (when appropriate) over the telephone 24 hours a day, 365 days a year. Simply call to request an appointment, a Doctor will call you back to consult in less than an hour in most cases, if you do not receive a call within 3 hours your consultation is free. Diagnosis is made and treatment recommended. Prescription, if needed, is phoned in to pharmacy 24/7. There is a \$35.00 fee for each Doctor visit. Currently not available in South Carolina.

Accident Medical and AD&D

Benefits paying up to \$2,000 of Accidental Medical coverage for all persons covered under medical plan. Accidental Death and Dismemberment double the accident indemnity amount paying up to \$4,000. Benefit pays per occurrence with a \$100 deductible. This benefit applies to all covered persons, on and off the job 24/7 (unless the accident is covered by workers' compensation).

Underwritten by Republic American.

Affiliated Workers Association Benefits



The Affiliated Workers Association is a non-profit organization that offers educational, recreational, lifestyle benefits, and services for the American working public. The AWA is dedicated to assist independent contractors, associations, and business organizations of all sizes in providing programs and benefits that help in the day-to-day lifestyles of the American working family. All individuals who enroll in this Limited Benefit Health Insurance plan are automatically enrolled as a member of the American Workers Association. Members enjoy several benefits including 24-hour emergency roadside assistance and discounts on a variety of items. Below are just some of the items offered through membership in the AWA.

Magazine Discounts

You can save up to 85% off regular subscription rates on popular titles through your Association discount magazine subscription magazine service. In addition to this great discount, some of our programs offer rebates of up to 35% off the purchase price if purchases are made online through eGroup-Manager.com.

Moving Services

Our association has a special agreement with Cord north American, an agent for North American Van Lines, that applies to relocation services for all members. This agreement provides a substantial discount for our members. Cord north American was selected to provide this relocation benefit to members because of their ability to offer reduced costs while still providing the highest level of service and customer satisfaction. The association has in place through North American Van Lines the certified Home-To-Home Handling program and a single source of contact. The Home-To-Home Process includes professional packing, loading, and transportation by North American's top drivers, as well as unloading, and unpacking. Each relocation can be itemized to help with your needs, wants and/or budget. Cord north American is proud to present relocation discounts, features and benefits designed for our members.

Roadside Assistance

Members can gain peace of mind on the road by registering for Emergency Roadside assistance. Once registered, members will receive emergency roadside assistance membership materials including membership cards that will enable the member and their family to get assistance from a participating service provider whenever car troubles arise. Members will be covered for the first \$50 per occurrence for each covered emergency expense, including towing, flat tire assistance, battery service and lock-out service.

AccuDiet

As an association member you and your family receive special pricing at accudiet.com, the all-in-one interactive toolkit for the personalized diet and exercise program made to fit just one person - you. AccuDiet.com* features Genesant's state-of-the-art nutritionist and personal trainer software, honored by Forbes magazine with its "Best of the Web" award.

Limitations & Exclusions

No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or any act of auto-eroticism.
2. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Insured Person's employer.
3. declared or undeclared war, or any act of declared or undeclared war.
4. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
5. the Insured Person's being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
6. the Insured Person's being under the influence of drugs unless taken under the advice of and as specified by a Physician.
7. the Insured Person's commission of or attempt to commit a felony.
8. services and supplies which are not prescribed by a Physician as necessary to treat an Injury or Sickness; are received without charge or legal obligation to pay; would not normally be paid in the absence of insurance; are received outside of the United States; or are received while incarcerated by legal authorities of any state or country for any reason.
9. dental treatment unless due to an Injury.
10. cosmetic care, except for reconstructive plastic surgery required as a result of Injury; to restore a normal bodily function; to improve functional impairment by anatomic alteration made as necessary as a result of a congenital birth defect; or for breast reconstruction following mastectomy.
11. any Injury or Sickness covered under any state or federal Worker's Compensation, Employer's Liability law or similar law.
12. services and supplies which are not due to an Injury or Sickness except as specifically provided.
13. mental or nervous disorders or substance abuse.
14. participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event.
15. driving any taxi for wage, compensation or profit.
16. mountaineering using ropes and/or other equipment; parachuting; or hang gliding.
17. custodial care or rest.



AWA Limited Benefit Health Insurance



Individual Enrollment Form for Group Accident & Sickness Indemnity Insurance

Underwritten by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. Executive Offices: 70 Pine Street, New York, NY 10270 212.770.7000 Please Print

Group Policyholder: 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:

Coverage: Enrollee Only Enrollee and Spouse Enrollee and Child(ren) Family
Plan Selection: AWA Bronze AWA Silver AWA Gold AWA Platinum

Rx Option: Alternative Generic Prescription Card-\$10 Copay
(for an additional fee of \$13 for Individual, \$26 for Plus One, and \$39 for Family coverage)

(Write the spouse's name below if you are applying for Enrollee and Spouse or 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: SSN:

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 Information

Table with 4 columns: Name, Date of Birth, SS#, Gender (M/F). Rows for Dependent 1, 2, 3.

By signing below, I and the individuals named herein are eligible for insurance. I understand that this is not basic health insurance or major medical coverage and it is not intended as a substitute for basic health insurance or major medical coverage and that the 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 condition 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 due for this coverage.

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.

Enrollee's Signature: Date:
Automatic Bank Draft (drafted on the 25th of the month before the first effective date)

Bank Name:
Routing Number:
Account Number:

Applicant Signature: Date:

Agent Name (Please Print): Martin Unger Agent #: 20981

Agent Signature: Date:

PAYMENT CALCULATOR table with rows for Monthly Plan Cost, Enrollment Fee (\$60.00), Rx Option, and TOTAL First Month's Payment.

Optional Benefits

AWA Short Term Disability Income Protection *underwritten by Colonial Supplemental Insurance*

The Affiliated Worker's Disability Income Protection program replaces a portion of your income (up to six months) if you become disabled because of a covered accident or a covered sickness. This income can help you continue paying your mortgage, rent, car payments, household bills, food, clothing, and other necessities.

With this program, you are paid regardless of any other insurance you may have, benefits are paid directly to you, and your coverage is guaranteed renewable to age 70. If you change jobs you can take your coverage with you, and you are covered worldwide for up to 60 days. There is a zero day elimination period for Accident, and a seven day elimination period for Sickness. There must be a 66 2/3 % of verifiable income to qualify for the amount paid.

AWA Short Term Disability Income Protection

Age Band	\$1,500/month	\$3,000/month
17-49	\$65/month <input type="checkbox"/>	\$116/month <input type="checkbox"/>
50-69	\$82/month <input type="checkbox"/>	\$152/month <input type="checkbox"/>

Yes, I would like to enroll in the AWA Disability Income Protection Plan that I marked above.

Signature _____ Date _____

AWA Indemnity Dental Plan

underwritten by Standard Life & Accident Insurance Company, Galveston, Texas

- \$1500 annual maximum
- Indemnity Benefits
 - See the dentist of your choice
- Low \$50 deductible
 - waived for preventive services
- Set reimbursements for procedures
- Cash paid directly to you or your provider, depending on their billing practices

ADA Code	Description	Reimbursement
0150	Comprehensive oral evaluation	\$33.00
0274	X-Ray – bitewings – four Ims	\$26.00
1110	Routine Prophylaxis – adult	\$38.00
2331	Resin filling – two surfaces, anterior	\$50.00
2750	Crown –porcelain fused to high noble metal*	\$187.00
3330	Root Canal – Molar*	\$196.00

*There is a 12 month waiting period for major restorative work

AWA Indemnity Dental Plan

Individual	\$ 29.50 <input type="checkbox"/>
Plus One	\$ 59.50 <input type="checkbox"/>
Family	\$ 87.50 <input type="checkbox"/>

Yes, I would like to enroll in the AWA Indemnity Dental Plan that I marked above.

Signature _____ Date _____

Frequently Asked Questions

Q: Are pre-existing conditions covered with this plan?

A: There is a 12 month pre-existing condition limitation.

Q: Will I receive an ID Card?

A: Yes, personalized, plastic and “wallet friendly” ID Cards are sent to each member. The fulfillment kit also contains phone numbers, web links and information on how to use all the benefits included in your Limited Indemnity Health Insurance program.

Q: Can I use any doctor or hospital with the Limited Indemnity Health Insurance plan?

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

Q: What is my co-payment amount? Is there a deductible?

A: There are NO co-payments or deductibles on the Limited Indemnity Health Insurance benefits.

Q: How do I pay for covered events (or benefits) or file a claim?

A: At the time of a visit, present your medical ID card to the provider. The back of your ID card has all the information your provider needs to verify benefits and file claims. Your provider may require the full amount due at the time of service if you are filing your own claim. There are no claim forms necessary. You or your provider should simply send an itemized statement, detailing your medical visit, to the claims address printed on the back of your ID card.

Q: How does my prescription/vision/dental plan work? Do I need to file a claim?

A: With Homeland HealthCare Value Added Benefits (including dental, vision, prescription, etc.) there are no claims to file. Your discount is provided at the time of service. So it is important that you present your card during your visit. (If you have not received your card, call 1-800-493-4240.)

Q: When can I begin using my prescription drug card and other discount benefits?

A: You may begin using your benefits on your effective date of coverage, subject to the terms and conditions of the health plan you choose. The effective date of coverage will always fall on the first day of the month.

Q: Is maternity covered on the fixed indemnity plans?

A: Yes, maternity is covered as any other condition; Conception must be after the effective date of the plan.

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

A: If your coverage is in effect and you do not have your ID card, contact Homeland HealthCare toll free at 1-800-493-4240. We can provide your doctor verification of your coverage and all the information needed to process your claim.