



Vital Edge Agent Guide

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About Us

Membership to Affiliated Workers Association (AWA) has its advantages. You are now part of a non-profit organization comprised of small business owners, self-employed professionals and entrepreneurs from all across America. AWA is committed to providing education, resources and benefits to help our members save money, time and grow their business.

As an AWA member, you receive valuable resources for information to help you navigate through the complexity of running a business. You also have access to industry-leading benefits to help you and your family stay healthy and reduce expenses in your daily life, like telemedicine, insurance and roadside assistance.

Who AWA Serves

AWA membership is as diverse as their population, ranging from a shop owner in Texas to a freelance web designer in Pennsylvania. Membership is open to small business owners, independent contractors and entrepreneurs ages 18 and over, and can extend to the entire family.

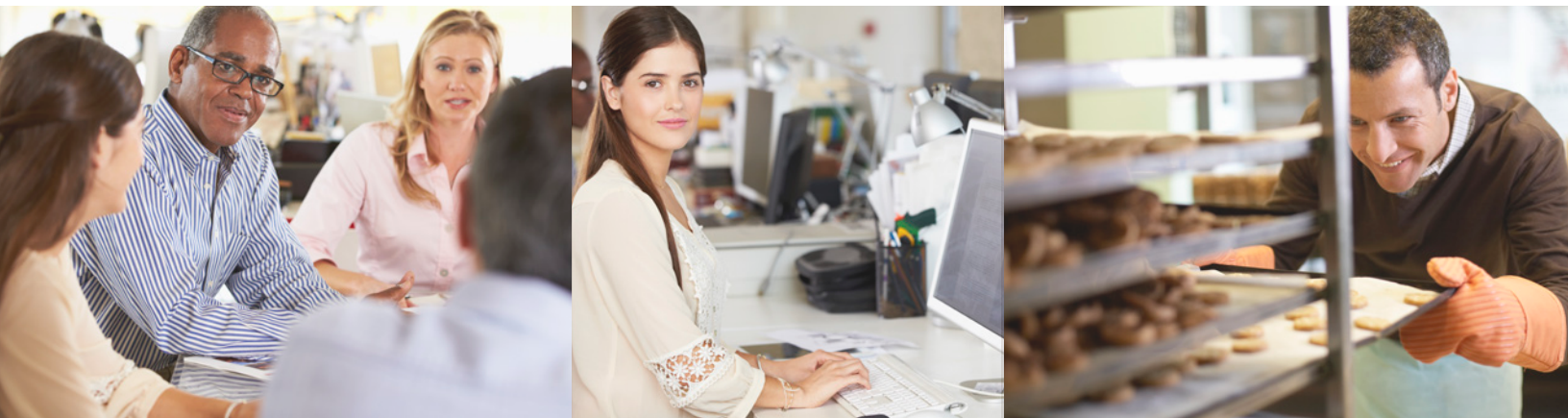
AWA's Approach

One word that defines the AWA's commitment to their members: Empowerment. AWA works tirelessly to research resources and benefits that will help their members reduce overhead expenses and learn how to succeed in their business endeavors. AWA knows their members work hard for their money, and the AWA works hard for them. Seeking out the best benefit providers and assuring top-quality services is just part of the day-to-day business for the AWA.

Our Partners



The AWA is proud to be a strategic partner with a national advocacy group, Small Business Majority, to support their members in small business growth and provide information on issues that impact small businesses, including government, health care reform, clean energy, and other areas.



Membership Eligibility



Individuals may enroll in a Vital Edge membership if they meet the following eligibility requirements:

- Between the ages of eighteen (18) and sixty-four (64)
- Legal Resident of the United States
- Small Business Owner, Self-Employed Professional, Contractor or Entrepreneur
- Reside in an available state:
 - Vital Edge Group Accident and Sickness Hospital Indemnity Benefits are underwritten by National Health Insurance Company and available in the following states: AL, AZ, AR, DC, GA, ID, IL, IN, LA, MI, MS, NC, NV, OH, OK, PA, RI, SC, TN, TX, VA, WV, WY and underwritten by Integon Indemnity Corporation in FL.
- Not enrolled in Medicare, Medicaid, Medical Disability or any other Federal or state-funded program.
- Not in full-time service in the Armed Forces
- Domestic Partners accepted
- Dependent child(ren) under twenty-six (26) years of age

State Specific Eligibility Requirements

Individuals must answer "Yes" to the following questions in order to enroll in the AWA Vital Edge membership.

North Carolina Residents:

- Do you hereby attest that you are purchasing this coverage under the group policy as a supplement or in addition to "minimum essential coverage"?

District of Columbia Residents:

- Do you have comprehensive medical coverage including the minimum essential coverage required by the Affordable Care Act (ACA) or are you treated as having minimum essential coverage due to your status as a bona fide resident of any possession of the United States?
- Do you understand most supplemental only policies may not pay full benefits if your ACA compliant minimum essential coverage plan is not in force?
- Do you understand that the benefits provided under this policy may be limited?

Health Eligibility Questions

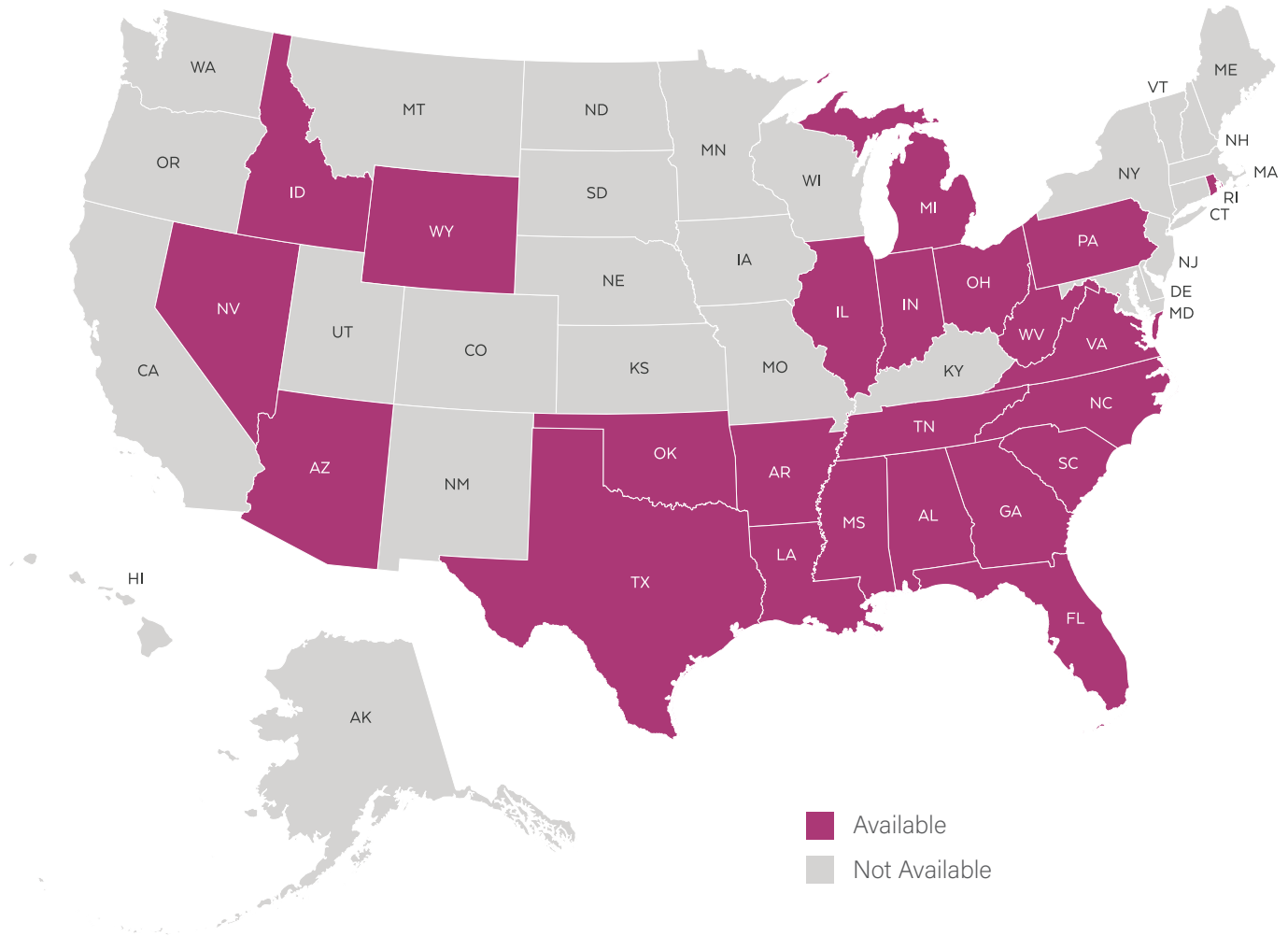
Individuals need to answer the questions below for all family members applying for coverage.

- Are you or any person(s) to be insured now pregnant, an expectant, parent, in the process of adopting a child, or undergoing infertility treatment?
- Are you or your spouse or any person to be insured totally and permanently disabled and/or receiving long-term disability benefits?
- In the last 12 months, has any proposed insured been recommended or scheduled for diagnostic testing, consultations, treatment, follow-up surgery that has not been completed?
- Are you or any applicant over 300 pounds if male, or over 250 pounds if female?
- For any of the following conditions within the last 5 years, have you or any person(s) to be insured received any abnormal test results, or medical or surgical treatment, or consulted a health care professional, or has medication been prescribed or recommended for:
 - Heart disorder, excluding Mitral Valve Prolapse (MVP) or surgically corrected or closed Atrial Septal Defect (ASD)/Ventricular Septal Defect (VSD)
 - Coronary Artery Disease (CAD), Heart Attack or had Heart Surgery
 - Stroke Transient Ischemic Attack (TIA) or Carotid Artery Disease
 - Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
 - Crohn's Disease or Ulcerative Colitis
 - Liver disorders or Hepatitis B or C, excluding fully recovered Hepatitis A
 - Kidney disorders, including kidney stones
 - Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Fibrotic Lung Disease or Primary Pulmonary Hypertension
 - Diabetes, excluding Gestational Diabetes
 - Cancer or Tumor, except Basal Cell Skin Cancer
 - Alcoholism, Alcohol or Chemical Dependency, or Drug or Alcohol Abuse, or use disorder
 - Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)
 - Autism Spectrum Disorders, Autism, Asperger's Disorder, Rett's Syndrome, Pervasive Development Disorders or Pervasive Development Delay
 - Multiple Sclerosis (MS)
 - Tuberculosis (TB)
 - or Any condition that resulted in: a surgery or procedure whose purpose is to promote weight-loss?

**If the answer is "YES" to any of the questions above,
Individuals will not qualify for a Vital Edge membership plan.**

State Availability

Vital Edge is Available in 22 states and D.C.



Vital Edge is NOT Available in: AK, CA, CO, CT, DE, HI, IA, KS, KY, ME, MD, MA, MN, MO, MT, NE, NH, NJ, NM, NY, ND, OR, SD, UT, VT, WA, WI.

Vital Edge promotes good health by providing members with the benefits they need. Maintaining good health decreases missed days at work and lost wages, helping members better provide for their families. Using Teladoc and Karis360 Patient Advocacy Services, as well as many other AWA non-insured health and wellness programs and services helps members maximize their savings. Vital Edge is the health care solution you have been looking for!



Health Care Solutions

AWA's health care solutions span the most commonly needed services to keep Vital Edge members and their families healthy, while minimizing out of pocket expenses. These programs include 24/7 access to board-certified physicians via phone consultations, patient advocacy, savings on lab and imaging services, dental and vision discounts, prescription savings and more.

Small Business Solutions

AWA also offers a variety of programs to Vital Edge members to help business owners reduce expenses on everyday operating essentials including office supplies and equipment, communications services, website development, payroll processing, printing, shipping and more.

Consumer Discounts

The AWA is committed to providing services and discounts that save members time, enrich their lives and maximize every dollar. Legal assistance, online shopping, roadside assistance, hotels and travel, identity theft insurance and magazine subscriptions are just a few of the consumer discounts available to Vital Edge members.

Insured Benefits

AWA Vital Edge also provides your customers with Fixed-Benefit health insurance benefits. Based on your client's needs, a Vital Edge membership may be the only coverage they need or it can help to fill the gaps or holes of an existing high deductible health plan. Some of the advantages of the AWA Vital Edge membership include:

- Provide set benefits towards illness or accident care prior to meeting a high deductible
- Provide just the right amount of coverage at an affordable price
- Provide members with access to a nationwide PPO network
- Help to minimize out-of-pocket health care expenses with "first dollar" coverage

Vital Edge provides individuals and families with affordable access to health care with easy-to-use benefits that start right away. By paying set dollar amounts for covered health care services, members don't have to worry about deductibles or copays. Affiliated Workers Association is pleased to make Vital Edge available to their members to help ease the burden of rising health care costs.

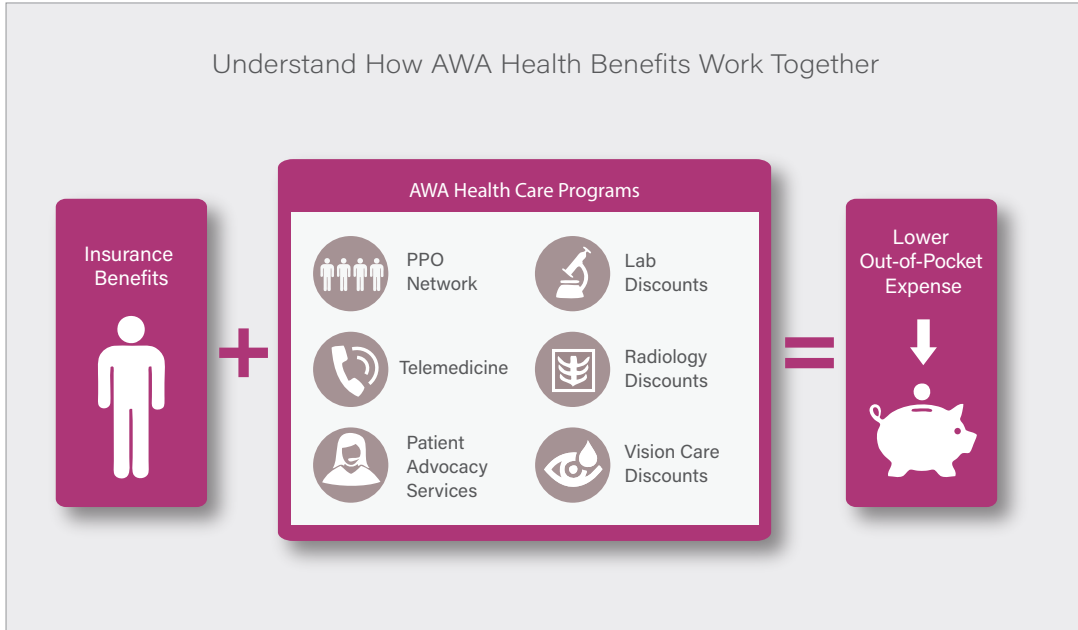
THIS PLAN PROVIDES LIMITED BENEFITS



AWA Health Care Programs

Health Care Programs

Maximize Savings



Teladoc® saves you time and money by providing access to a licensed physician 24 hours a day, 365 days a year.

Karis360 will help you find the lowest cost providers located near you.

If your doctor orders blood tests or X-rays, use MyMedLab and One Call Care benefits to save even more money.

Karis360 sorts through healthcare needs from start to finish, saving members time and money.

Teladoc Telemedicine

Founded in 2002, Teladoc is a national network of physicians who use electronic health records, telephone consultations and online video consultations to diagnose, recommend treatment and write short-term, non-DEA-controlled prescriptions, when appropriate. Teladoc doctors are board-certified in internal medicine, pediatrics and family medicine. Consultations are available 24/7/365 with no fees and no time limit, allowing members to access quality care from wherever they are as opposed to more traditional and expensive settings like the doctor's office, urgent care or emergency room.



From your home, office, hotel room, or vacation campsite, simply make a phone call, and in most cases, speak to a doctor in less than 30 minutes, with an average call back time of less than 10 minutes. When you call Teladoc, you will always speak to a doctor who lives and works in the United States and is licensed to practice medicine in your state. Teladoc is also the only telemedicine provider able to treat children from 0-17¹. And now available via mobile app, it's health care that fits in the palm of your hand.



95% member satisfaction rate with Teladoc.



92% of Teladoc members resolved their medical issue with Teladoc.

Call Teladoc:

- When your physician is not available
- For non-emergent medical care
- After normal hours of operation
- When on vacation or a business trip
- For second opinions

Teladoc Treats Non-Emergency Medical Issues such as:

- Cold and Flu symptoms
- Bronchitis
- Allergies
- Poison Ivy
- Pink eye
- Urinary tract infection
- Respiratory infection
- Sinus problems
- Ear infection
- and more!

Teladoc is simply a more convenient way for you to resolve many of your medical issues.

¹Consults for children under the age of 18 must be accompanied by a parent, guardian, or approved consentor.

First consult in AR and DE will be by video, after that it can be phone or video.

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VERY IMPORTANT: IN LIFE THREATENING EMERGENCIES, CALL 911 or go directly to the nearest hospital emergency room for treatment. If 911 is not available in your area, call the local police/fire department or go directly to the nearest hospital or emergency room.

Karis360 Patient Advocacy Services

Karis360's team of Advisors offer personalized, caring, expert service helping members navigate the complex and expensive healthcare maze. With services from Healthcare Navigator to Bill Negotiator to Surgery Saver to Chaplaincy, Karis360 will sort through your healthcare needs, saving you time and money.



Healthcare Navigator

Karis360 members never face the healthcare world alone. Each member has access to an expert Advisor to help address healthcare needs and concerns.



Appointment Scheduling

Advisors are happy to schedule primary care and specialist visits, labs, imaging, flu shots and more.

Looking for a Physician or Hospital? Karis360 Advisors will find quality physicians, specialists and surgeons in the member's area who focus on the member's unique healthcare needs.

Need Alternative Treatments? Advisors help find alternative care in areas like Chiropractic, Acupuncture, Homeopathic and Naturopathic.

Health Cost Estimates Cost estimates for various outpatient procedures are provided so members know what to expect.

Medical Records Transfer Karis360 Advisors organize the seamless transfer of member medical records between providers.

Insurance Policy Assistance Advisors can help clarify health insurance benefits as well as help resolve issues and expedite solutions.

Elder Care Solutions Members get help finding assisted living facilities, coordinating home health, Medicare questions, VA benefits, supplemental insurance and more.

Bill Negotiator

With two-thirds of all bankruptcies in America including a medical bill debt component, the Bill Negotiator becomes important as we assist members in avoiding financial hardship and possible bankruptcy.

Medical Bill Negotiation Karis360 Advisors will assign a dedicated Patient Advocate to work directly with a member's healthcare provider (doctor's offices, hospitals, etc.) to help reduce their medical bills. If a member has bills totaling over \$2,000 from a single-related medical incident during membership, Advisors will negotiate the medical bills.

Pre-Negotiation Advisors can negotiate potential medical costs before a procedure. Members provide a written estimate stating the bill will likely total over \$2,000 and Advisors will pre-negotiate the potential medical bills easing stress and saving money.

Results Karis360 has unparalleled results negotiating discounts. Members can see up to 65% average savings with insurance and 85% average savings without insurance.

Surgery Saver

Each Karis360 member has access to an experienced Advisor who researches up to five surgical facilities for non-emergency procedures in the member's area with information regarding cost, quality, availability and physician privileges.

Results With Surgery Saver, members see an average savings of \$13,000. Advisors have found a 66% difference between the highest and lowest quoted surgery costs between facilities.

Chaplaincy

On-staff Chaplains are available to spend time with members on the phone, listening and providing support. Sustaining, guiding and healing, Chaplains help members find answers and direction.

AWA Discount Prescription Program

ScriptSave Prescription Savings Card

The ScriptSave Prescription Savings Card provides you access to discounted prescription drug prices. All household members can use the same card – including pets, if the pet medication is a common drug that is also used by people. There are no limits on how many times members and their family can use the card.



Features:

- Save between 15% to 75%, with average savings of 44% (based on 2014 national program savings data)
- Accepted at over 62,000 participating pharmacies nationwide, including major chains and independent pharmacies
- An open formulary so nearly all medications qualify for discounts
- Discounts on brand and generic medication - no physician referrals needed
- Members will always receive the lowest price available on your prescription purchase

Savings:

- **FAMILIES WITH LIMITED OR NO PRESCRIPTION COVERAGE** can reduce out of pocket costs
- **INDIVIDUALS WITH PRESCRIPTION COVERAGE** can reduce the cost of medications that are not covered
- **SENIORS WITH MEDICARE PART D** can save on prescriptions that are EXCLUDED from coverage

Honored at Over 65,000 Participating Pharmacies, Including:



Plus Thousands of Additional Chains and Independent Pharmacies Nationwide.

DISCOUNT ONLY – NOT INSURANCE. Discounts are available exclusively through participating pharmacies. The range of the discount will vary depending on the pharmacy or provider chosen and services rendered. The program does not make payments directly to the pharmacies or providers. Members are required to pay for all health care services.



AWA Discounts & Solutions

The following disclosure is required to ensure you are aware that the following benefits are discount services and not insured benefits: Beltone Hearing Network, ChooseHealthy/Chiropractic and Alternative Medicine Network, Cigna Discount Dental Network, Diabetic Supplies Savings, EyeMed Vision Network, MyMedLab/Pathology Network and One Call Care Radiology Network. While these programs offer valuable discounts and savings over the normal cost to AWA members, members are still required to pay for these services (less discounts) at the time they are purchased. It is vitally important that these services are represented as discount services to your clients rather than insured benefits.

Not available in AK, FL, OK, UT, VT, WA. If members move to one of those states, their discount medical benefits will terminate.

Disclosures for pages 13-15: The discount medical, health and drug benefits of this Plan (The Plan) are NOT insurance, a health insurance policy, a Medicare Prescription Drug Plan or a Qualified Health Plan under the Affordable Care Act. The Plan provides discounts for certain medical services, pharmaceutical supplies, prescription drugs or medical equipment and supplies offered by providers who have agreed to participate in The Plan. The range of discounts for medical, pharmacy or ancillary services offered under The Plan will vary depending on the type of provider and products or services received. The Plan does not make and is prohibited from making members' payments to providers for products or services received under The Plan. The Plan member is required and obligated to pay for all discounted prescription drugs, medical and pharmaceutical supplies, services and equipment received under The Plan, but will receive a discount on certain identified medical, pharmaceutical supplies, prescription drugs, medical equipment and supplies from providers in The Plan. The Discount Medical Plan Organization is Alliance HealthCard of Florida, Inc., P.O. Box 630858, Irving, TX 75063. Members may call (855) 351-7536 for more information or visit members.affiliatedworkersassociation.org for a list of providers. The Plan will make available before purchase and upon request, a list of program providers and the providers' city, state and specialty, located in the member's service area. Any complaints should be directed to Alliance HealthCard of Florida, Inc. at the address or phone number above. Upon receipt of the complaint, member will receive confirmation of receipt within 5 business days. After investigation of the complaint, Alliance HealthCard of Florida, Inc. will provide member with the results and a proposed resolution no later than 30 days after receipt of the complaint.

Note to DE, IL, LA, NE, NH, OH, RI, SD, TX, and WV consumers: If member remains dissatisfied after completing the complaint system, they may contact their state department of insurance.

Note to MA consumers: The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.

MyMedLab

MyMedLab is an efficient, affordable and confidential solution to medical laboratory testing. Using MyMedLab can save members 50%-80% on testing.



Hundreds of tests are available from MyMedLab, and the website provides information on a wide assortment of illnesses and medical testing. When members need a laboratory test, they can go to <https://awa.mymedlab.com/home> and order the test. A MyMedLab doctor will quickly approve the test, then members will receive an email telling them how to get their lab test order. Members just print the test order and go to the nearest lab and have the test done. The results will be available to view on their online personal health record on MyMedLab's website. Members can show the results to their doctor, or call the professionals at MyMedLab to help them understand the results.

MyMedLab is not available in AK, FL, IL, OK, UT, VT, WA.

One Call Care

If the doctor orders radiology tests, members can get high-quality imaging services at reduced rates by using One Call Care. One Call Care combines a national network of highly credentialed radiology providers and unique scheduling services that can help members access radiology testing. When members use One Call Care, they can save 20%-50% on MRIs, PET and CT scans.



The program is voluntary and requires no additional paperwork or enrollment. Before an MRI or a PET or CT scan is scheduled, contact One Call Care. One Call Care can help find the most convenient provider in the member's area and schedule the test for them. One Call Care can also answer questions about the test and help members understand what to expect during the procedure.

Using One Call Care helps stretch the plan benefit dollars further and saves AWA members money.

One Call Care is not available in AK, FL, OK, UT, VT, WA.

Beltone

Hearing health is a critical piece to overall health. Just as it is important to make time for regular eye exams, cholesterol screenings, and dental check-ups, it is important to schedule an annual hearing screening.



Members and their immediate family (parents, grandparents, spouse and children) will receive a free hearing screening and a 15% discount off the retail price of any Beltone hearing instrument at more than 1,500 locations across the country.

Beltone products are developed using only the latest hearing technology and are designed to fit just about any lifestyle and hearing loss. With 70 years of experience, highly trained professionals and friendly service, Beltone is the most trusted brand among adults 50+.

Beltone is not available in AK, FL, IL, OK, UT, VT, WA.

Cigna Discount Dental

Save 15%-50%* on dental work through the Cigna Discount Dental Network. The discount is good at more than 80,000 dentists and specialists around the country. The discount card allows members to pay discounted rates for their dental work. Members just show the card to their dental care provider and pay the discounted rate for the services they receive. There is no limit to the number of times members can use their Cigna discount dental plan.



*Actual costs and savings vary by geographical location. Not available in AK, FL, OK, MT, ND, SD, UT, VT, WA, WY.

Chiropractic, Alternative Medicine & Fitness Network

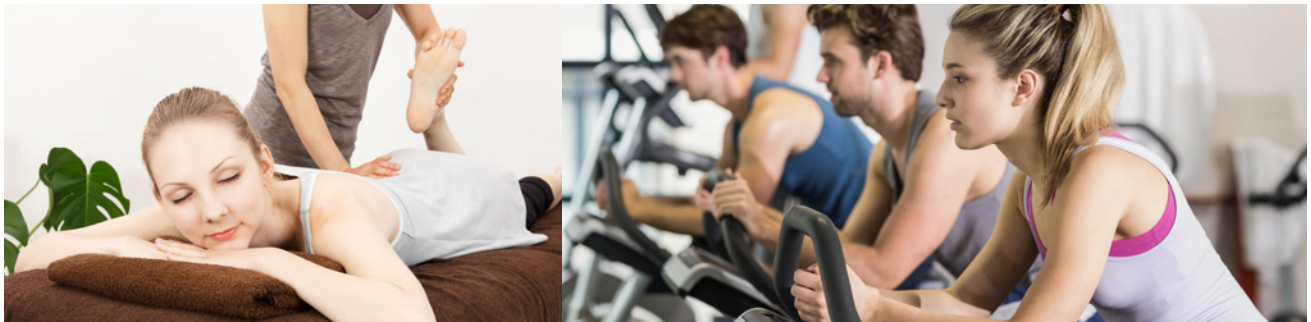
AWA members have access to a variety of chiropractic and alternative medicine services. The network includes more than 40,000 credentialed complimentary health care providers – chiropractors, massage therapists, acupuncturists, podiatrists, physical therapists and occupational therapists. Members also have access to a nationwide network of high-quality fitness clubs and exercise centers.



Through the ChooseHealthy program, members can:

- Receive discounts of 25% off usual and customary fees for services from network providers.
- Access providers directly without a doctor's referral and change providers at any time.
- Choose from over 10,000 fitness clubs and exercise centers nationwide and receive at least 10% off the initiation fee and/or monthly dues.
- Receive discounts on a wide variety of health and wellness products, including vitamins, minerals, herbal supplements, homeopathic remedies, sports nutrition products, health-related books and DVDs, fitness products and skin care items, with free shipping on most orders.

ChooseHealthy is not available in AK, FL, OK, UT, VT, WA.



Diabetic Supplies Savings

Through this program, AWA members can get diabetic testing supplies shipped directly to their door each month at a savings of 40% to 60% less than the retail drug store prices, including glucose meter, ultra-thin lancets, test strips and carrying case!



**The
Diabetic Program**

Monthly fees are based on the number of testing times per day and the supplies will meet their monthly need. There are no health restrictions and no limit on the number of times a year members can use this service. With eleven years of experience and a 100% satisfaction guarantee, the Diabetic Supplies Savings program provides reliable, affordable testing supplies to the thousands of diabetics who are uninsured or underinsured or have to pay out of pocket.

Diabetic Supplies Savings is not available in AK, FL, IL, OK, UT, VT, WA.

Vision Network Savings

Save on eye examinations, eye glasses, contact lenses, lens options and accessories, LASIK and PRK laser vision procedure and frames from leading frame manufacturers.

Members have access to a national network of over 45,000 vision providers in 21,000 locations, including LensCrafters, Pearle Vision, Sears Optical, Target Optical, and JCPenney Optical, along with their choice of participating independent optometrists, ophthalmologists and opticians located throughout the country.

Members can use this service as many times as they would like; there is no annual limit.

EyeMed is not available in AK, FL, OK, UT, VT, WA.



Additional Benefits

AWA Consumer Solutions

- Car Rental Discounts
- GlobalFit Gym Network
- Gym America
- Magazine Discounts
- Massage Envy
- Moving Discounts
- 1-800-flowers
- Retail Benefits
- TrueCar Auto Buying Service



AWA Business Solutions

- Business AdvantEdge Program
- ADP Payroll Processing
- FedEx Shipping
- Hewlett-Packard Computer and Technology Products
- NAC Web Services
- Office Depot-OfficeMax Discount
- Penny Wise Office Supplies
- Sherwin Williams
- Sprint
- UPS Shipping
- And many more!



MultiPlan Limited Benefit Plan PPO Network

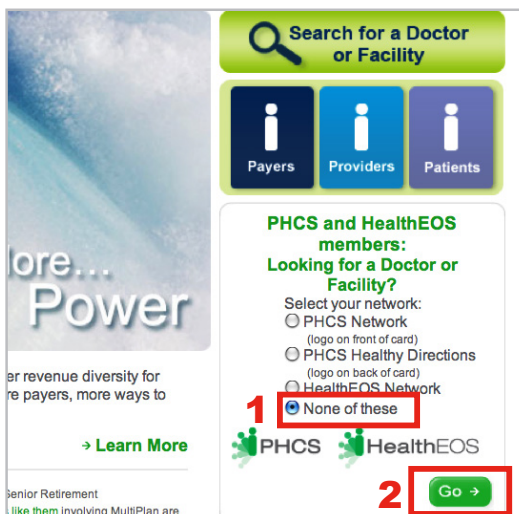
The MultiPlan Limited Benefit Plan Network is a Preferred Provider Organization (PPO). A PPO is a network of health care providers who agree to provide services at a pre-negotiated, reduced rate. The MultiPlan Limited Benefit Plan Network is an important feature of the Vital Edge membership.



Members can use any doctor or hospital they want with their Vital Edge membership. However, using a provider in the MultiPlan Limited Benefit Plan Network can save them money because MultiPlan negotiates rates that are lower than non-network rates. If members use a doctor who is not in the MultiPlan Limited Benefit Plan Network, their membership will still pay the specified amount, but they will not receive the benefit of the negotiated repricing.

More than 4,700 hospitals, 95,000 ancillary facilities and 700,000 healthcare professionals are in MultiPlan Limited Benefit Plan Network, giving members access to the nation's largest PPO network. If members need a doctor or specialist, they can find one near them by going to www.multiplan.com and following the instructions below or by calling (888) 342-7427.

Provider Lookup



Home page (left)

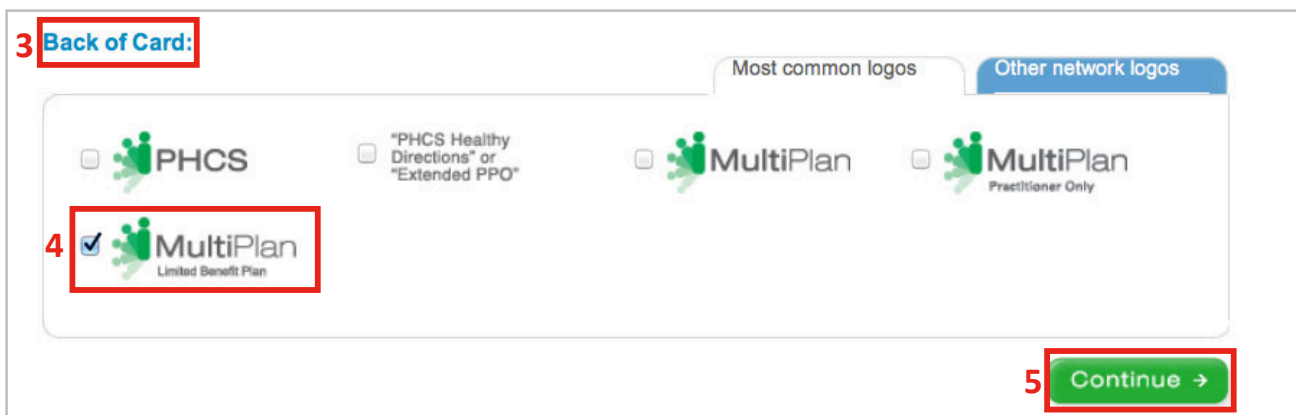
- 1 Select your network: None of these
- 2 Click Go

Identify Your Network Logo page (below)

- 3 Go to Back of Card section
- 4 Select MultiPlan Limited Benefit Plan
- 5 Click Continue

Choose a Provider Type page (not shown)

Members simply choose the provider type they need and follow the remaining instructions to create a list of providers close to their home or office.



3 Back of Card:

4

5



Insured Benefits

**Group Accident and Sickness
Fixed-Benefit Indemnity Benefits**

National General Accident & Health



National General Holdings Corp. (NGHC) is a publicly traded company with approximately \$2.5 billion in annual revenue. The companies held by NGHC provide personal and commercial automobile insurance, recreational vehicle and motorcycle insurance, homeowner and flood insurance, self-funded business products, life, supplemental health insurance products, Short Term Medical, and other niche insurance products.

National General Accident & Health, a part of NGHC, is focused on providing supplemental and short term coverage options to Individuals, Associations and Groups. Products are underwritten by National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These three companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia and have all been rated as A- (Excellent) by A.M. Best. Each underwriting company is financially responsible for its respective products.



Fixed-Benefit Indemnity Benefits

THIS PLAN PROVIDES LIMITED BENEFITS

Vital Edge Benefits			
Underwritten by National Health Insurance Company and Integon Indemnity Corporation			
	Vital Edge 1	Vital Edge 2	Vital Edge 3
Hospital Confinement/Medical Facility Benefit			
Benefit per Day of Confinement	\$1,000	\$2,000	\$3,000
Maximum Days per Covered Person per Membership Year	31	60	90
Additional Hospital Admission Benefit			
Benefit for the First Day Confined in a Hospital	\$250	\$500	\$1,000
Maximum Admissions per Covered Person per Membership Year	1	1	1
Surgeon Benefit			
Inpatient Surgeon Benefit per Day per Covered Person	\$1,000	\$2,000	\$3,000
Outpatient Surgeon Benefit per Day per Covered Person	\$500	\$1,000	\$1,500
Maximum Benefit for All Inpatient and Outpatient Surgeries per Covered Person per Membership Year	3	3	3
Doctor Office Visit Benefit			
Benefit Amount per Day	\$50	\$70	\$90
Maximum Days per Covered Person per Membership Year	2	2	2
Diagnostic Tests Benefit			
Benefit Amount per Test	\$100	\$200	\$300
Maximum Days per Covered Person per Membership Year	1	2	2
X-Ray Benefit			
Benefit Amount per X-Ray	\$100	\$100	\$100
Maximum X-Rays per Covered Person per Membership Year	1	2	3
Laboratory Benefit			
Benefit Amount per Day	\$50	\$75	\$100
Maximum Days per Covered Person per Membership Year	1	2	3
Emergency Room Visits Benefit			
Benefit Amount per Day	\$100	\$200	\$300
Maximum Days per Covered Person per Membership Year	1	2	2
Ambulance Benefit			
Benefit Amount per Ground Ambulance	\$300	\$400	\$500
Maximum Rides per Covered Person per Membership Year	1	1	1
Benefit Amount per Air Ambulance	\$1,000	\$2,000	\$3,000
Maximum Rides per Covered Person per Membership Year	1	1	1

LIMITATIONS & EXCLUSIONS

Any services not specified in this Certificate of Coverage are not covered services under the Policy.

We will not pay benefits for treatment, services or supplies which:

- Are not Medically Necessary;
- Are not prescribed by a Physician as necessary to treat Sickness or injury, except for the Preventive Care Benefit;
- Are Experimental/Investigative in nature, except as required by law;
- Are received without charge or legal obligation to pay; or
- Are provided by an immediate family member.

Except as specifically provided for in this coverage or any attached Riders, We will not pay benefits for Sickness or injuries that are caused by:

Dental Procedures: We will not pay benefits for dental care or treatment except for such care or treatment necessitated by accidental injury to sound natural teeth within 12 months of the accident, and except for dental care or treatment necessary due to congenital disease or anomaly.

Elective Procedures and Cosmetic Surgery: We will not pay benefits for cosmetic surgery, except for reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child which has resulted in a functional defect. In the case of a Covered Person who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, We will pay the Surgery Benefit, for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and the treatment of physical complications at all stages of mastectomy, including lymphedemas.

Felony or Illegal Occupation: We will not pay benefits for Sickness or injuries incurred during the commission or attempted commission of a felony, or to which a contributing cause was a Covered Person being engaged in an illegal occupation.

Pregnancy: We will not pay for services related to Pregnancy and childbirth except for those services required to treat Complications of Pregnancy, as defined in the Definitions section of this Certificate.

Surgical Fees/Facility Expenses Related to Surgery: The facility expenses incurred in relation to surgery will be paid through either the Hospital Confinement Benefit or the Ambulatory Surgical Center Benefit. No charges other than the surgeon's service fees will be part of the Surgery Benefit. The Policy specifically excludes payment for the services of a co-surgeon or assistant surgeon.

War or Act of War – We will not pay benefits for Sickness or injuries resulting from war or any act of war (whether declared or undeclared); participation in a riot or insurrection; or service in the Armed Forces or units auxiliary thereto. Losses as a result of acts of terrorism committed by individuals or groups will not be excluded from coverage unless the Covered Person who suffered the loss committed the act of terrorism.

Worker's Compensation: We will not pay benefits where such benefits would be provided under any State or Federal workers' compensation, employers' liability or occupational disease law.

PRE-EXISTING CONDITION LIMITATION

There is no coverage for a Pre-Existing Condition for a continuous period of 12 months following the Certificate Effective Date of a Covered Person.

Pre-Existing Condition means a condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received from a Physician within a 6-month period preceding the Certificate Effective Date of coverage of the Covered Person or such treatment which would have been recommended had a reasonable and prudent effort to seek appropriate medical advice been made.

This limitation does not apply to:

- Genetic information in the absence of a diagnosis of the condition related to such information;
- A newborn child who is enrolled in the plan within 31 days after birth; nor to a child who is adopted or placed for adoption before attaining 26 years of age; and as of the last day of the 31-day period beginning on the date of birth, adoption or placement for adoption, is covered under creditable coverage.

ADDITIONAL LIMITATIONS & EXCLUSIONS

Chronic Pain Disorders: We will not pay benefits for inpatient treatment of chronic pain disorders, except as Medically Necessary.

Contraceptives: We will not pay benefits for contraceptive procedures; contraceptive devices including, but not limited to, contraceptive patches, contraceptive vaginal rings, diaphragms, injectable contraceptives, and contraceptive implants.

Donation Services: We will not pay benefits for organ, tissue, or cellular material donation by a Covered Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification, and donor activation.

Extraterritorial Services: We will not pay benefits for services incurred outside of the United States or its possessions or Canada.

Foot Conditions: We will not pay benefits for charges for foot conditions including, but not limited to: Care of corns; bunions, except capsular or bone surgery; calluses; toenails; and foot supportive devices, including orthotics and corrective shoes, except for foot care appliances for complications associated with diabetes.

Genetic Services: We will not pay benefits for genetic testing, counseling, and services.

Hazardous Activities: We will not pay benefits for treatment or services due to injury from hazardous activities, such as extreme sports, whether or not for compensation, including, but not limited to, hang-gliding, parachute or bungee jumping, rock or mountain climbing.

Hearing Care: We will not pay benefits for hearing care that is routine; artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating, or restoring auditory comprehension.

Infertility: We will not pay benefits for treatment of infertility.

Mental Disability and Chemical Abuse: We will not pay benefits for treatment of Mental Disability or chemical abuse, whether organic or non-organic, chemical or non-chemical, biological or nonbiological in origin and irrespective of cause, basis, or inducement, including, but not limited to, drugs and medicines for Inpatient or Outpatient treatment of Mental Disability or chemical abuse. The term chemical abuse means alcohol and substance abuse.

Insurance benefits are subject to the definitions, limitations, exclusions and other provisions provided in the coverage certificate(s). May not be available in all states. Coverage may vary by state. Underwritten by National Health Insurance Company or Integon Indemnity Corporation, depending on the state of issue. **This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore, individuals may be subject to a tax penalty. This is not designed as a substitute for comprehensive major medical coverage.** Individuals should review their certificate of coverage for full benefit descriptions and definitions of coverage. This document is intended to give a brief overview of the product and how it may be used. This in no way serves as a certification of coverage and should be used for educational purposes only. For a copy of the full certificate including all covered benefits, exclusions and limitations, please contact National Health Insurance Company.

ADDITIONAL LIMITATIONS & EXCLUSIONS (CON'T)

Prescriptions and Medications: We will not pay benefits for any prescriptions and over-the-counter products, drugs or medicines.

Preventive Services: We will not pay benefits for preventive services including, but not limited to, routine physical exams and immunizations.

Prophylactic Services: We will not pay benefits for prophylactic treatment, services, or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery performed to prevent a disease process from becoming evident in the organ or tissue at a later date.

Services Provided by an Immediate Family Member or Employer: We will not pay benefits for treatment, services, supplies provided by or through any immediate family member or any entity or employer in which a Covered Person or their immediate family member receives, or is entitled to receive, any direct or indirect financial benefit, including but not limited to a majority ownership interest in any such entity or employer. For purposes of this exclusion, "entity" and "employer" includes but is not limited to any corporation, organization, partnership, sole proprietorship, self employment, or similar business arrangement, regardless of whether any such arrangement is for profit or not-for-profit employer.

Sexual and Gender Related Services: We will not pay benefits for treatment, services, or supplies related to the following conditions, regardless of underlying causes: sex transformations; gender dysphoric disorder; gender reassignment; treatment of sexual function, dysfunction, or inadequacy; treatment to enhance, restore, or improve sexual energy, performance, or desire.

Vision Care: We will not pay benefits for glasses; contact lenses; vision therapy, exercise or training; surgery including any complications arising therefrom to correct visual acuity including, but not limited to, Lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia); vision care that is routine.

Weight Related: We will not pay benefits for treatment, services, supplies, diagnosis, surgery, or medical regimen related to controlling weight, obesity, or morbid obesity.

Other Exclusions: We will not pay benefits for:

- Complications of a non-covered service.
- Experimental or investigational treatments.
- Treatment, services, or supplies to address: smoking cessation; snoring; the treatment or prevention of hair loss; or change in skin pigmentation.
- Homeopathic treatments; alternative treatments, including acupuncture; spinal and other adjustments, manipulations, subluxation, and services; massage therapy.
- Hospice care, skilled nursing facility care, inpatient rehabilitation services, custodial care, and respite care.

Coverage is renewable provided there is compliance with the plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or National General Accident & Health business operations in this state; and/or you have not moved to a state where this plan is not offered. National General has the right to change premium rates upon providing appropriate notice.

- Fixed-indemnity benefits are paid in specific amounts for covered periods without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on the health care provider's bill.
- All benefits are subject to your plan's terms and limitations.
- This brochure provides summary information. For detailed plan benefits, exclusions and limitations refer to the insurance contract. In the event there are discrepancies with the information in this brochure, the terms and conditions of the coverage documents will govern.

Insurance benefits are subject to the definitions, limitations, exclusions and other provisions provided in the coverage certificate(s). May not be available in all states. Coverage may vary by state. Underwritten by National Health Insurance Company or Integon Indemnity Corporation, depending on the state of issue. **This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore, individuals may be subject to a tax penalty. This is not designed as a substitute for comprehensive major medical coverage.** Individuals should review their certificate of coverage for full benefit descriptions and definitions of coverage. This document is intended to give a brief overview of the product and how it may be used. This in no way serves as a certification of coverage and should be used for educational purposes only. For a copy of the full certificate including all covered benefits, exclusions and limitations, please contact National Health Insurance Company.

ACA DISCLOSURE

This program is not major medical coverage or a substitute for Major Medical coverage. This plan is an "excepted benefit plan" under the Affordable Care Act. What this means is that it does not satisfy the requirement for minimum essential coverage under ACA. Without minimum essential coverage, you may need to pay a tax penalty, depending on your income level and the cost of insurance plans available. What you are buying is a Limited Medical Benefit Plan under which the Plan pays the fixed dollar amount for only those covered benefits listed in the Certificate Schedule. The plan limitations are disclosed in the certificate of coverage. The Limited benefit plan has a pre-existing condition limitation. Plans are not available in all states. Certain provisions of the plan vary by state. There is a 30 day free look period.

CLAIMS

For claims assistance contact:
National General Accident & Health
AWA Claims Unit
P.O. Box 3252
Milwaukee, WI 53201
Or call (855) 212-5014
EDI #ASHC1

AWA Vital Edge Monthly Membership Rates

All Available States (AL, AZ, AR, DC, FL, GA, ID, IL, IN, LA, MI, MS, NC, NV, OK, PA, SC, TN, TX, VA, WV, WY)*

Issue Age	Level 1				Level 2				Level 3			
	18-49	50-54	55-59	60-64	18-49	50-54	55-59	60-64	18-49	50-54	55-59	60-64
Member	\$137.36	\$170.38	\$191.63	\$213.74	\$219.86	\$284.90	\$325.88	\$368.21	\$302.86	\$400.01	\$460.98	\$523.88
Member + Spouse	\$224.83	\$290.86	\$333.36	\$377.58	\$389.82	\$519.91	\$601.86	\$686.53	\$555.83	\$750.12	\$872.06	\$997.87
Member + Child(ren)	\$251.94	\$271.39	\$280.15	\$286.74	\$441.02	\$479.87	\$496.73	\$509.11	\$631.49	\$689.80	\$714.85	\$733.25
Member + Family	\$339.41	\$391.88	\$421.88	\$450.57	\$610.98	\$714.87	\$772.71	\$827.43	\$884.45	\$1,039.91	\$1,125.93	\$1,207.24

Ohio*

Issue Age	Level 1 (OH)				Level 2 (OH)				Level 3 (OH)			
	18-49	50-54	55-59	60-64	18-49	50-54	55-59	60-64	18-49	50-54	55-59	60-64
Member	\$137.44	\$170.48	\$191.75	\$213.89	\$221.80	\$287.29	\$328.81	\$371.78	\$307.22	\$405.38	\$467.55	\$531.87
Member + Spouse	\$224.99	\$291.06	\$333.60	\$377.87	\$393.70	\$524.69	\$607.72	\$693.65	\$564.54	\$760.85	\$885.20	\$1,013.85
Member + Child(ren)	\$252.15	\$271.61	\$280.37	\$286.96	\$446.08	\$485.01	\$502.07	\$514.66	\$642.84	\$701.33	\$726.82	\$745.69
Member + Family	\$339.70	\$392.19	\$422.22	\$450.95	\$617.98	\$722.40	\$780.98	\$836.54	\$900.15	\$1,056.81	\$1,144.47	\$1,227.67

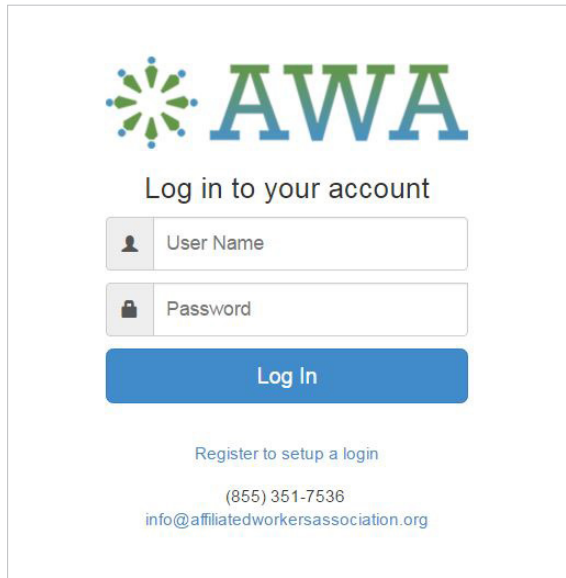
Rhode Island*

Issue Age	Level 1 (RI)				Level 2 (RI)				Level 3 (RI)			
	18-49	50-54	55-59	60-64	18-49	50-54	55-59	60-64	18-49	50-54	55-59	60-64
Member	\$130.07	\$160.34	\$179.82	\$200.09	\$205.70	\$265.32	\$302.88	\$341.68	\$281.78	\$370.83	\$426.72	\$484.38
Member + Spouse	\$210.25	\$270.78	\$309.74	\$350.27	\$361.49	\$480.74	\$555.86	\$633.48	\$513.67	\$691.77	\$803.55	\$918.87
Member + Child(ren)	\$235.10	\$252.93	\$260.96	\$267.00	\$408.43	\$444.04	\$459.49	\$470.84	\$583.02	\$636.48	\$659.44	\$676.30
Member + Family	\$315.28	\$363.38	\$390.88	\$417.18	\$564.22	\$659.46	\$712.48	\$762.64	\$814.90	\$957.41	\$1,036.26	\$1,110.80

* One time \$99 enrollment fee applies. Rates include a \$19.95 monthly administration fee.

Online Membership Access

Member Portal



The screenshot shows the AWA Member Portal login interface. At the top left is the AWA logo, which consists of a green sunburst icon followed by the letters 'AWA' in a blue, sans-serif font. Below the logo is the text 'Log in to your account'. There are two input fields: the first is labeled 'User Name' and the second is labeled 'Password'. Below these fields is a blue button with the text 'Log In'. Underneath the button, there is a link that says 'Register to setup a login'. At the bottom of the form, there is contact information: the phone number '(855) 351-7536' and the email address 'info@affiliatedworkersassociation.org'.

All memberships include exclusive access to our online Member Portal, a secure, convenient website that helps members to manage their membership.

Visit: members.affiliatedworkersassociation.org

Through quick and easy access, members can:

- Review their benefit information, association benefits and account information
- Search for an in-network provider
- Access benefit partner websites for valuable health care savings
- Download and print Member guide(s) and ID card(s)
- Update contact information
- Add a new form of payment

Important Agent Note:

Initial access to the Member Portal requires a valid member email address. Be sure to capture at time of enrollment.





Frequently Asked Questions

Frequently Asked Questions

Q. Why does the AWA make Group Accident and Sickness Indemnity Insurance benefits available to its members?

A. We are dedicated to empowering American workers and helping them make sound financial, personal and health decisions. We understand that not all workers have access to affordable health benefits, so we bring the buying power of the association membership together to offer these benefit rates. The Vital Edge membership is available to all AWA members between the ages of eighteen (18) and sixty-four (64).

Q. Does the Vital Edge membership cover Pre-existing Conditions?

A. Under the Group Accident and Sickness Indemnity Insurance benefits, there is a twelve (12) month waiting period before benefits will be paid for covered medical services relating to a Pre-existing Condition.

Q. Do members need to complete a health questionnaire to qualify for coverage?

A. Yes. In order to qualify for coverage under the fixed-benefit indemnity plan, members must complete a short health questionnaire. Their answers will determine whether or not they receive coverage.

Q. How is the Vital Edge membership plan different from an Affordable Care Act (ACA) plan?

A. Vital Edge includes a National General Foundation Health fixed-benefit indemnity plan that pays set dollar amounts to the member or the provider when the member receives particular services, no matter what the service actually costs. Fixed-Benefit plans are not major medical insurance and do not meet the standards set for minimum essential coverage by the ACA. Without minimum essential coverage, members may be subject to a tax penalty, depending on their income level and the cost of insurance available.

Q. Will I receive ID cards?

A. You will be mailed an ID card for your Fixed-Benefit plan with your PPO Network information on it. You need to present your Fixed-Benefit plan ID card to your provider any time you receive services. You will also be mailed a separate ID card for your Association benefits. You need to present your Association Membership card to your pharmacist any time you have a prescription filled. **Please be careful to use the correct card when you go to the doctor and pharmacy - the cards are not interchangeable.**

Q. Where do I get information about my plan?

A. You will receive login instructions to access your Fixed-Benefit plan certificate and other important documents online in the welcome letter included with your ID card from the insurance carrier. You will also receive a welcome email from the AWA regarding how to access your AWA benefits guides online. If you have any questions about your materials, please call **Member Services** at **(855) 351-7536**.

Q. When can members begin using the benefits in their Vital Edge membership?

A. Members can begin using the benefits on their membership's effective date, subject to the terms and conditions.

Q. Can members use any doctor or hospital with the Vital Edge membership?

A. Yes, members may go to any doctor or hospital. However, members can receive discounts for covered medical care when they visit a provider in the MultiPlan Limited Benefit Plan network, included with the Vital Edge membership.

Q. How do members find MultiPlan Limited Benefit Plan providers?

A. MultiPlan gives members access to thousands of hospitals, practitioners and ancillary facilities who have agreed to provide significant discounts on their medical services. Members can visit **www.multiplan.com** to find network providers near them.

Frequently Asked Questions

Q. What is the co-pay or deductible?

A. There are no deductibles or co-pays. Benefits begin paying for health care expenses right away.

Q. If a member moves to another state after enrollment, will that affect their benefits?

A. The Vital Edge membership is portable, so members will still have access to their benefits in another state, with a few exceptions. The Discount Medical Benefits are not available in AK, FL, OK, UT, VT and WA; if a member moves to one of those states, they will no longer have access to the Discount Medical Benefits. The Group Accident and Sickness Indemnity Insurance benefits will remain active in all 50 states and Washington, D.C.

Q. How do members file claims or pay for the services that the insurance covers?

A. It depends on the provider, although members can file a claim by submitting a claim form to the address on the back of the Insured Medical ID card. Members should always check with their provider to ensure who is responsible for filing the claim.

National General Accident & Health
AWA Claims Unit
P.O. Box 3252
Milwaukee, WI 53201
(888) 781-0585
EDI #ASHC1

Q. What if a member needs to go to the doctor and they haven't received an identification card yet or have lost it?

A. If the membership is in effect, and the member does not have ID cards yet, they can download and print a copy through the Member Portal– members.affiliatedworkersassociation.org, or they can contact AWA's Member Services at (855) 351-7536. Providers may also contact AWA's Member Services at (855) 351-7536 and a Member Services Representative can provide the doctor with verification of coverage as well as all information needed to process claims.



 **Vital**Edge

Form



Vital Edge Enrollment Form

* Fields are required.

GROUP OR ASSOCIATION Affiliated Workers Association Requested Effective Date _____

Are you an Entrepreneur, Self-Employed Professional or Independent Contractor? * Yes No

Enrollee Name * _____ Enrollee Address * _____

City * _____ State * _____ Zip * _____

Social Security Number _____ Daytime Phone Number * _____

Date of Birth * _____ E-mail Address * _____

Gender: Male Female

MEMBERSHIP LEVELS AWA Membership \$99.00 Enrollment Fee / \$19.95 Monthly Administration Fee

Selection Vital Edge 1 Vital Edge 2 Vital Edge 3

Coverage Member Member + Spouse Member + Child(ren) Member + Family Coverage

Issue Age 18-39 40-49 50-54 55-59 60-64

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 _____ Gender (M/F) _____

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

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

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.)

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.

By signing below, I and the individuals named herein are eligible for membership. I understand that the Insured Health benefits included with my membership are not major medical coverage and are not intended as a substitute for basic health insurance or major medical coverage. Membership will not begin until the effective date shown on the Member ID Card. I authorize the AWA 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.

CREDIT CARD OR AUTOMATIC BANK DRAFT

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

Bank Name _____ Routing Number _____ Account Number _____

Applicant Signature _____ Date _____

Agent Signature _____ Agent Name (Print) _____ Agent Number _____

ATVVA

VitalEdge Agent Guide

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