

Group Legion Limited Benefit Medical

Limited Benefit Medical Plan underwritten by: AXIS Insurance Company

Plans are not available in all states and are provided through a membership in the Alliance For Consumers USA (ACUSA)



Underwritten by
AXIS Insurance Company



Association



Billing and Customer Service



THIS INSURANCE PROVIDES LIMITED BENEFITS. LIMITED BENEFIT PLANS ARE INSURANCE PRODUCTS WITH REDUCED BENEFITS AND ARE NOT INTENDED TO BE AN ALTERNATIVE TO OR INTEGRATED WITH COMPREHENSIVE COVERAGE. FURTHER, THIS INSURANCE DOES NOT COORDINATE WITH ANY OTHER INSURANCE PLAN. IT DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. FURTHER, THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE ADDITIONAL PAYMENT WITH YOUR TAXES.

COVERAGE IS SUBJECT TO EXCLUSIONS AND LIMITATIONS, AND MAY NOT BE AVAILABLE IN ALL US STATES AND JURISDICTIONS. PRODUCT AVAILABILITY AND PLAN DESIGN FEATURES, INCLUDING ELIGIBILITY REQUIREMENTS, DESCRIPTIONS OF BENEFITS, EXCLUSIONS OR LIMITATION MAY VARY DEPENDING ON LOCAL COUNTRY OR US STATE LAWS. FULL TERMS AND CONDITIONS OF COVERAGE, INCLUDING EFFECTIVE DATES OF COVERAGE, BENEFITS, LIMITATIONS AND EXCLUSIONS, ARE SET FORTH IN THE POLICY.

Association



Your exclusive membership is the Alliance for Consumer USA. The mission of Alliance For Consumers USA, is to serve, support, represent and promote the interests of its members; to provide educational programs, research, instruction, training and other information to the corporation's members for the purpose of enhancing consumer awareness in areas related to economics, finance, health and wellness, social, environmental and other human issues; to provide access to appropriate benefits, products and services needed and desired by its members on a cooperative, cost efficient and economical basis.

Besides this insurance plan, ACUSA provides access to great discounts such as:

- ACI Specialty Benefits - Childcare
- NeedyMeds
- DirectLabs®
- Griswold® Home Care
- My Ewellness
- Long-Term Care Resources
- E6 Agency
- Dream VacationsSM
- SkyMed
- Take Charge America®
- Identity Guard
- BenefitHub
- Costco®
- MetLife

Disclaimer: ACUSA association benefits are not affiliated with AXIS Insurance Company. The benefits offered under Legion Limited Benefit Medical are not dependent on the use of the association's providers. ACUSA membership is available without purchasing this plan. The benefits listed are not insurance and do not provide coverage; they only provide discounts and services. Benefit discounts and services vary by state. Please refer to the ACUSA Membership booklet for complete details.

Product Summary

Coverage Effective Date	Next day coverage available; later effective date available, but not to exceed 60 days from date of processed application.
Waiting Period	No waiting period for accidental injuries or sickness
Age Eligibility	Ages 18 - 64
Network	First Health Network*
Group Legion Limited Benefit Medical is great for those who:	<ul style="list-style-type: none">• Don't qualify for short-term medical coverage• Need coverage when open enrollment is not available• Need to supplement with another plan to lower out-of-pocket cost

*THE FIRST HEALTH NETWORK IS A DISCOUNT PROGRAM PROVIDING ADDITIONAL DISCOUNTED SAVINGS WHEN PARTICIPATING PROVIDERS AND FACILITIES ARE USED FOR MEDICAL SERVICES. THIS IS NOT INSURANCE. ANY FIRST HEALTH DISCOUNT APPLIED TO MEDICAL SERVICE IS IN ADDITION TO YOUR INSURANCE COVERAGE WHICH PAYS A SEPARATE FIXED INDEMNITY BENEFIT DIRECTLY TO YOU FOR COVERED MEDICAL SERVICES. THIS IS NOT INSURANCE AND IS NOT PROVIDED BY AXIS INSURANCE COMPANY.

Plan Benefits

The below benefits are not available in Connecticut and New Jersey.

This is a brief summary of Legion Limited Benefit Medical Plan. Benefits are subject to the policy limitations and exclusions. Refer to the policy, certificate, and riders for complete details.

Benefits	Plan 1	Plan 2	Plan 3	Plan 4
Inpatient				
Daily Hospital Confinement* (Stay begins within 7 days of Covered Accident or Covered Sickness)	\$100 per day x 30 days	\$500 per day x 30 days	\$1,000 per day x 30 days	\$1,000 per day x 30 days
Daily ICU* (Stay begins within 7 days of Covered Accident or Covered Sickness)	None	\$500 per day x 5 days	\$750 per day x 5 days	\$750 per day x 5 days
Physician Office Visit	\$50 per day x 3 days	\$100 per day x 3 days	\$100 per day x 5 days	\$50 per day x 5 days
Wellness Visit (Over age 4)	\$50 per day x 1 day	\$50 per day x 1 day	\$50 per day x 2 days	\$50 per day x 2 days
Wellness Visit for Child (age 4 or below)	None	\$50 per day x 1 day	\$50 per day x 2 days	\$50 per day x 2 days
Emergency Room Visit Only (Covered Sickness Only)	None	\$100 per day x 2 days	\$250 per day x 2 days	\$500 per day x 2 days
Outpatient Laboratory Test and X-ray				
Class 1: Laboratory – Bloodwork, CMP, Lipid Panel, ECG, Pap/PSA, urinalysis and all other laboratory tests <i>Maximum number of days for laboratory tests including blood work, comprehensive metabolic panel, lipid panel, all other lab per Plan Year</i>	\$25 per day x 2 days	\$50 per day x 2 days	\$35 per day x 3 days	\$50 per day x 3 days
Class II: Radiology, Ultrasound, Mam- mogram, Sonogram, Angiogram, X-Rays	None	\$50 per day x 2 days	\$50 per day x 4 days	\$50 per day x 4 days
Class III: Imaging CT, PET	None	None	None	None
Class IV: Other Diagnostic tests- Endoscopy, Bronchoscopy, Colonoscopy without Biopsy, MRI	None	\$50 per day x 1 day	\$100 per day x 2 days	\$100 per day x 2 days

* The Daily Intensive Care Unit Benefit will only be paid for days when the Insured Person receives a Daily Hospital Confinement Benefit.

THIS IS A HOSPITAL INDEMNITY ONLY POLICY. THE COVERED BENEFITS ARE LIMITED TO THOSE LISTED ABOVE.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected.

Plan Benefits (Cont.)

Benefits	Plan 1	Plan 2	Plan 3	Plan 4
Surgery				
Inpatient Surgery	None	\$500 per day x 2 days	\$1,000 per day x 2 days	\$1,500 per day x 2 days
Inpatient Anesthesia	None	25% of the Benefit Amount for Inpatient Surgery	25% of the Benefit Amount for Inpatient Surgery	25% of the Benefit Amount for Inpatient Surgery
Outpatient Surgery	None	\$500 per day x 1 day	\$1,000 per day x 1 day	\$1,500 per day x 1 day (first surgery) \$1,000 per day x 1 day (second surgery)
Outpatient Anesthesia	None	25% of the Benefit Amount for Outpatient Surgery	25% of the Benefit Amount for Outpatient Surgery	25% of the Benefit Amount for Outpatient Surgery

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Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected.

Limitations and Exclusions

Pre-Existing Condition Limitation

Applies	Inpatient and Outpatient
Treatment Period (months)	6
Limitation Period (months)	12

Benefits under this certificate are not payable in connection with a Pre-Existing Condition for the benefits shown in the *Schedule of Benefits*.

This Pre-Existing Condition Limitation shall not apply after the end of the Limitation Period shown in the *Schedule of Benefits*, commencing on the Insured Person's Coverage Effective Date.

Pre-Existing Condition means a disease or physical condition for which medical advice or treatment was received by the Insured Person during the 6 months prior to the Insured Person's Coverage Effective Date under the Certificate.

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section of the insurance certificate:

1. Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
2. ILLEGAL OCCUPATION: The insurer shall not be liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.
3. Declared or undeclared war or act of war;
4. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
5. An injury or sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
6. Travel or activity outside the United States, Canada or Mexico, except for a Medical Emergency;
7. Flight in, boarding or alighting from an Aircraft except as: a fare-paying passenger on a regularly scheduled commercial or charter airline; a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
8. Travel in any Aircraft owned, leased or controlled by the Policy holder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policy holder wishes for more than 10 straight days, or more than 15 days in any year;
9. Bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
10. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
11. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
12. An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
13. Alcoholism, drug addiction or the use of any illegal drug or narcotic except as prescribed by a Physician unless specifically provided herein;
14. Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
15. Repair, replacement, examinations for prescriptions or the fitting of eyeglasses or contact lenses.
16. Elective Abortion. Elective Abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
17. Mental and nervous disorders.
18. Elective surgery or cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury or Covered Sickness.

Limitations and Exclusions (Cont.)

19. Experimental or Investigational drugs, services, supplies. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The covered service will also be considered Experimental or Investigational if the Insured Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption.
20. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
21. Sexual reassignment surgery, sexual transformation surgery, sexual transgendering surgery.
22. Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a Covered Injury or Covered Sickness.
23. Treatment or services provided by a private duty nurse.
24. Organ or tissue transplants and related services.
25. Personal comfort or convenience items.
26. Rest or custodial cures.
27. Hearing aids.
28. An Injury or Sickness for which the Insured Person is paid benefits under any Workers' Compensation or occupational disease law or under any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. Employed or retained by the Policyholder;
2. Living in the Insured Person's household;
3. An Immediate Family Member of either the Insured Person or the Insured Person's Spouse;
4. The Insured Person.

Disclaimer: Exclusions and limitations vary by state. REFER TO YOUR CERTIFICATE for terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions.



Non-Insurance Network



First Health*

The First Health Network is one of the nation's largest PPO networks, offering access to quality, affordable healthcare. First Health Network has access to more than 5,000 hospitals, over 90,000 ancillary facilities, and over 1 million health care professional service locations in the United States, including Puerto Rico. The network covers over 98% of the U.S. population.

Your membership card will feature the network participating providers and can be searched 24 hours a day here: <http://www.firsthealthbp.com>.

Members should present their ID card each time they seek services from a participating provider to ensure they receive the full value of the First Health Network.

Disclaimer: *The First Health Network is a discount program providing additional discounted savings when participating providers and facilities are used for medical services. This is not insurance. Any First Health discount applied to medical service is in addition to your insurance coverage which pays a separate fixed indemnity benefit directly to you for covered medical services. This is not insurance and is not provided by AXIS Insurance Company.

Non-Insurance Benefits



SingleCare can save you up to 80% on prescriptions, and on average, our prices are 45% lower than retail. In many cases, less than the cost through an insurance plan. You only pay for the prescriptions you need, at the pharmacy of your choice.



The expert healthcare navigators listen to the member's needs, then find the best care for them at a low price. Also, when a member faces an unexpected or unreasonably high medical bill, a dedicated Point Health patient advocate works on their behalf to negotiate a reduction.



At the Rx Helpline, a team of advocates specializes in finding the lowest cost alternative for prescription medications. The team has helped over one million people navigate the complex system of prescription coverage and save money on their medications. Telephone consulting with Rx Helpline advocates to navigate the options is at your fingertips. The team helps individuals get their medications for the lowest possible cost – and sometimes even for free.



Teladoc gives your clients 24/7/365 access to U.S. board-certified doctors who can resolve many of their medical issues via phone or online video.