

SELECTION OF COVERAGE – Indicate plan(s) to be offered:

Value Plan Standard Plan Enhanced Plan Generic Rx Co-pay Plan

LIMITED ACCIDENT AND SICKNESS INSURANCE

	Value Plan	Standard Plan	Enhanced Plan
Physician Office Visits (5 visits/Plan Year)	\$30/visit	\$40/visit	\$50/visit
Wellness (Adults – 1 visit/Plan Year Children (birth through age 4) – 3 visits/Plan Year)	\$30/visit	\$40/visit	\$50/visit
Outpatient Lab & X-ray (3 visits/Plan Year)	\$30/visit	\$40/visit	\$50/visit
Hospital Confinement (100 days/Plan Year; includes maternity, double ICU for 30 days, 50% MNAD for 30 days and 50% SNF for 60 days)	\$200/day	\$350/day	\$500/day
Surgery (Inpatient/Outpatient) (benefits/Plan Year)	\$1,000 / \$400	\$1,500 / \$600	\$2,000 / \$800
Anesthesia (25% of Surgery benefit/Plan Year)	up to \$250	up to \$375	up to \$500
Vision Care			
1 eye exam/Plan Year	\$25	\$25	\$25
Eyeglasses or Contact Lenses every two Plan Years	\$50	\$50	\$50

OTHER PLAN FEATURES*

- 24-hour nurseline
- Silent network with no out-of-network penalty
- Discounts on generic & brand name prescriptions through national network of participating pharmacies

OPTION – If the Generic Rx Co-pay Plan is indicated above as included, the discount prescription drug benefit is replaced with the following benefit:

Generic Only	\$15 co-pay retail / \$45 co-pay mail order / up to \$2,500/Plan Year
Brand Name	up to 40% savings

PREMIUMS – Monthly Rates

	Value Plan	Standard Plan	Enhanced Plan
CONTRIBUTORY:			
EMPLOYEE ONLY	\$53.00**	\$77.00**	\$98.00**
EMPLOYEE & SPOUSE	\$82.00	\$125.00	\$163.00
EMPLOYEE & CHILD(REN)	\$92.00	\$134.00	\$174.00
FAMILY	\$122.00	\$183.00	\$239.00

**Employer pays at least 50% of this amount for all participating employees. Employees pay the balance plus dependent coverage amount(s) through payroll deduction.

VOLUNTARY:

VALUE PLAN

Employee's <u>Attained Age</u>	<u>Employee</u>	<u>Employee & Spouse</u>	<u>Employee & Child(ren)</u>	<u>Family</u>
Under 30	\$43.00	\$66.00	\$90.00	\$113.00
30-34	\$51.00	\$80.00	\$98.00	\$127.00
35-39	\$56.00	\$89.00	\$102.00	\$135.00
40-44	\$61.00	\$98.00	\$108.00	\$145.00
45-49	\$67.00	\$108.00	\$113.00	\$154.00
50-54	\$73.00	\$119.00	\$120.00	\$165.00
55-59	\$84.00	\$137.00	\$131.00	\$184.00
60-64	\$105.00	\$173.00	\$151.00	\$220.00
65+	\$136.00	\$228.00	\$182.00	\$275.00

STANDARD PLAN

Employee's Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
Under 30	\$62.00	\$99.00	\$131.00	\$168.00
30-34	\$74.00	\$121.00	\$143.00	\$190.00
35-39	\$82.00	\$136.00	\$151.00	\$205.00
40-44	\$91.00	\$151.00	\$160.00	\$220.00
45-49	\$100.00	\$167.00	\$169.00	\$236.00
50-54	\$111.00	\$185.00	\$180.00	\$255.00
55-59	\$131.00	\$219.00	\$200.00	\$288.00
60-64	\$171.00	\$289.00	\$240.00	\$358.00
65+	\$226.00	\$387.00	\$295.00	\$456.00

ENHANCED PLAN

Employee's Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
Under 30	\$78.00	\$128.00	\$168.00	\$219.00
30-34	\$94.00	\$157.00	\$185.00	\$248.00
35-39	\$105.00	\$177.00	\$196.00	\$268.00
40-44	\$117.00	\$198.00	\$208.00	\$289.00
45-49	\$129.00	\$220.00	\$220.00	\$311.00
50-54	\$144.00	\$245.00	\$235.00	\$336.00
55-59	\$172.00	\$291.00	\$263.00	\$382.00
60-64	\$228.00	\$390.00	\$319.00	\$481.00
65+	\$304.00	\$526.00	\$395.00	\$617.00

Employees pay the full premium through payroll deduction.

If the Generic Rx Co-pay plan is elected, increase the above rates by the following:

	Contributory	Voluntary
EMPLOYEE ONLY	\$12.00	\$15.00
EMPLOYEE & SPOUSE	\$25.00	\$30.00
EMPLOYEE & CHILD(REN)	\$22.00	\$26.00
FAMILY	\$36.00	\$43.00

The Limited Accident & Sickness Insurance plan is underwritten by ACE American Insurance Company.

*These non-insurance discounts and services are provided through ACE's vendors' contracted participants.

We reserve the right to modify the rates or plan benefits or to decline to bind coverage if participation requirements are not met by initial enrollment.

For any insurance paid in part, or wholly, by individual covered persons, the Applicant will support enrollment activities and allow all eligible persons an opportunity to enroll. No brochures or any material referencing the requested insurance will be published without the prior written approval of the Insurance Company.

The Applicant represents the information contained in this Application is true and correct and forms the basis of the requested insurance. If coverage is issued through a Trust, the Applicant accepts the terms and conditions of the Trust Agreement establishing a trustee as Policyholder and agrees to be bound by it. Insurance will not go into effect until the required premium is paid for the plan of benefits selected by the Applicant.

I understand this Application is for a Limited Accident and Sickness Insurance Plan. The insurance provided is not Major Medical or Comprehensive Medical coverage.

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Signature and Title

Date

Signed by Licensed Resident Agent
(Where Required by Law)

AGENT / BROKER INFORMATION

Name:		Company Name:	
Address:			
Phone:	Fax:	E-mail:	

COMPLETED APPLICATION SHOULD BE DIRECTED TO:
Affinity Group Underwriters
4510 Cox Road, Suite 111, Glen Allen, VA 23060
Phone: (877) 673-9797 Fax: (804) 273-9989