Limited Benefit Health Insurance
Underwritten By:

Companion Life Insurance Company, an admitted insurer rated "A+" (Superior) by A.M. Best Company, rating as of January 17, 2013. A.M. Best ratings range from D to A++. Companion Life Insurance Company has sole financial responsibility for its products.

The A.M. Best rating represents an independent opinion from the leading provider of insurer ratings of a company’s financial strength and ability to meet its obligations to policyholders.

Association Benefits provided by:

MSGA
Med-Sense Guaranteed Association

Powered by:

Health Insurance Innovations
HiiQuote.com
Available to members of the Med-Sense Guaranteed Association (MSGA)* and is ideal for those who:

- Have health insurance with high deductibles or out-of-pocket expenses
- Want to supplement coverage you may have

The Principle Advantage plan is available in all states except: AK, AR, CA, CT, HI, ID, MA, MD, ME, MN, MT, NC, NH, NJ, NV, NY, OR, SD, UT, and WA. State options and benefits may vary.

Exclusive Features:

- Guaranteed Issue for members & their spouses ages 18 through 64, and dependent children through age 26 (all pre-existing condition limitations will apply)

- U.S. Citizenship not required, only U.S. residency for 12 consecutive months

- Daily In-Hospital Indemnity - Choice of $500, $750 or $1,000 per day

- Surgery, Anesthesia, Diagnostic Lab & X-Ray, Preventative Care, Emergency Room Sickness, and Ambulance Benefits

- Accident or sickness Outpatient Doctor Office Visits benefit - $80 per visits, up to 5 visits per insured, per policy year

- Doctors Office Preventative Care Benefit - $80 for one visit per insured, per policy year

- Freedom to choose any doctor or hospital

*MultiPlan PPO Network is provided through Med-Sense Guaranteed Association and not provided by or affiliated with Companion Life Insurance Company. Individuals considering membership in the Med-Sense Guaranteed Association for plans that include the Limited Benefit Health Insurance plan should check with their state Pre-existing Condition Insurance Plan before enrolling to determine the potential impact of this membership on their eligibility.

This is a brief summary of Limited Benefit Health Insurance underwritten by Companion Life Insurance Company, Columbia, SC. Provided by form number MMP 2250-1. Not available in all jurisdictions. Pre-existing conditions are not covered for the first 12 months and benefits are subject to the policy limitations and exclusions. Refer to the policy, certificate and riders for complete details.
## Covered Medical Expenses

The Principle Advantage plan is available in all states except: AK, AR, CA, CT, HI, ID, MA, MD, ME, MN, MT, NC, NH, NJ, NV, NY, OR, SD, UT, and WA. State options and benefits may vary.

<table>
<thead>
<tr>
<th>Pre-Existing Condition Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Pre-Existing Condition” means a disease, Accident, Sickness or physical condition for which a Covered Person: (a) had treatment; (b) incurred expense; (c) took medication; or (d) received a diagnosis or advice from a Physician; during the 12-month period immediately before the Effective Date of his or her coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Accident, Sickness or physical condition.</td>
</tr>
</tbody>
</table>

This policy does not provide creditable coverage. If a member was issued a proof of coverage by an insurance company documenting prior coverage under a HIPAA or PPACA qualified health plan, which was in force and effective to a date not longer than 62 days from their Certificate Effective Date, then the pre-existing condition exclusion under the policy will be deemed to have been satisfied for an equivalent period of time that such prior coverage was in force and effect.

### Inpatient Benefits

<table>
<thead>
<tr>
<th>Waiting Periods</th>
<th>500</th>
<th>750</th>
<th>1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Injuries</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Sickness</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-Existing Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a 12-month waiting period before coverage of Pre-Existing Conditions is available for Daily In-Hospital Indemnity Benefits, Surgical Indemnity Benefits and Anesthesia Indemnity Benefits.</td>
</tr>
<tr>
<td>There is a 30-day waiting period before coverage of Pre-Existing Conditions is available for all other benefits.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-Existing Condition Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

### Daily Inpatient Hospital Benefits

<table>
<thead>
<tr>
<th>Benefit Amount Per Day</th>
<th>500</th>
<th>750</th>
<th>1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Days Per Policy Year</td>
<td>31 Days</td>
<td>31 Days</td>
<td>31 Days</td>
</tr>
</tbody>
</table>

### Surgical Indemnity Benefits

<table>
<thead>
<tr>
<th>Surgical Indemnity Benefit</th>
<th>500</th>
<th>750</th>
<th>1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Procedures Per Policy Year</td>
<td>80%</td>
<td>1 per Year</td>
<td>150%</td>
</tr>
</tbody>
</table>

### Anesthesia Benefits

<table>
<thead>
<tr>
<th>Anesthesia Benefit</th>
<th>500</th>
<th>750</th>
<th>1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Benefit Per Policy Year</td>
<td>20%</td>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>

### Outpatient Benefits

<table>
<thead>
<tr>
<th>Benefit Amount Per Visit</th>
<th>500</th>
<th>750</th>
<th>1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Visits Per Policy Year</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preventative Care Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Amount Per Visit</td>
</tr>
<tr>
<td>Maximum Visits Per Policy Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnostic Lab &amp; X-Ray Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Amount Per Test</td>
</tr>
<tr>
<td>Maximum Number of Testing Days Per Policy Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Room Sickness Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Amount Per Visit</td>
</tr>
<tr>
<td>Maximum Visits Per Policy Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ambulance Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Amount Per Trip</td>
</tr>
<tr>
<td>Maximum Trips Per Policy Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accident Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Amount Per Policy Year</td>
</tr>
<tr>
<td>Maximum Number Per Policy Year</td>
</tr>
</tbody>
</table>
Exclusions

With respect to all of the benefits provided under the Policy, no benefits will be payable as the result of:

(a) suicide or any attempt there at, while sane
(b) any intentionally self-inflicted injury or Sickness;
(c) rest care or rehabilitative care and treatment;
(d) cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from a covered Accident if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
(e) immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals;
(f) routine newborn care, including routine nursery charges;
(g) voluntary abortion, except with respect to the Insured or covered Dependent spouse:
   (1) where such person’s life would be endangered if the fetus were carried to term; or
   (2) where medical complications have arisen from an abortion;
(h) normal pregnancy, except for Complications of Pregnancy;
(i) the treatment of:
   (1) mental illness;
   (2) functional or organic nervous disorder, regardless of cause;
   (3) alcohol abuse;
   (4) drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed, for more than 10 days in any Calendar Year, with respect to payment of the Daily In-Hospital Indemnity Benefit;
(j) participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
(k) committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;
(l) participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding;
(m) air travel, except:
   (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
   (2) as a passenger for transportation only and not as a pilot or crew member;
(n) any Accident occurring as a result of the Covered Person being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Accident took place);
(o) sex changes;
(p) experimental treatments or surgery;
(q) the reversal of tubal ligation and vasectomies;
(r) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician services, unless required by law;
(s) treatment of exogenous obesity or weight control;
(t) an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war. The Company will refund the pro rata unearned premium for any such period for which the Covered Person is not covered.
(u) accident or sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits has been made;
(v) Pre-Existing Conditions, except as described in the Schedule;
(w) air or ground ambulance service (this is applicable only if the policy does not include an ambulance benefit); or
(x) for loss incurred, care or treatment received, or hospital confinement occurring outside of the United States or its possessions.

In addition to the Exclusions and Limitations for all coverages, the following are not covered under the Out-Patient Physician Office Visit Indemnity Benefit and the Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit:

(a) visits made, examinations given, or x-rays or laboratory tests performed as an in-patient while Confinement to a Hospital;
(b) routine eye examinations or fitting of glasses;
(c) fitting of hearing aids;
(d) dental examinations or dental care other than expenses resulting from accidental injury; and
(e) benefits which are provided under any other part of the Policy.

Pre-Existing Conditions Limitation

Benefits are not provided for any loss caused by, or resulting from, a Pre-existing Condition, as described in the Schedule; There is a 12-month waiting period before coverage of Pre-Existing Conditions is available for Daily Inpatient Hospital Benefits, Surgical Indemnity Benefits & Anesthesia Indemnity Benefits. There is a 30-day waiting period before coverage of Pre-Existing Conditions is available for all other benefits.

PRE-EXISTING CONDITION means a disease, accident, sickness or physical condition for which a Covered Person: had treatment; incurred expense; took medication; or received a diagnosis or advice from a Physician, during the 12-month period immediately before the Effective Date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Accident, Sickness or physical condition.
Who is eligible to apply for membership?
Principle Advantage provides both Membership benefits and Insurance benefits and is available to individuals from age 18 through age 64 with coverage terminating the day you turn 65.

The Principle Advantage series is available in all states except: AK, AR, CA, CT, HI, ID, MA, MD, ME, MN, MT, NC, NH, NJ, NV, NY, OR, SD, UT, and WA. State options and benefits may vary.

Are there any waiting periods for insurance benefits?  
There are no waiting periods for accidental injuries or sickness, but there is a 30 day waiting period before coverage for Pre-Existing Conditions is available for Physician’s Office Visits, Preventative Care Benefits, Diagnostics/Labs/X-rays, Emergency Room, and Ambulance Benefits. There is also a 12-month waiting period before coverage for Pre-Existing Conditions is available for Daily Inpatient Hospital Benefits, Surgical Indemnity Benefits & Anesthesia Indemnity Benefits.

Are there any waiting periods for non-insurance Association benefits?  
There are no waiting periods. You can begin saving once your payment is accepted and approved.

When does my coverage begin?  
Once your payment is processed and approved your coverage is available at 12:01am the next day, or on your selected effective date, from your enrollment date.

Do I have to use a Multiplan provider?  
Members under this plan may choose to be treated within or outside of the Multiplan Network. MultiPlan has almost 800,000 healthcare providers under contract, an estimated 57 million consumers accessing the network products, and 40 million claims processed through the networks each year, giving them more of the experience and resources healthcare payers and providers need to face today's unprecedented cost and competitive pressures. As part of your Membership plan, an arrangement has been negotiated between the Association and Multiplan to treat individuals within the Multiplan Network for a reduced fee over the customary fees of non-Network Providers.

Reimbursement rates will vary according to the source of care as described in your Plan Benefits. In order to use the services of a participating provider, you must present the Identification Card that is provided to you upon purchase of your plan and payment of the membership retail cost. To determine which providers are in the Multiplan Network, call 888-342-7427, or go online to www.multiplan.com.

How do I access/receive my fulfillment package and policy documents?  
After you complete your purchase and your payment is approved, your fulfillment package, ID card, Insurance Certificate and any other plan documents are available to you online under your Customer Login. A copy of your membership booklet and ID cards will arrive by mail within 7-10 business days after payment is received and approved. If you cannot download and print these important documents, call HII Customer Service at 1-877-376-5831 to have them mailed to you at no additional cost.

Disclaimer: *This is limited benefit health insurance coverage. It is not major medical coverage and it is not intended to replace other major medical coverage. This web site is a brief description of the Med Sense Guaranteed Association discount and lifestyle benefits. The exact provisions are contained in the Fulfillment Materials that will be issued to the Med Sense Guaranteed Association members upon enrollment. These are not insurance benefits. These are association discount and lifestyle benefits.
The Med-Sense Guaranteed Association (MSGA) is a not-for-profit organization that provides memberships to individuals. Members enjoy access to a variety of health, travel, consumer discounts and business services.

You can count on MSGA to continuously and aggressively seek out new discounts to add further value to memberships in the association. Services and discounts you will enjoy as a member may include a collection of the following:

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

GymAmerica.com features:
- Personalized meal plans tailored to your needs & goals
- Interactive program that uses your entered results to keep your diet on track
- Smart weekly grocery shopping lists
- Convenient at-a-glance calorie, fat, carb, and protein totals
- Customized workouts to match your fitness level
- Access-Anywhere online workout calendar and log

Use the Web's best interactive exercise and diet program to get your body in shape! Members receive the promotional discount price, three months for the price of two.

**Vitamin Discount**
HealthFitLabs is an online/mail order company that sells only the highest-quality natural vitamins, nutritional supplements, and bath and personal care products. Association members enjoy up to a 15% discount off online prices that are already reduced by 5%-35% and up to 30% catalogue prices.

**Car Rental Discounts**
Association members take advantage of affordable auto rental rates from Avis®, Budget®, and Dollar® Rent A Car. Using this Service is Easy!

**Carperks Buying Network**
Many people dislike shopping for automobiles because they dread the anticipated hassle and the possibility of overpaying for a car. This program allows association members to benefit from a National Corporate Pricing Program that solves these issues. Carperks is currently offered as a "free perk" to employees of Coca-Cola, Verizon Wireless, American Airlines, Office Depot and several hundred other companies, and now, to Med-Sense Guaranteed Association members. The Carperks dealer network has agreed to sell automobiles for a price better than their best Internet price, resulting in a price hundreds of dollars lower than the sales price of the retail sales department.

**Floral Discounts**
"My Online Florist" is the designated association florist. Association members can send flowers anywhere in North America from the website or by phone and receive a 40-60% discount from most retail flower shop prices. Whether you want to send a floral gift in your own neighborhood or North America, My Online Florist can deliver your sentiments beautifully...easily...and expertly!

Disclaimer: These are association or life style discount services and are not affiliated with any Insurance Product or Insurance Company. There are multiple memberships of the association; the listed benefits are a brief overview, not all benefits are included in every membership of the association.
MultiPlanPPO Network Providers*

Persons insured under this plan may choose to be treated within, or out of, the MultiPlan PPO Network. MultiPlan consists of hospitals, physicians, and other health care providers who have contracted to provide specific medical care at negotiated prices. MultiPlan has almost 800,000 healthcare providers under contract, an estimated 57 million consumers accessing the network products, and 40 million claims processed through the networks each year, giving them more of the experience and resources healthcare payers and providers need to face today’s unprecedented cost and competitive pressures.

MedCare USA Prescription Discount Card*

4-tier and 100% of discounted price at participating pharmacies. Because it is a discount program there are no claim forms, no reimbursement procedures, no pre-existing condition exclusions, no waiting periods, no deductible, no benefit maximums. Members save an average of 15% off retail price on many brand name prescription drugs and 54% off retail price on many generic prescription drugs. This card is accepted at over 53,000 pharmacies throughout the United States, including most chains and independent pharmacies.

OUTLOOK Vision Discounts*

Offers significant savings for the entire family on eyeglasses. Contact lenses, LASIK surgery and eye exams at select locations where approved. Providers conveniently located throughout all 50 states. Most leading retail centers are included in the OUTLOOK Vision network and offer discounts from 10% to 50%. Discounts are given at point of purchase, no limits, no restrictions and no paperwork.

*These are not insurance benefits and are not affiliated with Companion Life Insurance Company or the Principle Advantage Limited Benefit Health Insurance Plan.
So many reasons to use Teladoc!

- Prompt treatment, average call back in 22 minutes
- Receive quality care via phone or online video
- No limit on consultations, so take your time
- A network of doctors that can treat children of any age
- Secure, personal and portable electronic health record (EHR)
- Low cost compared to ER or urgent care visits

Why wait for the care you need now? Request a consultation today!

What is Teladoc?
Teladoc is a benefit that gives you 24/7/365 access to U.S. board-certified doctors who can resolve many of your medical issues via phone or online video.

When can you Teladoc?
When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

What can I use it for?
- Cold and flu symptoms
- Bronchitis
- Respiratory infection
- Skin problems
- Allergies
- Urinary tract infection
- Pink eye
- Ear infection

Teladoc is happy to provide information about your consultations to your primary care physician.

Visit us: www.Teladoc.com or Call us: 1-800-Teladoc (835-2362)

Teladoc does not replace your primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc's services are subject to state regulations and may not be available in certain states. Teladoc does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

Providing personalized service, Kare360’s team of expert Patient Advisors work with members to assist in navigating the confusing and expensive world of healthcare. With a suite of dedicated services, Kare360 will help you take the hassle out of health care saving you valuable time and money.

**Physician Search**  
Helping members find quality family doctors, specialists and surgeons.

**Appointment Scheduling**  
Advisors schedule visits with doctors, labs and more.

**Medical Bill Mediation**  
Unparalleled results in negotiating savings on medical charges.

**Eldercare Solutions**  
Finding solutions for seniors in all areas including living arrangements, transportation, RX delivery, supplemental insurance and more.

**Alternative Treatments**  
Locating care for Chiropractic, Acupuncture, Massage Therapy and more.

**Insurance Policy Assistance**  
Clarification on benefits, help resolving issues.

**Surgery Cost Saver**  
A specialized R.N. will provide a cost, quality and availability comparison of health care facilities in your area for your particular needed procedure. This can be used in consultation with your doctor, enabling you to make an informed decision.

Kare360 is pleased to also provide on-staff chaplains, available by phone to listen and offer counsel in those times when you need it most.

We take the hassle out of healthcare.