

2018

GUIDE TO HEALTH COVERAGE

Hablamos ESPAÑOL!
Llame ahora para inscribirse o ir en línea donde se puede acceder a los detalles del plan e inscribirse en español.

MEDICAL
DENTAL
VISION
ACCIDENT
CRITICAL ILLNESS
CANCER
LIFE
401K(I)

UNDERSTANDING YOUR INDEPENDENT CONTRACTOR HEALTH INSURANCE

AFFORDABLE

GUARANTEED ACCEPTANCE

ONE PHONE CALL. NO FORMS TO COMPLETE

PLANS TO FIT YOUR BUDGET



CALL 866-667-8415, M - F, 8 AM - 7 PM
SHOP ONLINE AT ISAGENIX.ENROLL1ST.COM

**ISAGENIX**
Solutions to Transform Lives™

LET'S GET STARTED

FINDING BENEFITS THAT MEET YOUR NEEDS & BUDGET IS AS EASY AS **1-2-3.**

1 Become a Member!

As a member of *The National Association of Workplace Programs (NAWP)* your \$6.00 membership benefits and discounts are designed to give you confidence as you plan for the future.

YOUR BENEFITS INCLUDE:

★ \$10,000 Life Insurance

★ Exclusive 401K(i) Retirement Plan

★ Discounts on Diabetic Supplies

★ Sleep Apnea Testing

★ Identity Theft Protection

★ Discounts on Prescriptions

★ 24-Hour Nurse Line & more!

2 Review Options

PG 02 **Hospital Indemnity Insurance**

PG 04 **Dental Insurance & Vision Insurance**

PG 05 **Accident Insurance**

PG 06 **Critical Illness Insurance**

PG 07 **Group Term Life Insurance**

PG 08 **Universal Life Insurance**

PG 09 **Minimum Essential Coverage**

PG 10 **Prescription Discount Card**

**Call for more information
on Cancer, and 401k(i)**

3 Enroll Your Way!



CALL M - F, 8 AM - 7 PM

866-667-8415

Hablamos español!



Shop Online @ Home
isagenix.enroll1st.com

HOSPITAL INDEMNITY INSURANCE

- ✓ No Deductibles!
- ✓ No Coinsurance!
- ✓ First Dollar Coverage
- ✓ Guaranteed Acceptance

Key Benefits

- 💡 Doctor/Sickness Visits
- 💡 Diagnostic Testing and X-Rays
- 💡 \$10,000 Life Insurance
- 💡 Prescription Benefits

In addition to the benefits below, you have access to non-insurance programs such as MedCall Now 24-hour doctors teleconference line, sleep apnea testing, hearing aid benefits and counseling services.

HOSPITAL INDEMNITY BENEFITS







		PLAN OPTION 1	PLAN OPTION 3	
Daily In-Hospital Indemnity Benefit	Pays benefits per day of hospital confinement, up to the annual maximum per confinement.	\$200 31 days	\$500 31 days	
Outpatient Physician Office Visit/ Indemnity Benefit Rider	Pays each day an insured person receives outpatient treatment in a physician's office or at an urgent care facility as the result of a covered accident or sickness, up to the annual maximum days listed.	\$60 6 days	\$60 6 days	
Outpatient Diagnostic Laboratory Test/ Indemnity Benefit Rider	Pays each day an insured person undergoes an outpatient lab test performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed. Does not include tests covered under any other rider.	\$30 2 days	\$40 2 days	
Outpatient Select Diagnostic Test/ Indemnity Benefit Rider	Pays each day an insured person undergoes an outpatient X-ray, ultrasound, EEG or sleep study performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed.	\$150 1 day	\$200 2 days	
Outpatient Advance Studies Diagnostic Test/ Indemnity Benefit Rider	Pays each day an insured person undergoes an outpatient CT Scan, MRI, myelogram, PET, angiogram, arteriogram or thallium stress test performed for the purpose of diagnosis for a covered accident or sickness, up to the annual maximum days listed.	\$600 1 day	\$800 1 day	
Hospital Confinement Indemnity Benefit Rider	Pays each day over, an insured person is confined to a hospital as the result of a covered accident or sickness. Confinement must last a minimum of 24 continuous hours, maximum of 1 day per confinement, up to the annual maximum days listed.	N/A	\$500 1 day	
Surgical and Anesthesia/ Indemnity Benefit Rider	Pays each day an insured person undergoes surgery. Pays for 20% of anesthesia if administered, on all surgeries.	Inpatient surgery	\$500	\$1000
		Outpatient surgery	\$250	\$500
		Outpatient minor surgery	\$50	\$100
Off-the-Job Accidental Injury/ Indemnity Benefit Rider	Pays amount listed for one day of each covered accident for X-rays used to diagnose an accidental injury and for treatment of a covered accident by a physician in the physician's office, clinic, urgent care facility, or hospital emergency room per insured person per calendar year. Treatment must be received within 96 hours of the accident to be payable.	\$200 5 days	\$400 5 days	

THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL COVERAGE (MEC) AS DEFINED BY THE FEDERAL AFFORDABLE CARE ACT (ACA).

The Hospital Indemnity Insurance is unavailable to participants in the following states: CO, CT, GU, KS, MA, MD, NJ, NY, OR, PR, SD, UT, VI, VT, and WA. This is a brief summary of Hospital Indemnity Insurance. Forms and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

OPTIONAL HOSPITAL INDEMNITY INSURANCE

CRITICAL ILLNESS BENEFIT AND SUBSEQUENT CRITICAL ILLNESS BENEFIT		
<p>When an insured person is diagnosed with an insured critical illness, the selected amount will be paid. This amount is payable up to two times for each insured person, first under the Critical Illness Indemnity Benefit and then under the Subsequent Critical Illness Indemnity Benefit, and is paid in addition to any other benefits paid by the policy. The Subsequent Critical Illness Indemnity Benefit is paid if the insured person is diagnosed as having a subsequent and separate covered critical illness more than sixty (60) days after the first one.</p> <p>After the waiting period has expired, benefits are payable for the following critical illnesses:</p> <ul style="list-style-type: none"> • Cancer (including Leukemia and Hodgkin's Disease, except Stage 1 Hodgkin's Disease); • Heart attack (diagnosis must be based on EKG changes consistent with injury, elevation of cardiac enzymes, and confirmatory imaging studies); • Stroke (the diagnosis must be based on documented neurological deficits and confirmatory neuroimaging studies); • End stage renal failure (chronic, irreversible failure of the function of both kidneys such that an insured person must undergo regular hemodialysis or peritoneal dialysis at least Monthly); • Major organ transplant (undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas); • Skin cancer including basal cell epitheloma or squamous cell carcinoma; does not include malignant melanoma or mycosis fungoides; • Carcinoma In Situ (cancer that is confined to the site of origin without having invaded neighboring tissue). <p>Dependant insured equal to 25% of this benefit.</p>	\$2,500	\$5,000

		PLAN OPTION 1	PLAN OPTION 3
ADDITIONAL BENEFITS			
Group Term Life with Accidental Death and Dismemberment	 Member - \$10,000; Spouse - \$5,000; Children - \$2,500 / child *	Included	Included
Prescription Benefit	 Brand/Generic, \$10 Formulary Generic / \$50 Formulary Brand; Mail \$30 Formulary Generic / \$150 Formulary Brand, \$750 Per Member / \$1,500 Per Family Annual Maximum *		
PPO Network offered by: MultiPlan	Member and covered dependents will receive contracted savings from the normal fees charged by network physicians, hospitals and outpatient X-ray and laboratory providers.		

HOSPITAL INDEMNITY MONTHLY PREMIUMS				
	MEMBER	MEMBER + SPOUSE	MEMBER + CHILD	FAMILY
PLAN OPTION 1	\$113.99	\$199.27	\$160.71	\$228.83
PLAN OPTION 3	\$158.30	\$295.64	\$230.60	\$341.41

THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL COVERAGE (MEC) AS DEFINED BY THE FEDERAL AFFORDABLE CARE ACT (ACA).

The Hospital Indemnity Insurance is unavailable to participants in the following states: CO, CT, GU, KS, MA, MD, NJ, NY, OR, PR, SD, UT, VI, VT, and WA. This is a brief summary of Hospital Indemnity Insurance. Forms and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

GUARANTEED ACCEPTANCE

DENTAL INSURANCE

SERVICES	COVERAGE	BASIC	PREFERRED
Type I - Diagnostic & Preventative**	100%	✓	✓
Type II – Basic Restorative Services***	80%	✓	✓
Type III – Major Restorative Services****	50%		✓
Annual Maximum (Applies individually to member and each covered family member per policy year.)		\$500	\$1,000
Annual Deductible (Applies to Type II and III)		\$50	\$50



PLAN TIER	MEMBER	MEMBER + SPOUSE	MEMBER + CHILDREN	FAMILY
Basic	\$18.39/month	\$30.47/month	\$36.62/month	\$52.08/month
Preferred	\$24.80/month	\$43.29/month	\$45.27/month	\$67.56/month

* Out of network reimbursement based on maximum allowable (MA). ** Type I services include: exams, cleanings, topical fluoride, space maintainers and bitewings *** Type II services include: x-rays, emergency treatment for pain, fillings, and simple extractions. **** Type III services include: denture repair, oral surgery (except TMJ), non-surgical periodontics, surgical periodontics, periodontal maintenance, crowns, inlays, onlays, veneers endodontics, prosthodontics and implants. (12 month waiting period for Type III); This is a brief summary of Dental Insurance. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy.

GUARANTEED ACCEPTANCE

VISION INSURANCE

Examinations and Lenses: Once every 12 months

Frames: Once every 24 months

Examination Co-Pay: \$10

Materials Co-Pay: \$25

BENEFITS	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER*
Examination	100% after Exam Co-Pay	Up to \$40
Single/Bifocal/Trifocal Lens (Standard Plastic)	100% after Materials Co-Pay	Up to \$40/\$60/\$80
Polycarbonate Lenses	\$0 for members under age 19, \$30 for members age 19+	N/A
Standard Progressive Lenses	\$50 additional co-pay	N/A
Standard Photochromic Lenses	\$60 additional co-pay	N/A
Frames**	100% after Co-Pay	Up to \$45
Contact Lenses - Medically Necessary***	\$250 allowance	Up to \$225
Contact Lenses - Elective****	\$100 allowance	Up to \$100
Contact - Fitting	\$30 allowance	N/A
Laser Eye Surgery	Discounted refractive eye surgery from selected provider locations.	




MEMBER	MEMBER + SPOUSE	MEMBER + CHILDREN	FAMILY
\$12.72/month	\$19.26/month	\$20.92/month	\$27.72/month

*All out-of-network reimbursement must be submitted to Advantica and are subject to co-pays. | ** 100% coverage applies to frames on Provider's special frame selection. If outside special frame selection, member receives a \$100 allowance. | *** Limited to Aphakia, Keratoconus or Severe Anisometropia and requires pre-authorization by Advantica. | **** This benefit is paid only once during the Group's Benefit Period and must be fully utilized at the time of purchase.

ACCIDENT INSURANCE

GUARANTEED ACCEPTANCE	Policy Description Highlights	Benefits
	Initial Hospitalization for Injury Benefit	\$500 per person, per calendar year
	Accident Emergency Treatment Benefit	\$100 for member or spouse paid once per covered accident; \$70 for children paid once per covered accident
	Accident Hospital Income Benefit	Hospital - \$100 per day up to 365 days per year with 30 days of accident ICU - \$300 per day up to 15 days per covered person per covered accident
	Appliances Benefit	\$100 per accident, per person
	Physical Therapy Benefit	\$50 per treatment, one treatment per day - up to six treatments per covered accident
	Prosthesis Benefit	\$500 per person, per covered accident
	Accident Follow-up Treatment Benefit	\$25 per visit up to a maximum of 3 treatments within 6 months per covered person, per covered accident
	Wellness Benefit	\$60 annual benefit for the insured or any covered family member after the first 12 mo. of paid premium
	Ambulance Benefit	\$150 Ground Ambulance \$600 Air Ambulance
Accidental Death Motorized Vehicle or Pedestrian Accidents	Member - \$25,000 Spouse - \$12,500 Child - \$2,500	
Common Carrier Accident	Member - \$35,000 Spouse - \$17,500 Child - \$3,500	
Accidental Dismemberment	Pays the percentage of the accidental death benefit: Both arms and legs - 100% Two arm or two legs - 50% Two eyes, hands, or feet - 50% One eye, hand, foot, arm, or leg - 20% One or more fingers and/or one or more toes - 5%	
Specific Sum Injuries	Pays benefits for dislocations, burns, ruptured discs, torn knee cartilage, eye injuries, lacerations, internal injuries, fractures, and for blood plasma. Benefits range from \$30-\$2,000. Ask for copy of rider for specific amounts payable and definitions and limitations for each specific accident. (Benefits will not be paid for services rendered by a member of the immediate family of a covered person)	
Benefits Covered	On or off the job accidents	

	MEMBER	MEMBER + SPOUSE	MEMBER + CHILDEN	FAMILY
	\$28.39/month	\$34.29/month	\$34.94/month	\$40.84/month

This is a brief summary Accident Insurance. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

CRITICAL ILLNESS INSURANCE

GROUP CRITICAL ILLNESS INSURANCE POLICY



What Is It?

Concentrate on your recovery, not your finances. Critical illness insurance provides a single cash benefit paid directly to you if you're diagnosed or treated for a covered critical illness -- giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses, such as car payments, the mortgage, groceries, or utility bills. Consider how you would manage if you were unable to work due to an illness.

Critical Illness Insurance

Policy Features	<ul style="list-style-type: none"> • Lump-sum benefits paid directly to the insured following the diagnosis of each covered critical illness • Insurance may be continued until benefits have been paid in full for each covered critical illness • Benefit amount available from \$5,000 up to \$50,000 for participants and \$25,000 for spouses • Annual health screening benefits
First Occurrence Benefit	An insured may receive up to 100% of the benefit selected upon the first ever diagnosis of each covered critical illness
Additional Occurrence Benefit	If an insured collects full benefits for a critical illness under the policy and later has one of the remaining covered illnesses in a separate category, we will pay the full benefit amount for any additional illness
Re-Occurrence Benefit	If an insured receives the full benefit for a covered condition and is later diagnosed with the same condition, we will pay 50% of the full benefit. The two dates of diagnosis must be separated by at least 12 months or 12 month treatment free for internal cancer

Covered Critical Illnesses

Illness covered under policy	Percentage of benefit amount	Additional Benefit
Heart Attack	100%	Heart Transplant Surgery 100%
Stroke	100%	Paralysis not due to stroke - all 4 limbs - 100%
Major Organ Transplant	100%	Burns - 3rd degree and 50% coverage - 100%
Renal Failure (end stage)	100%	Angioplasty/Stent - 5%
Invasive Cancer	100%	Prostate Cancer with TNM Classification of T1 - 25%
Carcinoma in Situ*	25%	Skin Cancer - 5%
Coronary Artery Bypass Surgery	25%	

* Payment of the partial benefit for Carcinoma in Situ will reduce the benefit for invasive cancer. Payment of the partial benefit for coronary artery bypass surgery will reduce the benefit for a heart attack.

\$ Sample Premiums - Non-Tobacco Rates \$

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-35	\$9.25	\$12.50	\$15.75	\$19.00	\$22.25	\$25.50	56-60	\$24.20	\$42.40	\$60.60	\$78.80	\$97.00	\$115.20
36-45	\$12.60	\$19.20	\$25.80	\$32.40	\$39.00	\$45.60	61-65	\$33.90	\$61.80	\$89.70	\$117.60	\$145.50	\$173.40
46-55	\$18.15	\$30.30	\$42.45	\$54.60	\$66.75	\$78.90	66+	\$37.40	\$68.80	\$100.20	\$131.60	\$163.00	\$194.40

MONTHLY

MONTHLY

GUARANTEED ACCEPTANCE UP TO \$50,000! 10 YEAR TERM LIFE INSURANCE

GUARANTEED ACCEPTANCE

POLICY DESCRIPTION	10 YEAR GROUP TERM LIFE INSURANCE
Benefit Levels	<ul style="list-style-type: none"> - Guaranteed Acceptance up to \$50,000 not to exceed 5 times salary. - Spouse Guaranteed Acceptance up to \$15,000. - Eligible dependent children acceptance is up to \$10,000; minimum is \$5,000
Evidence of Insurability	Guaranteed Acceptance
Portable	If an insured leaves the group for any reason, he or she may be able to continue this Voluntary Group Term Life Insurance coverage on a direct basis.
Convertible to Whole Life Policy	Opportunity to convert to permanent ¹ life insurance upon termination of insurance.
Accelerated Death Benefit for Terminal Illness Rider	Accelerates up to 50% of the life insurance death benefit (to a maximum amount of \$100,000) if an insured person is diagnosed for the first time with a terminal illness. Terminal illness is an illness that, in the best medical judgment, will result in death within 12 months. The accelerated amount will be deducted from the death benefit and this rider will terminate. We will deduct an administrative fee of \$100 and 12 months interest from the accelerated amount. Any remaining death benefit will be paid to the beneficiary upon the insured person's death.
Waiver of Premium Due to Layoff or Strike Rider	Waives the premium for up to six months in the event of involuntary layoff or strike. Waiver is limited to three layoffs/strikes, not to exceed a total of six months, per 12-month period. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals.
Accelerated Death Benefit for Long Term Care	Allows an insured to take an advance against the life insurance death benefit to help pay for long-term care. The percentage of death benefit available each month is 4% for up to 25 months when confined in a licensed nursing or assisted living facility, or 2% for 50 months when receiving home health or adult daycare. The Rider may not cover all costs associated with long term care incurred during the period of coverage.
Extension of Benefits for Long Term Care	If the insured's entire death benefit under the Accelerated Death Benefit for Long Term Care Rider has been paid and the insured continues to be chronically ill, the Extension of Benefits Rider allows an insured to have extended benefits. The benefit will be for 4% for confinement in a licensed nursing or assisted living facility, or 2% for home health care or adult day care service on a month-to-month basis, for up to an additional 25 months or 50 months respectively.
Accelerated Death Benefit for Critical Care Condition	Benefit amount is 25% of the life insurance death benefit. Allows the insured to receive an early payout of the life insurance death benefit in the event of these critical care conditions: cancer, heart attack, major organ transplant surgery, renal failure or stroke.



SAMPLE MONTHLY PREMIUMS FOR \$50,000 LIFE INSURANCE DEATH BENEFIT* (Non-smoker)

Age 25	Age 30	Age 35	Age 40	Age 45	Age 50
\$16.71	\$18.88	\$22.63	\$30.42	\$40.29	\$52.75

Issue ages are 16-75 for member and 16-65 for spouse. *Rates are based upon age and tobacco usage. ¹ Coverage could lapse prior to the maturity for non-payment of premiums. You must speak with a benefits expert to receive your applicable rate.

This is a brief summary of Group Term Life Insurance. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

GUARANTEED ACCEPTANCE UP TO \$50,000! UNIVERSAL LIFE INSURANCE



What Is It?

Universal Life Insurance is designed to last your lifetime. It combines life insurance protection with the ability to grow cash value over time. As long as your policy has earned sufficient cash value, you may borrow from it for any reason at a modest interest rate. You can use this loan for things such as paying college tuition, mortgage costs, or use it to pay for final expenses.

Policy Highlights	Group Universal Life Insurance Policy
Benefit Levels	Guaranteed issue up to \$50,000 for member and \$15,000 for spouse. Eligible dependent children is \$25,000 or \$10,000 for child term rider.
Eligibility	90 Days
Evidence of Insurability	Guaranteed Issue
Cash Value Accumulation	The policy builds with a minimum guaranteed interest rate of 3%
Portable	Yes. If you retire or leave your group, you can take comfort in knowing that your premium won't change because you leave.
Accelerated Death Benefit for Terminal Illness Rider	Accelerates up to 50% of the life insurance death benefit (to a maximum amount of \$100,000) if an insured person is diagnosed for the first time with a terminal illness. Terminal illness is an illness that, in the best medical judgment, will result in death within 12 months. The accelerated amount will be deducted from the death benefit and this rider will terminate. We will deduct an administrative fee of \$100 and 12 months interest from the accelerated amount. Any remaining death benefit will be paid to the beneficiary upon the insured person's death.
Waiver of Premium Due to Layoff or Strike Rider	Waives the premium for up to six months in the event of involuntary layoff or strike. Waiver is limited to three layoffs/ strikes, not to exceed a total of six months, per 12-month period. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals.
Accelerated Death Benefit for Critical Care Condition Rider	Benefit amount is 25% of the life insurance death benefit, up to \$100,000. Allows you to receive an early payout of the life insurance death benefit in the event of these critical care conditions: invasive cancer, heart attack, major organ transplant surgery, end stage renal failure or stroke.
Accelerated Death Benefit for Chronic Condition Rider	Accelerates a portion of the life insurance death benefit amount if an insured person is diagnosed with a covered chronic illness in the best medical judgment is unable to perform activities of daily living for a period of at least 90 days without human assistance; or has a severe cognitive impairment that is expected to be permanent or requires supervision to protect the insured's health or safety.
Extensions of Benefits for Chronic Condition Rider	After 100% of the death benefit amount has been accelerated for chronic condition rider and the insured employee or spouse continues to be eligible for benefits, we will begin increasing the Accelerated Death Benefit for Chronic Condition benefit amount by 4% so that the monthly accelerations can continue. Also issues a paid-up certificate for 25% of the death benefit amount to be paid to the beneficiary upon the insured person's death.
Extension of Long-Term Care Benefits with Paid-Up Insurance Benefit	If the insured's entire death benefit under the Accelerated Death Benefit for Long Term Care Rider has been paid and the insured continues to be chronically ill, the Extension of Benefits Rider allows an insured to have extended benefits. The benefit will be for 4% for confinement in a licensed nursing or assisted living facility, or 2% for home health care or adult day care service on a month-to-month basis, for up to an additional 25 months or 50 months respectively.

Sample Premiums* - Non-Smoker



AGE	AMOUNT YOU WILL PAY	AMOUNT OF DEATH BENEFIT
Age 25	\$27.85	\$50,000
Age 30	\$32.60	\$50,000
Age 35	\$39.08	\$50,000
Age 40	\$48.13	\$50,000

* Rates are based upon age and tobacco usage. You must speak with a benefits counselor to receive your applicable rate.

MONTHLY

Issue ages are 16-75 for member and 16-65 for spouse. *Rates are based upon age and tobacco usage. 1 Coverage could lapse prior to the maturity for non-payment of premiums. You must speak with a benefits expert to receive your applicable rate. This is a brief summary of Universal Life Insurance. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

MINIMUM ESSENTIAL COVERAGE*

The Minimum Essential Coverage (MEC) detailed in this guide is a self-insured health and welfare benefit plan for employers with at least one employee that gives access to important medical screenings, vaccines, counseling and more to help participants stay healthy. The MEC offered is penalty proof protecting you from taxation under the Individual Mandate of the Affordable Care Act.

The below services are covered 100%, as long as, members use a MultiPlan In-Network Provider.

100% COVERED SERVICES (IN-NETWORK)

COVERED PREVENTIVE SERVICES FOR CHILDREN

NEWBORNS AND CHILDREN

Newborn Screenings: Hearing, Hemoglobinopathies, Congenital Hypothyroidism, Phenylketonuria (PKU), **Other Services:** Iron supplements (up to 12 months, when prescribed), Gonorrhea prophylactic medication

Child Screenings: Visual Acuity (age 3-5), Dental caries prevention (ages 6 months-5)

TEENS

Screenings: HIV, Hepatitis, Depression (age 12+), Sexually Transmitted Infection (STI) prevention counseling, Skin cancer behavioral counseling (age 10 to 24 with fair skin)

VACCINATIONS

(From birth - age 18): Hepatitis, Human Papillomavirus, Influenza (flu shot or intranasal), Measles, Mumps Rubella, Tetanus, Varicella, Pneumococcal, Diphtheria, Meningococcal, Pertussis, Rotavirus, TD, Haemophilus influenza type B, Inactivated Poliovirus

GENERAL

Screenings: Obesity (counseling included, ages 6 to 18), Tobacco (counseling + cessation intervention included)

including pregnant women

ADDITIONAL PREVENTIVE SERVICES FOR WOMEN

SCREENINGS

Cervical cancer-Type A (21-65), Type B (30-65), Gonorrhea, HIV, Syphilis, Chlamydia, Tobacco, BRCA genetic testing (for women at higher risk), Domestic interpersonal violence, Breast cancer mammography (age 40+) (1 time: every 2 years), Breast cancer preventative medications (for women of higher risk)(tamoxiphin), and Osteoporosis (age 65+), Well Woman visits

COUNSELING

Sexually Transmitted Infections (STI), HIV, Tobacco, Alcohol misuse (18+), Obesity, BRCA, Domestic interpersonal violence

COVERED PREVENTIVE SERVICES FOR ADULTS

SCREENINGS

Blood pressure, Cholesterol (35+ or age 20 - 35 if increased risk for Coronary Heart Disease, Diabetes, Obesity, Depression, Alcohol misuse, Abdominal Aortic Aneurysm (men age 65-75), Colorectal cancer (age 50-75), Lung cancer (for age 55 - 80 who smoke 30 packs/year), Hepatitis, HIV, Syphilis

VACCINATIONS

Hepatitis, Herpes Zoster (60+), influenza (flu shot), Pneumococcal, Tdap (Tetanus, Diphtheria, Pertussis)

COUNSELING

Healthy Diet, Tobacco, Alcohol misuse, Obesity, Skin cancer behavioral (for ages 18 - 24 with fair skin), Sexually Transmitted Infection (STI) prevention

OTHER SERVICES

Aspirin use for men (ages 45 - 79) and for women (ages 55 - 79) to prevent CVD when prescribed by a physician, Fall prevention to include physical therapy and vitamin D supplementation (ages 65+), Tobacco cessation interventions

CONTRACEPTION AND PREGNANCY

Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs

Folic acid supplements (when prescribed by a physician for women who may become pregnant), Bacteriuria screening (12 to 16 weeks gestation)

Gestational Diabetes screening (after 24 weeks), Rh Incompatibility screening, Hepatitis B screening

Anemia (on a routine basis for pregnant women), Breastfeeding counseling

For additional information, visit: <http://healthcare.gov/what-are-my-preventative-care-benefits> as benefits are subject to change. Or reference the Summary Plan Document for a list of Wellness & Preventative services offered In-Network (MultiPlan).

MONTHLY PREMIUM	MEMBER	MEMBER + SPOUSE	MEMBER + CHILD	FAMILY
MEC	\$66.50	\$125.35	\$114.65	\$173.50

*Insurance coverage is provided on a level-funded basis through Providence Insurance Company, LLC.

NAWP MEMBERSHIP EXCLUSIVE FREE PRESCRIPTION DISCOUNT CARD

ADDITIONAL BENEFIT

As a member of NAWP, you have access to this free prescription discount card. This card can be used on prescriptions for you and your family with savings up to 75% off retail prices. Simply detach card and begin taking advantage of this exclusive at participating pharmacies.



Prescription Discount Card Highlights

- This card can be used to get discounts on most brand name and generic medications, with discounts up to 75%.
- The card is pre-activated and can be used immediately at over 68,000 pharmacies nation wide.
- All prescriptions processed through the program are confidential.
- Great for people with Health Savings Accounts (HSAs), High Deductible plans or non-covered medication.

This card is yours and ready to use at participating pharmacies! Simply tear it out and fold along center line.

<div data-bbox="178 1549 698 1621" data-label="Section-Header"> <h3>Rx Prescription Drug Card</h3> </div> <div data-bbox="217 1635 548 1659" data-label="Text"> <p>Name: _____</p> </div> <div data-bbox="178 1661 565 1703" data-label="Text"> <p>Member ID: Enter Year & Time <i>(Example: Year 2016; Time 9:14; Enter ID 2016914)</i></p> </div> <div data-bbox="207 1705 324 1753" data-label="Text"> <p>RxGRP: NAWP RxBIN: 610709</p> </div> <div data-bbox="198 1757 368 1782" data-label="Text"> <p>Program: UNA Rx Card</p> </div> <div data-bbox="172 1782 474 1808" data-label="Text"> <p>Powered by: UNA </p> </div> <div data-bbox="540 1705 807 1799" data-label="Text"> <p>Compliments of: National Association of Workplace Programs</p> </div> <div data-bbox="175 1829 574 1898" data-label="Text"> <p><small>NOTE: This card is being provided to you at NO COST. There are no forms to fill out. Simply take this card into a participating pharmacy with your Rx to qualify for discounts on medications. Each family member must have his/her own card. This card has been pre-activated for immediate use! To obtain information and to print additional cards visit www.nawp.us.</small></p> </div> <div data-bbox="602 1835 815 1902" data-label="Text"> <p><small>Pharmacy Helpline: 800-223-2146 Customer Service: 877-321-6755 This program is not insurance. This is a point-of-sale discount plan.</small></p> </div>	<div data-bbox="1036 1551 1305 1575" data-label="Section-Header"> <h4>PARTICIPATING PHARMACIES</h4> </div> <div data-bbox="852 1579 1502 1890" data-label="Image"> </div>
---	---

FRONT

BACK

Customer Service Center
P.O. Box 11528
Knoxville, TN 37939

ATTENTION Self-Employed Individual



DON'T MISS OUT ON YOUR CHANCE TO ENROLL!



CALL M - F, 8 AM - 7 PM
866-667-8415
Hablamos español!



Shop Online:
isagenix.enroll1st.com

IT'S TIME TO CHOOSE YOUR 2018 BENEFIT OPTIONS

Avoid the tax.

Without compliant medical benefits, you'll pay a tax penalty

Get covered.

Compliant Medical options protect you from the 2018 tax penalty

Additional Benefits.

Protect you and your family with additional benefits: Dental, Vision, Accident, Life Insurance and more!

Call 866-667-8415

8-24-17

Go online to explore your options visit isagenix.enroll1st.com