UNDERWRITTEN BY:

LIFESHIELD NATIONAL INSURANCE CO

LifeShield STM

LifeShield STM is available directly to policyholders or to members of the Med-Sense Guaranteed Association (depending on state). LifeShield STM Provides affordable, temporary health insurance tailored to fit any lifestyle and budget.

Association Membership **Underwritten by** **Billing and Customer Service**

MSGA Med Sense Guaranteed Association

LIFESHIELD NATIONAL INSURANCE CO

HEALTH INSURANCE INNOVATIONS

Plan Benefits

Deductible Options	*$1,000, $2,500, $5,000, $7,500, $10,000*
Coinsurance Options	50/50, 70/30, 80/20, or 100/0
Coverage Period Maximum	$250,000, $750,000, $1,000,000
Length of Coverage	*Available for up to 36 months of coverage depending upon state regulations*
Network	*PHCS Network*
Coverage Effective Date	Next day coverage; later effective date available, but not to exceed 60 days from date of transmission
Eligibility	**18 - 64** Child only coverage available for ages 2-25
Waiting Period	5 days for sickness 30 days for cancer

Reapply Rules

Arizona – 1 reapply of 180 days or less in any 12-month period
Colorado – Cannot exceed 2 STM polices (any carrier) in a 12-month period
West Virginia – Reapplies are not allowed
Minnesota – May not have more than 365 days of coverage within 555 days
Nevada – Total days may not exceed 185 days in any given 365 day period
Oregon: - Must wait 61 days before you can reapply for a new policy

Pre-existing Waiver rider:

Pre-Existing Waiver rider option will waive any conditions that were covered during the prior coverage period, which mean consumers will not have to re-qualify for another term to begin. Pre-existing Waiver rider is only available on Plan 1.

In a state with a maximum policy duration of 6 months, you have the option to select:

- 6 months
- up to 36 months with Pre-Existing Conditions Waiver Rider (available on Plan 1 only)
- up to 36 months without Pre-Existing Conditions Waiver Rider
- Prepay up to 180 days

In a state with a maximum policy duration of up to 12 months, you have the option to select:

- 6 months
- 364 days
- up to 36 months with Pre-Existing Conditions Waiver Rider
- up to 36 months without Pre-Existing Conditions Waiver Rider (available on Plan 1 only)
- Prepay up to 180 days

How will consecutive policy terms work?

When a customer applies for consecutive policy terms in one enrollment, they will be issued their initial term of coverage, and subsequent terms will be pending. This will work similarly to how 3x2 plans work today

Customers will not have to reapply for additional terms. When subsequent terms of coverage are set to begin, the customer will receive an email stating their plan has continued into the next term. The email will provide them with their new monthly rate (if applicable), and they will have the opportunity to opt out at this time.

Will the plan benefits carry-over between terms?

Deductible and coinsurance and all benefit limits will reset with each policy term.
If the customer has selected the pre-ex waiver rider, the policy waiting periods for sickness and cancer will be waived in subsequent terms. If the customer has not selected the pre-ex waiver, new policy waiting periods will apply to each term.

Will my customer have a new Member ID for each term of coverage?

Rather than issue a new member ID for each term, all policies will be issued one member ID number and will retain the same member ID for each subsequent term.

Will my customer be able to reapply as many times as they wish?

Depending on state reapplication rules, we will allow the customer to reapply for as many terms as they would like, with a day break in coverage between each 36 month purchase.If the waiver of pre-existing conditions is purchased on plan 1, each block of consecutive plans will have a new waiver of pre-existing conditions.

For single terms of 3, 6, or 12 months, the customer will have the option to reapply after the initial term of coverage.

What options are available to customers who currently have a 3x2?

Customers who are currently enrolled in the first or second term of their 3x2 plan will be offered the option to utilize the express reapply tool and continue to another 3x2 plan. In lieu of a second 3x2 plan, the customer will have the option to select a 6 month of 12 month term, with a continuation on their pre-existing conditions rider.

Plan Benefits

	Plan 1	Plan 2
Coinsurance	70/30, 80/20, 100/0	50/50, 70/30, 80/20, 100/0
Deductible	$1,000, $2,500, $5,000, $7,500	$1,000, $2,500, $5,000, $7,500. $10,000
Out-Of-Pocket Maximum	$2,000, $3,000, $4,000	$2,000, $3,000, $4,000, $5,000
Coverage Period Maximum	$250,000, $750,000, $1,000,000	$250,000, $750,000, $1,000,000

Unless specified otherwise, the following benefits are for Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out-Of-Pocket Maximum and Policy Maximum chosen. Benefits are limited to the Maximum Allowable Expense or each Covered Expense, in addition to any specific limits stated in the policy.

Doctor Office Consultation		
Copay	$30 Copay, maximum 3	$40, unlimited
Wellness Benefit Copay	$50 Copay, maximum 1	$50 copay, maximum 1
Inpatient Hospital Services		
Average Standard Room Rate	$1,000 per day	Average Standard Room Rate
Hospital ICU	$1,250 per day	Average Standard Room Rate
Doctor Visits	$50 per day, maximum $500	Subject to Coinsurance and Deductible
Outpatient Services		
Surgical Facility	$1,250 per day	Subject to Coinsurance and Deductible
Outpatient Surgery Deductible	N/A	$500 Additional deductible applies, maximum 3
Emergency Room - deductible	N/A	$500 Additional deductible applies
Emergency Room - benefit	$250 per visit	Subject to Coinsurance and Deductible
Advanced Diagnostic Studies Deductible	N/A	$500 per occurrence
Ambulance	Injury and Sickness: $250 per transport	Injury and Sickness: $250 per transport
Extended Care Facility	$150 per day, maximum 30 days	$150 per day, maximum 30 days
Home Health Care	$50 per visit, maximum 30 days	$50 per visit, maximum 30 days
Physical, Occupational and Speech Therapy	$50 per day, maximum 20 visits	$50 per day, maximum 20 visits
Mental Disorders		
Inpatient	$100 per day, maximum 31 days	$100 per day, maximum 31 days
Outpatient	$50 per day, maximum 10 visits	$50 per day, maximum 10 visits
Substance Abuse		
Inpatient	$100 per day, maximum 31 days	$100 per day, maximum 31 days
Outpatient	$50 per day, maximum 10 visits	$50 per day, maximum 10 visits

Covered Medical Expenses

The following benefits are for the Insured and each Covered Dependent subject to the plan Deductible, Coinsurance Percentage, Out Of Pocket Maximum, Additional Deductibles, and Coverage Period Maximum Benefit. Benefits are limited to the Maximum Allowable Expense for each Covered Eligible Expense, in addition to any specific limits stated in the policy.

- Preventive / Wellness Care
- Doctor's office consultation / Urgent Care in excess of a $30 or $40 copay; this benefit is not subject to the Plan Deductible or Coinsurance Percentage
- Outpatient and Inpatient Treatment for Mental and Nervous Disorders
- Outpatient and Inpatient Treatment for Substance Abuse
- Organ and Tissue transplants
- Inpatient prescription drugs
- Physical, Occupational, and Speech Therapy $50 per day and 20 visits combined
- Ambulance Transportation maximum benefit $250 (If admitted to hospital due to sickness)
- Outpatient Hospital or Emergency Room Care
- Inpatient Room & Board, including Intensive Care
- Outpatient Miscellaneous Medical Services, doctors medical care and treatment performed in a hospital
- Home Health Care benefit $50 per visit for a maximum of 1 visit per day and 30 Home Health Care visits.
- Extended Care Facility up to $150 per day for a maximum of 30 days
- Outpatient Surgical Facility
- Surgeon services in the hospital or outpatient surgical facility

Note: This is a brief description of the plan benefits, which may vary by state.

Medical Expenses Not Covered

Loss caused by, contributed to, or resulting from the following is excluded or otherwise limited as specified:

1. Pre-Existing Conditions:

a. Charges resulting directly or indirectly from a condition for which a Covered Person received medical treatment, diagnosis, care or advice, including diagnostic tests or medications, within the 60 month period immediately preceding such person's Certificate Effective Date are excluded for the first 364 days of coverage hereunder.

b. Pre-Existing Conditions includes conditions that produced any symptoms which would have caused a reasonable prudent person to seek diagnosis, care, or treatment within the 60 month period immediately prior to the Covered Person's Certificate Effective Date of coverage under the Policy.

This exclusion does not apply to a newborn child or newborn adopted child who is added to coverage in accordance with PART II – ELIGIBILITY AND EFFECTIVE DATE OF INSURANCE.

2. Waiting Period:

a. Covered Persons will only be entitled to receive benefits for Sicknesses that begin, by occurrence of symptoms and/or receipt of treatment, more than 5 days following the Covered Person's Certificate Effective Date of coverage under the Policy.

b. Covered Persons will only be entitled to receive benefits for Cancer that begins, by occurrence of symptoms or receipt of treatment more than 30 days following the Covered Person's Certificate Effective Date of coverage under the Policy.

3. Charges during the first 6 months after the Certificate Effective Date of coverage for a Covered Person for the following:

a. Total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis of carcinoma;

b. Tonsillectomy;

c. Adenoidectomy;

d. Repair of deviated nasal septum or any type of surgery involving the sinus;

e. Myringotomy;

f. Tympanotomy;

g. Herniorraphy; or

h. Cholecystectomy.

However, if such condition is a Pre-Existing Condition, any benefit consideration will be in accordance with the Pre-Existing Conditions limitation.

4. The benefits payable for the following conditions or procedures are limited to the specified amounts shown in the Schedule of Benefits:

a. Kidney stones

b. Appendectomy

c. Joint or tendon Surgery

d. Knee Injury or disorder

e. Acquired Immune Deficiency Syndrome (AIDS)/ Human Immuno deficiency Virus (HIV)

f. Gallbladder Surgery

5. Charges which are not incurred by a Covered Person during his/her Coverage Period.

6. Charges which exceed any limits or limitations specified in this Certificate, including the Schedule of Benefits.

7. Charges for services of supplies in excess of the Maximum Allowable Expense.

8. Charges for services or supplies which are not administered by or under the supervision of a Doctor.

9. Mental, emotional or nervous disorders or counseling of any type, except as specifically covered as an Eligible Expense.

10. Marital counseling or social counseling.

11. Treatment for Substance Abuse, unless specifically covered under the Policy as an Eligible Expense.

12. Prescription Drugs, except those administered by a Doctor in an Inpatient or Outpatient setting covered under this Policy as an Eligible Expense.

13. Medications, vitamins, and mineral or food supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor.

14. Any drug, treatment, or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.

15. Any drug, treatment or procedure that corrects impotency or non-organic sexual dysfunction.

16. Modifications of the physical body in order to improve the psychological, mental or emotional well-being of the Covered Person, such as sex-change surgery.

17. Cosmetic Treatment, except for re-constructive surgery where expressly covered under the Policy.

18. Weight modification or surgical treatment of obesity.

19. Eye surgery, including LASIK, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.

20. Dental Expenses, except as necessary to restore or replace sound and natural teeth lost or damaged as a result of an Injury. The Injury must be severe enough that the contact with the Doctor occurs within seventy-two (72) hours of the Accident, unless extenuating circumstances exist due to the severity of the Injury that prevent you from contacting the Doctor.

21. Expenses incurred in the treatment by any method for jaw joint problems including temporomandibular joint dysfunction (TMJ), TMJ pain syndromes, craniomandibular disorders, myofacial pain dysfunction or other conditions of the joint linking the jaw bone, and skull and the complex of muscles, nerves, and other tissues related to the joint, unless specifically covered under the Policy as an Eligible Expense.

22. Routine pre-natal care, Pregnancy, child birth, and post natal care. (This exclusion does not apply to "Complications of Pregnancy" as defined.)

23. Charges for a Covered Dependent who is a newborn child not yet discharged from the Hospital, unless the charges are Medically Necessary to treat premature birth, congenital Injury or Sickness, or Sickness or Injury sustained during or after birth.

24. Sclerotherapy for veins of the extremities.

25. Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.

26. Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless related to a covered Injury.

27. Surgeries, treatments, services or supplies which are deemed to be Experimental Treatment.

28. Chronic fatigue or pain disorders.

29. Kidney or end stage renal disease.

30. Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.

31. Treatment for cataracts.

32. Treatment of sleep disorders.

33. Treatment required as a result of complications or consequences of a treatment or condition not covered under this Certificate.

34. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).

35. Treatment for acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.

36. Treatment for or related to any Congenital Condition, except as it relates to a newborn child or newborn adopted child added as a Covered Person pursuant to the terms of this Certificate.

37. Treatment, medication, or hormones to stimulate growth, or treatment of learning disorders, disabilities, developmental delays or deficiencies, including therapy.

38. Spinal manipulation or adjustment.

39. Biofeedback, acupuncture, recreational, sleep or MIST Therapy®, holistic care of any nature, massage and kinestherapy, excepted as provided for under Home Health Care.

40. Hypnotherapy when used to treat conditions that are not recognized as Mental Disorders by the American Psychiatric Association, and non-medical self-care or self-help programs.

41. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, orthoptics, visual eye training, and any examination or fitting related to these devices, and all vision and hearing tests and examinations.

42. Care, treatment or supplies for the feet, orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions and treatment of corns, calluses or toenails.

43. Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Doctor.

44. Exercise programs, whether or not prescribed or recommended by a Doctor.

45. Telephone or Internet consultations and/or treatment or failure to keep a scheduled appointment.

46. Charges for travel or accommodations, except as expressly provided for local ambulance.

47. All charges incurred while confined primarily to receive Custodial or Convalescent Care.

48. Services received or supplies purchased outside the United States, its territories or possessions, or Canada unless specifically covered under the Policy as an Eligible Expense

49. Any services or supplies in connection with cigarette smoking cessation.

50. Any services performed or supplies provided by a member of a Covered Person's Immediate Family.

51. Services received for any condition caused by a Covered Person's commission of or attempt to commit an assault, battery, or felony, whether charged or not, or to which a contributing cause was the Covered Person being engaged in an illegal occupation.

52. Services or supplies which are not included as Eligible Expenses as described herein.

53. Participating in hazardous occupations or other activity including participating, instructing, demonstrating, guiding or accompanying others in the following: operation of a flight in an aircraft other than a regularly scheduled flight by a commercial airline, professional or semi-professional sports, extreme sports, parachute jumping, hot-air ballooning, hang-gliding, base jumping, mountain climbing, bungee jumping, scuba diving, sail gliding, parasailing, parakiting, rock or mountain climbing, cave exploration, parkour, racing including stunt show or speed test of any motorized or non-motorized vehicle, rodeo activities, or similar hazardous activities. Also excluded is Injury received while practicing, exercising, undergoing conditional or physical preparation for such activity.

54. Injuries or Sicknesses resulting from participation in interscholastic, intercollegiate or organized competitive sports. This does not include dependent children participating in local community sports activities.

55. Injury resulting from being under the influence of or due wholly or partly to the effects of alcohol or drugs, other than drugs taken in accordance with treatment prescribed by a Doctor.

56. Intentionally self-inflicted Injury or Sickness (whether the Covered Person is sane or insane).

57. Charges resulting from a declared or undeclared war, or from voluntary participation in a riot or insurrection.

58. Charges incurred by a Covered Person while on active duty in the armed forces. Upon written notice to Us of entry into such active duty, the unused premium will be returned to the Covered Person on a prorated basis.

59. Costs for Routine Physical Exams or other services not needed for medical treatment, unless specifically covered under the Policy as an Eligible Expense.

60. Charges You or Your Covered Dependent are not required to pay, or which would not have been billed, if no insurance existed.

61. Charges to the extent that they are paid or payable under other valid or collectible group insurance or medical prepayment plan.

62. Charges that are eligible for payment by Medicare or any other government program except Medicaid. Costs for care in government institutions unless You or Your Covered Dependent are obligated to pay for such care.

63. Charges related to Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit, if the Covered Person is insured, or is required to be insured, by occupational disease or workers' compensation insurance pursuant to applicable state or federal law, whether or not application for such benefits have been made.

64. Medical expenses which are payable under any automobile insurance policy without regard to fault (does not apply in any state where prohibited).

LifeShield National Insurance Co. Agent Code of Ethical Conduct

As an agent for LifeShield National Insurance Co. you represent our company to the public, and you embody our professional reputation in your dealings with clients. Our Company supports the Principles of the Insurance Marketplace Standards Association. We ask that all our representatives review and understand the following statement as your commitment to the highest standards of doing business:

- I will treat my clients as I would want to be treated.
- I will study the terms and provisions of any policy, which I will sell so that I can relate it accurately to the potential buyer.
- I will ask questions to learn the client' s situation so I may assist the client in selecting a product that is appropriate to the client's needs retirement plans tolerance for risk, and financial situation.
- I will conduct all business with honesty fairness and integrity.
- All advertising and sales materials I use and comments I make in the sales process will be based on fact.
- I will refrain from focusing sales on inappropriate, disparaging allegations about comparisons of features and benefits.
- I will comply with all applicable insurance laws and regulations, and with all state and federal laws regarding fair competition.

Telephone Consumer Protection Act

It is important that each Agent and their MGA's review the practices that are prohibited by the Telephone Consumer Protection Act 47. According to the Federal Communications Commission (FCC), which issues the TCPA rules, auto-dialed or pre-recorded telephone calls to cellular telephone numbers are prohibited unless made with "prior express consent" of the consumer.


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