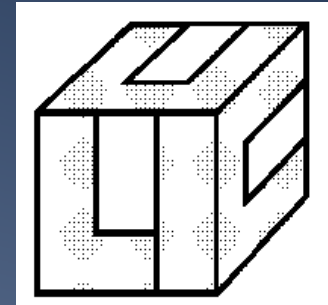


Unified RightMed



Limited Benefit Health Insurance Plans
For Individuals and Families

Exclusively for Members of the National Congress of Employers



LIMITED MEDICAL INDEMNITY PLANS

Benefits are based on an annual period from effective date. There is a 30 day waiting period for all sickness benefits.	Benefit Description (Per Insured)	300	500	750	1000	1000 Plus
Doctor's Office Visit (Primary Care or Specialist): The carrier will pay the benefit shown if you incur charges for and require a doctor's office visit due to injuries received in an accident or due to an illness.	Per Visit Maximum Visits	\$50 5	\$50 5	\$50 5	\$75 5	\$100 5
Emergency Room: The carrier will pay the benefit shown when an emergency room visit is made due to an accident or illness.	Per Visit Maximum Visits	\$50 1	\$50 1	\$75 1	\$100 1	\$200 1
Hospital Admission: The carrier will pay the benefit shown when admitted to a hospital due to accident or sickness.	Per Admission	N/A	N/A	N/A	N/A	\$1,000
Hospital Confinement: The carrier will pay the benefit shown if you incur charges for and are confined in a hospital due to accident or sickness.	Per Day Maximum Days	\$300 30	\$500 30	\$750 30	\$1,000 30	\$1,000 30
ICU/CCU: The benefit will only be payable if the Hospital Confinement Benefit is also payable. Benefit will be payable in addition to the Hospital Confinement Benefit.	Per Day Maximum Days	N/A	N/A	N/A	N/A	\$1,000 15
Surgery and Anesthesia (Inpatient and Outpatient): The carrier will pay the benefit shown if you undergo a surgical procedure due to an accident or illness. *Reimbursements are based on the 2010 Medicare/RBRVS benefit schedule. No coinsurance is applicable. The indemnity benefit is paid according to the percentage of RBRVS included in the plan selected.	RBRVS* Percentage 3 Maximum Surgeries per Annual Period Anesthesia Percentage of amount paid to Surgeon	50% 20%	70% 20%	80% 20%	100% 20%	100% 25%
Wellness and Preventive Care: Coverage for routine examination or well child care. Covered services include: medical history, immunizations, physical examination, X-rays and laboratory tests including a Pap test, colorectal screening, prostate cancer screening, mammography and bone density screening.	Per Visit Maximum Visit	\$100 1	\$100 1	\$100 1	\$100 1	\$200 1
Diagnostic, X-Ray and Laboratory Tests: The carrier will pay the benefit shown if you incur charges for Outpatient diagnostic, x-ray, and/or laboratory testing caused by an accident or illness.	Per Visit Maximum Visits	N/A	\$50 2	\$50 2	\$75 3	\$200 3
Accidental Death Benefit: Covered Spouse – 50% of Benefit - Covered Child(ren) – 25% of Benefit	Maximum Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000



NCE Membership Benefits

Consumer Discount Benefits

Category	Products/Services	Typical Savings
Vision Care	Optometry, laser vision correction, mail-order products	5 - 50%, Annual exams for \$40 max Laser vision correction: 5-15%
Dental care	General and cosmetic dentistry, orthodontics, specialty care	10-35%
Alternative Care	Chiropractic, acupuncture, massage therapy, naturopathy	20%
Wellness	Weight management, smoking cessation, fitness equipment	10-50%
Long-term Care Services	Nursing and assisted living facilities, home health care, hospice/respite, homemaker and personal care	5-30%
Hearing	Hearing aids	Lower of 30% off MSRP or \$300 off total retail price
Infertility Treatment	Reproductive endocrinology, IVF	5-20%

Monthly Membership

(Does Not Include One-Time NCE Non-Refundable Enrollment Fee: \$135)

	300	500	750	1000	1000 Plus
Individual	\$199	\$266	\$305	\$409	\$658
Individual Plus Spouse	\$341	\$475	\$553	\$761	\$1,259
Individual Plus One Child	\$309	\$430	\$500	\$687	\$1,136
Family (unlimited family members)	\$433	\$614	\$720	\$1,000	\$1,672