

EXPECTED BENEFITS



BENEFITS YOU EXPECT AT PRICES YOU CAN AFFORD



Are you going without health insurance?

Did you find ACA plans Un-Affordable?

Was your Premium Subsidy Too Small to offset the cost?

Did you Miss Open Enrollment?

Did you Lose Dependent Coverage at work?

Do you want to Offer Your Employees Affordable Benefits?

Protect your family from CLAIMS

Expected Benefits is a new type of Private Medical Insurance that pays for Un-Expected Illness or Injury versus the more expensive coverage options provided by the Affordable Care Act (ACA). Those who are Self-Insured can now pay for coverage **they need and can afford**. Our plans pay benefits up to \$5 Million without network restrictions.

ACA PLAN	SELF-INSURED (UN-INSURED)	EXPECTED BENEFITS
Claims Funded after Large Deductibles & Co-Insurance	Claims Funded with Your Assets	Claims Funded with Expected Benefits
High Premiums That Increase Every Year	100% of Risk	No Deductibles No Co-Insurance
Limited Providers	Pay Providers Up-Front in Cash	Premiums are both Affordable & Stable
		Works with Any Provider

OUR PARTNERS PROVIDE ADDITIONAL UNLIMITED SERVICES AT NO COST



Talk to an experienced, US board certified doctor in minutes.



Imagine a world without waiting rooms.

Teladoc provides you with phone, video and mobile app access to licensed US physicians, 24 hours a day, 7 days a week. Need medical advice at 2 a.m. or a prescription while traveling? Teladoc delivers the finest physician care - anytime, anywhere, for anyone.



Quality, 24/7 care by phone, video or mobile app

 **8min**

Average call-back time

 **92%**

of calls resolved successfully

 **95%**

Customer satisfaction

 **1MM**

Consults provided in 2016

How it works:



Complete your medical history

You are required to complete your medical history online, by phone, or by faxing a paper form prior to requesting a consultation



Request a phone or video consultation

Simply log on to your account or call Teladoc, 24 hours a day, 7 days a week, to request a telephone or video consultation.



Speak with a doctor about your issue

A board-certified physician, licensed in your state reviews your medical history and provides a consultation over the phone or through video, just like an in-person visit.



Receive treatment for your issue

The physician recommends the right treatment for your medical issue. If a prescription is necessary, it is sent electronically to your pharmacy of choice.



Provide feedback on your experience

We send a follow up email to ensure you received the care you needed and see if you have any feedback on your experience.



TELADOC[®]

The highest standards create the highest quality of care.

Our doctors are:

- ✓ Board-certified in internal medicine, family practice, emergency medicine or pediatrics
- ✓ Licensed in their respective states
- ✓ Experienced, with an average of 15 years of practice
- ✓ U.S. residents, living and working in the United States
- ✓ Extensively trained on providing care via telemedicine
- ✓ Credentialed to standards certified by the National Committee of Quality Assurance
- ✓ Successful at resolving 92% of patient issues on the first call

Getting the care you need is easy

It's like a regular office visit, only better, faster and more convenient!

Use Teladoc When:

- You're on vacation, a business trip or away from home
- Your primary care physician is not available
- You can't afford a trip to the doctor's office
- You'd like a medical issue explained
- You're thinking of going to urgent care or the ER for a non-emergency issue
- You have a health related question
- You'd like your lab results analyzed
- And more!

Top 10 diagnoses

- Sinus problems
- Urinary tract infection
- Pink eye
- Bronchitis
- Upper respiratory infection
- Nasal congestion
- Allergies
- Flu
- Cough
- Ear Infection

The prescription process

- We follow all best practices in prescription management
- Our doctors follow CDC guidelines for prescribing medicine
- We do not prescribe controlled substances, psychiatric or lifestyle drugs
- We have a 98% generic prescribing rate, saving you money
- We maximize member convenience through e-prescribing

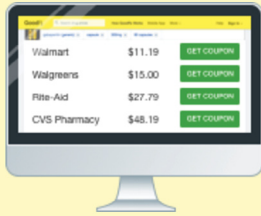
In partnership with  www.teladoc.com
1-800-835-2362

The quality care you need with the convenience you want.
Speak to a licensed doctor by web, phone or mobile app in under 10 minutes!

Stop paying too much for your prescriptions!

FIND THE LOWEST PRICE

1



Compare prices

GoodRx collects prices & discounts from over 60,000 U.S. pharmacies

2



Print free Coupons

Or send coupons to your phone by email or text message

3



Save up to 80%

Show the coupon to your pharmacist for massive savings on your meds



Use LabCorp to save from 50% - 81% on over 400 tests.

LabCorp is a leading global life sciences company. With a mission to improve health and improve lives, LabCorp delivers world-class diagnostic solutions, brings innovative medicines to patients faster and uses technology to improve the delivery of care.

Using LabCorp is easier than ever!



1
Locate a lab most convenient to you and schedule an appointment for your test



2
Prepare for your lab test by following your Doctor's instructions on fasting or avoidance of certain medications



3
Arrive at the lab of your choice and submit your labwork for testing



4
Login to your LabCorp Patient Portal 7-10 days after your test to view your lab results

Research to Improve Lives

LabCorp and its subsidiaries are in the business of improving health. We have opportunities for our patients to participate in the research that can improve the quality of their lives and the lives of others. The research can take many forms, including clinical trials, medical device trials, and other types of research to develop new health care solutions. To learn more, please register for or login to your LabCorp Patient portal account.

Contact LabCorp at
888-522-2677





Karis is... a concierge-type service where policyholders are served by professional healthcare Advisors. they get results for people who are dealing with the healthcare marketplace- before, during or after an event. **Only available to eligible policyholders.** Services can be accessed via toll-free number **800-556-8452** or open an inquiry (“case”) via Karis’ website.

PATIENT ADVOCACY BEFORE, DURING AND AFTER A HEALTHCARE EVENT



Healthcare Navigator

- Based on the policyholders input and preference, an Advisor will search for doctors, hospitals and other healthcare services in the policyholder’s area and schedule their appointments, if needed
- Advisors will assist in finding the most affordable & convenient solution to their prescription drug needs
- Karis360 Advisors will provide cost estimates for various outpatient procedures including X-rays, mammograms, colonoscopies, MRI, and lab testing
- Advisors can help find alternative care in areas such as Acupuncture, Massage Therapy, Homeopathic and Naturopathic medicine
- Advisors will schedule primary care and specialist visits, labs, imaging, flu shots and more all the policyholder’s schedule and convenience
- Karis Advisors can organize the transfer of a medical record between providers to ensure their care providers are working with accurate information while saving policyholders the time and effort of getting this done



Surgery Saver

- Helps policyholders when a non-emergency surgical procedure is being considered
- Karis’ specialized Advisors provide a cost, quality and availability comparison of up to 5 healthcare facilities in the policyholder’s area
- Comparison includes the prescribing physician and their preferred facility



Bill Negotiator

- The Karis team of experts focus on reducing the policyholder’s out-of-pocket portion of medical bills after insurance benefits have been applied, if applicable
- Policyholders can access Karis Bill Negotiator after a single, related medical incident where the combined total of medical bills exceeds the threshold of \$2,500
- The overall savings discount earned for the policyholder through negotiations of the out-of-pocket portion of medical bills typically ranges from 40% to 70%



Services can be accessed via toll-free number 800-556-8452 or open an inquiry (“case”) via the Karis’ website.

Only available to eligible policyholders



**PHCS NETWORK:
MORE SAVINGS THROUGH YOUR BENEFIT PLAN!**

While you are free to use any Doctor or Hospital you choose without penalty, you have the option of accessing the MultiPlan / PHCS Network to take advantage of great savings averaging 43 percent for physicians and specialists – the types of services most typically use with these plans. With PHCS, you get more value for your benefit dollars.



Today more than ever, health plans with limited benefits are an ideal solution for consumers responsible for most or all of their healthcare costs. With the PHCS Network, you can offer them access to thousands of hospitals, practitioners and ancillary facilities who have agreed to significant discounts on their medical services.

**SIGNIFICANT ACCESS AND SAVINGS**

Accepted by over 900,000 healthcare professionals and at over 4,700 hospitals nationwide, PHCS is the largest primary PPO network in the nation, available at no additional costs!

Providers.ExpectedBenefits.com

To find providers in our area go to www.multiplan.com and select Patients, then search for the Doctor or Facility nearest and most convenient to you!



In partnership with
next HEALTH PLAN
PRIVATE HEALTH EXCHANGE

CLAIMS EXAMPLES

Examples of Coverage for Catastrophic Claims

1

Major Illness

**\$100,000
CLAIM**

- \$43,000

Network Discount
(43% AVERAGE)

- \$50,000

Critical Event Coverage
(INCLUDED)

\$7,000

Funded by Policy

2

Major Accident

**\$27,000
CLAIM**

- \$11,610

Network Discount
(43% AVERAGE)

- \$10,000

Accident Plan Coverage
(OPTIONAL)

\$5,390

Funded by Policy

EXPECTED BENEFITS

MEDICAL OUTLINE

\$5 MILLION

\$5 Million in Total Coverage

\$1 MILLION

Spend up to \$1 Million in a year per covered person

\$50,000

Critical Event Protection that provides a \$50,000 lump sum cash benefit for a critical event such as a cancer diagnosis, heart attack, stroke, kidney failure or major organ transplant.

100%

Policy pays 100% of Benefit Schedule; No Deductibles and No Co-Insurance - Just Benefits.

COVERAGE

Choose coverage based on your risk and your area; 3 Levels of Coverage available - BUY WHAT YOU NEED

SERVICES

Provides additional unlimited services at no additional cost

COVERAGE SUMMARY

Lifetime Benefit Maximum
Calendar Year Maximum Benefit per Covered Person
Critical Event Coverage

OUTPATIENT DAILY BENEFITS

Calendar Year Outpatient Benefits, Per Covered Person	
Outpatient Physician - 20 Visits Per Person, Per Year (6 Chiropractor visits)	
MRI, CAT Scan or Nuclear Testing (per covered person, per day)	
Other Diagnostic Testing or X-rays (per covered person, per day)	
Laboratory Testing (per covered person, per day)	
Brand Name Prescription (per covered person, per day)	
Generic Prescription (per covered person, per day)	
Injections (per covered person, per day)	
Emergency Room (limit 1 benefit per covered person per Calendar Year)	
Urgent Care (limit 1 benefit per covered person per Calendar Year)	
Preventive Care Coverage starts 60 days after effective date 1 benefit per covered person per Calendar Year *Colonoscopy benefits every 3 years, benefit doubles beginning 4th year	Mammograms
	Colonoscopy
	All Other Preventive (Including Physicals)
Emergency Ambulance (Ground) - 2 Benefits per person per Year	
Emergency Air Ambulance - 1 Benefit per person per Year	

HOSPITAL BENEFITS

Hospital Confinement due to Sickness, per Covered Person	Day 1
	Day 2+
Hospital Confinement due to Injury, per Covered Person	Day 1
	Day 2+
Hospital ICU (Sickness), per Covered Person (20 day max per calendar year)	Day 1
	Day 2+
Hospital ICU (Injury), per Covered Person (20 day max per calendar year)	Day 1
	Day 2+
Surgical Benefit per Covered Person, per Day for both inpatient & outpatient Surgery - percentage of Medicare RBRVS Schedule	
Outpatient Hospital/Ambulatory Surgical, per Covered Person, per Day	
Outpatient Radiation/Chemotherapy, per Covered Person, per Day	
Rehabilitation or Skilled Nursing Facility, per Covered Person, per Day	

	RECOMMENDED	
LEVEL - 1	LEVEL - 2	LEVEL - 3
\$5 Million	\$5 Million	\$5 Million
\$1 Million	\$1 Million	\$1 Million
\$50,000	\$50,000	\$50,000

\$2,000	\$4,000	\$6,000
\$60	\$80	\$100
\$175	\$350	\$525
\$40	\$80	\$120
\$20	\$40	\$60
\$20	\$30	\$40
\$10	\$15	\$20
\$10	\$20	\$30
\$200	\$300	\$500
\$100	\$125	\$150
\$125	\$125	\$125
\$300/\$600*	\$300/\$600*	\$300/\$600*
\$125	\$125	\$125
\$500	\$500	\$500
\$1,500	\$1,500	\$1,500

\$750	\$1,500	\$2,250
\$1,500	\$3,000	\$4,500
\$1,500	\$3,000	\$3,000
\$3,000	\$6,000	\$6,000
\$1,250	\$2,250	\$3,375
\$2,500	\$4,500	\$6,750
\$1,500	\$3,000	\$3,375
\$3,000	\$6,000	\$6,750
100%	200%	300%
\$1,500	\$3,000	\$4,500
\$750	\$1,500	\$2,250
\$750	\$1,500	\$2,250

AGE

TOBACCO

NO YES

SPOUSE AGE

SPOUSE TOBACCO

NO YES

DEPENDENTS

ZIP CODE

EXPECTED BENEFITS

LEVEL-1 LEVEL-2 LEVEL-3

TOTAL PREMIUM

Quote is an Estimate Only. Actual Cost Determined by Insurer. Benefits & Availability Vary by State.

Offered by:



AGENT NAME

AGENT PHONE

This Coverage Outline provides general information about the policy. It is not a contract. Only the actual policy provisions issued by the insurer will control. Benefits & availability vary by state.

DISCLOSURE NOTICE

TERMINATION OF A COVERED PERSON'S INSURANCE

The insured person's insurance will cease on the earliest of; (a) the date of lapse at the end of the grace period for non-payment of premium; (b) the later of the date a written request to terminate the policy is received by the insurer or the date specified in the written request; (c) the premium due date following the date the covered person attains the limiting age.

The insurance on a dependent will cease on the earliest of; (s) the date the Insured's coverage terminates; (b) the premium due date following the date the dependent attains the limiting age for dependents; (c) the end of the last period for which premium payment has been made to the insurer, subject to the grace period; (d) the premium due date following the date the dependent no longer meets the definition of dependent, as defined in the policy; (e) the date the policy is modified so as to exclude dependent coverage; or (f) the date the policy terminates.

If the insurer accepts a premium for coverage for a covered person after the date on which the policy provides that a covered person will cease to be covered, the coverage for that covered person will continue in force until the end of the period for which such premium has been accepted.

TEN DAY FREE LOOK

You have 10 days after receiving the policy, and if you are not satisfied for any reason, you may return it to the insurer for a full refund of all premiums paid. Mail the policy with your written request for cancellation to the insurer. The insurer will promptly refund the premium paid and the insurance will be void.

NOTICE TO APPLICANTS

Your effective date will be assigned by the insurer. Insurance Coverage is Not Effective until the Coverage Applied for has been Accepted and Approved and Issued in Writing by the insurer. Completing the Application does not mean that coverage is in force. Please allow two to three weeks following approval for delivery of your policy.

GUARANTEED RENEWABLE TO AGE 65.

THE INSURER RESERVES THE RIGHT TO CHANGE PREMIUM RATES ON A CLASS BASIS.

You have the right to renew this policy until the first premium due date on or after your 65th birthday. The insurer reserves the right, subject to written notice within the time period your state allows, to establish a new schedule of premium rates; such schedule of rates will be effective on the following premium due date for all or any class of insured covered by the policy. Premiums may also change due to attained age. Please read the Premium Rate Change provision carefully that is contained in this policy.

PRE-EXISTING CONDITION

means a condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 12 months prior to a Covered Person's Effective Date. A condition shall no longer be considered a Pre-Existing Condition after the date a person has been covered under this policy for 12 consecutive months.

Within this brochure you have been provided with a Medical Coverage Outline describing the Policy for which you have applied. Please verify that you understand the coverage as outlined as well as the following provisions:

1. The coverage for which you have applied will become effective only when the application is approved by the insurer and only on the Effective Date assigned by the insurer.
2. If you are approved and your Policy is issued, your coverage will begin immediately on the assigned Effective Date.
3. No benefits will be payable for any sickness or injury due to a Pre-Existing Condition. Pre-existing Condition means a condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 12 months prior to a Covered Person's Effective Date. A condition shall no longer be considered a Pre-Existing Condition after the date a person has been covered under this policy for 12 consecutive months.
4. A claim for benefits may not be payable under the new Policy due to the above-mentioned Pre-existing Condition waiting period; whereas, the same claim might have been payable under your present coverage, if any, had it remained in force.
5. Until the coverage has been approved and issued, the insurer has absolutely no liability to you other than to refund your initial premium if your Application is not approved. Any injury or sickness which may develop between now (today) and the date your coverage is effective will be a Pre-existing Condition, and depending on extent and severity, such injury or sickness may render you (or a dependent) ineligible for coverage.
6. Carefully read or have read to you and answer the questions on your Application on behalf of yourself and your dependents. Understand that disclosure of health information is important and any omission may bar the right to recover under the Policy if such answer materially affects the acceptance of the risk or hazard assumed. Your Policy, if issued, will contain a photocopy of all applicable documents along with the Application for Coverage.

CRITICAL ILLNESS RIDER

You are applying for Critical Illness coverage to be added to your policy by Rider. You have been furnished information regarding the benefits and limitations of the Critical Illness Coverage Rider below. Understand that Critical Illness coverage is considered a limited benefit type of coverage, and is meant to supplement, not be a substitute or replacement for major medical insurance. By applying for this plan, you are applying for a Critical Illness Rider and another form of limited benefit coverage through the application.

CRITICAL ILLNESS COVERED CONDITIONS

A lump sum cash benefit of \$50,000 or \$10,000 for a covered dependent for the following covered conditions: (a) Cancer (Internal Cancer) excluding pre-malignant conditions or conditions with malignant potential; cervical intraepithelial neoplasia (CIN) stages I and II; Carcinoma in Situ; and Skin Cancer; (b) Heart Attack; (c) Stroke; (d) End Stage Renal Failure; or (e) Major Organ Transplant.

A lump sum cash benefit of \$12,500 or \$2,500 for a covered dependent for the following covered conditions: (f) Non-Invasive Carcinoma In-Situ or (g) Coronary Artery Bypass Surgery - Payable for one Surgery only.

A lump sum cash benefit of \$5,000 or \$1,000 for a covered dependent for the following covered conditions: (h) Angioplasty.

Any Critical Illness Covered Conditions diagnosed or treated prior to the effective date or within the Rider Waiting Period of 30 days after the Effective Date for each covered person will not be payable at any time for that condition.

An Expected Benefits plan is a limited benefit fixed indemnity plan and not a major medical insurance plan. Fixed indemnity benefits are provided for hospital confinement, specified medical, surgical and outpatient events. These benefits are paid in specific amounts and do not provide expense reimbursement or charges based on your healthcare provider's bill. Fixed indemnity insurance plans do not meet the Minimum Essential Coverage requirements under the Affordable Care Act and you may need to pay a tax penalty depending upon your income level and the cost of plans available.

EXCLUSIONS AND LIMITATIONS

With respect to all of the benefits provided under the policy, no benefits will be payable as the result of: any service, supplies or treatment that is not a specified benefit described in the policy; suicide or any attempt thereat, while sane or insane; any intentionally self-inflicted injury or sickness; rest care; cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from an injury if initial treatment of the covered person is begun within 12 months of the date of the injury; immunization shots and routine examinations such as: health exams, periodic check-ups, pre-marital exams, and routine physicals, except as otherwise covered under the policy; routine newborn care, including routine nursery charges; voluntary abortion, except with respect to the insured or the insured's covered dependent spouse where such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from an abortion; pregnancy of a dependent child, unless required by law; a covered person's 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 ; a covered person committing, attempting to commit or taking part in a felony, or engaging in an illegal occupation; a covered person's participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding; 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; any injury occurring directly or indirectly as a result of the voluntary use of intoxicants, narcotics or hallucinogens unless taken on the written advice of a physician except for treatment of Alcohol and / or Substance Abuse Dependency as provided in the policy; sex changes; any dental care, treatment or service to the teeth, gums or mouth; experimental treatments or surgery; the reversal of tubal ligation or vasectomies; artificial insemination, invitro fertilization, and test tube fertilization, including any related testing, medications, or physician's services, unless required by law; treatment of exogenous obesity or weight control; 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 injury sustained or sickness contracted while in the service of any military, naval or air force of any country engaged in war. We will refund the pro rata unearned premium for any such period the covered person is not covered; Injury or sickness arising out of or as the result of any work for wage or profit when coverage is in force for the injury or sickness under Workers' Compensation, employer's liability or similar laws or coverage; any service, supplies or treatment that is not medically necessary; any facility charges for treatment at a hospital in excess of the indemnity amount specified in the policy; pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined; Pre-Existing Conditions; any service or treatment rendered outside the territorial limits of the United States of America; treatment of jaw joint problems including temporomandibular joint syndrome and craniomandibular disorder, or other conditions of the joint linking the jaw bone and skull and the complex of muscles, nerves and other tissues related to that joint; voluntary sterilization.



- ✦ **25+ Years Industry Experience**
- ✦ **A+ Rating with Better Business Bureau** 
- ✦ **Industry Leader in Plan Design & Price**
- ✦ **Tailored Plans for Small Businesses, the Self-Employed & Individuals**

Next Health Plan is excited to offer a truly innovative option for your medical insurance needs.

**BENEFITS YOU EXPECT
AT PRICES YOU CAN AFFORD**