Solidarity with the Savior- Season of Sacrifice

President Rev. Dr. James B. Sampson
and
DFC LifeCenter
present the
Members
2011-2012 Benefit Package

And be ye not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God.

Romans 12:2
Florida General Baptist Convention, Inc.

Member Benefits Program

Presented by:

LifeCenter
Saving made simple

Administered by:

ETMG
MANAGEMENT SOLUTIONS

SMALL BUSINESS UNITED™
Contact Information

Albert Pomales  
General Manager  
ETMG, LLC  
6300 Bridgepoint Parkway  
Building One, Suite 480  
Austin, TX 78730  
512.279.5600 main  
512.279.5605 direct  
512.682.8795 fax  
888.US1.ETMG toll free  
apomales@etmg.us
What is ETMG and what is its role?

- A for-profit Texas limited liability company in situs in Austin, TX.
- Managing General Agency & General Agency
- Third Party Administrator TDI COA #14869
- Premium Collection Agency
- Develops and markets employee benefit programs and insurance management solutions for employees of small businesses.
- Target market is trade associations, 1099 affiliated contractor groups, interest groups, professional employer organizations (PEOs), unions, and organizations comprised of or serving small businesses.
- SBU is the initial association client of ETMG.
- Dedicated to making available, on a large scale, welfare programs for its clients and their members.

The Executive Team

MARK ADAMS
CEO, Executive Chairman & Co-Founder
Corporate Governance, strategic direction, and Investor Relations. Built numerous successful businesses into multi-million dollar ventures. Awarded Ernst and Young’s prestigious “Entrepreneur of the Year Award”.

JOHN CONSTANTINE
Vice Chairman & Co-Founder
Corporate Governance, strategic direction, and Investor Relations. Successful Entrepreneur and managing partner of several Texas Surgical Centers. Mr. John Constantine has over 20 years experience in the healthcare field, including business management, investments, marketing and public relations.

OLIVER SANDLIN
Corporate Legal Counsel
ETMG Corporate governance, licensing, and regulatory compliance. Principal Sandlin Law Firm, Austin, Texas.
What is SBU and what is its role?

Small Business United (SBU) is a non-profit association headquartered in Austin, Texas. SBU pools its members’ purchasing power to offer them discounts on office supplies, access to legal and HR networks at a reduced rate, and group-rated health insurance through ETMG, LLC. SBU knows that each association has different needs, and we work hard to tailor our solutions and offerings to your situation.

SBU and ETMG, LLC don’t just offer great benefits to your association members. Up to 10% of the revenue generated by ETMG, LLC and SBU programs and products is payable to the sponsoring association.
Enrollment Solution Flexibility

• Any benefit – core and/or worksite, administrative
• Any method – laptop, call center, Internet, combo
• Any time frame – annual, perpetual, subscription
• Efficiency – interview timer, 24/7 supervision
• Topaz signatures or PIN Voice
• HIPAA compliant

ETMG In-House Call Center Services

• Provide an Agency toll-free number for association member use in enrollment and servicing questions
• Provide Tier 1 support for general servicing, support, and all monthly premium billing questions. Refer all provider specific servicing and/or billing questions to the carrier support line as a Tier 2 support request.
• Provide marketing with the assistance of Association to include html email marketing, Agency website page hosting specific to Association products, outbound telephone marketing, fax broadcast marketing, association periodical marketing, and direct mail solicitation, as may be agreed upon by the parties.
• Annual Enrollment Assistance – Provide direction and information to employees regarding enrollment process.
• Actual Enrollment by phone, laptop, web-based application, or other medium
• Benefit Eligibility Verification – Resolution of inquiries regarding basic eligibility and coverage.
• Benefits Enrollment (New Hire) – provide enrollment for new association members and document steps that a new member must follow when electing for benefits.
• Benefits Issue Resolution – Provide information, follow up and resolution on benefits related issues.
• Benefits Termination – Provide information and follow up regarding benefit coverage and system updating related to terminations.
• Billing Process – Coordination, administration, implementation, and audit of individual ACH billing for monthly premiums of enrolled association members.
• Provide Audit Reports of enrolled and billed members to Association or Association designee as periodically required to maintain membership and enrollment reconciliation. Provide audit statements of Association Royalty Fees paid and tie back to Agency revenue generated by the program.
• Claims Exception Coordination – Document inquiries regarding possible claim appeals and forward to the client for review.
• COBRA Coordination – Coordination of COBRA requests with third party administrator or carrier.
• Current Benefit Election Review – Provide current election information to Association members.
• Death Claim Process – Issue resolution and follow up regarding death claims.
• Electronic Eligibility Process – Document how eligibility information is sent electronically.
• Family Status Change Process – Coordinate family status change requests and forms.
• Long Term Disability Process – Provide information regarding long-term disability coverage and benefits.
• Supplemental/Voluntary Process - Provide information on voluntary/supplemental products, coverage, and benefits and offer enrollment for these products.
• Long Term Care Process – Provide information regarding long-term care coverage and benefits and offer enrollment as this program becomes available and is introduced to the Association.
• All insurance products offered by Agency to Association Members will insured by A- (as determined by AM Best) or better.

Member Calls into Call Center

Licensed Call Center Representative asks several defining questions to guide them & select the appropriate plan.

Where do you live?

<table>
<thead>
<tr>
<th>No Pre-existing conditions</th>
<th>Looking to lower cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not currently insured</td>
<td>Has health insurance</td>
</tr>
</tbody>
</table>

Do you take any medication on a regular basis?

<table>
<thead>
<tr>
<th>Provided multiple options from multiple carriers</th>
<th>Increase deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Add Limited Benefit Plan</td>
</tr>
<tr>
<td></td>
<td>Lower monthly payment</td>
</tr>
</tbody>
</table>

What is your desired premium range, deductible, HSA, etc.?

<table>
<thead>
<tr>
<th>Review options:</th>
<th>Monthly Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Desired premium</td>
<td>PPO ded.</td>
</tr>
<tr>
<td>- Deductible</td>
<td>(PPO $1000)</td>
</tr>
<tr>
<td>- PPO, HMO, or HSA</td>
<td>$500</td>
</tr>
<tr>
<td></td>
<td>Increase ded.</td>
</tr>
<tr>
<td></td>
<td>(PPO $3000)</td>
</tr>
<tr>
<td></td>
<td>$242</td>
</tr>
<tr>
<td></td>
<td>Add LBP</td>
</tr>
<tr>
<td></td>
<td>$138</td>
</tr>
<tr>
<td></td>
<td>NEW TOTAL $380</td>
</tr>
</tbody>
</table>

Do you have any current health concerns/issues?

<table>
<thead>
<tr>
<th>Looking to lower cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has health insurance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk pool</th>
<th>Higher deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enroll in PPO</td>
<td>Add Limited Benefit Plan</td>
</tr>
<tr>
<td>Monthly Payment $598</td>
<td>Monthly Payment $454</td>
</tr>
<tr>
<td>PPO ded. ($2500)</td>
<td>PPO ded. ($5000)</td>
</tr>
<tr>
<td>$138</td>
<td>$138</td>
</tr>
<tr>
<td>NEW TOTAL $592</td>
<td>NEW TOTAL $592</td>
</tr>
</tbody>
</table>
By joining Small Business United and leveraging the strength of our association’s combined purchasing volume, your small business, association, or individual members are able to obtain discounts on products and services available only to large corporations. A monthly $7 membership fee & $6 processing fee apply.

**Legal Plan**

Access a nationwide network of pre-qualified attorneys offering free or discounted legal care. **Plan Attorney Benefits:**

- Unlimited initial phone consultations for new legal matters.
- Review 5 ten page business documents each month.
- Calls made on behalf of your business (2 per month). Follow up calls - Hourly rate of $125.
- Letters written on behalf of your business (3 per month). Follow up letters - Hourly rate of $125.
- Initial collection letters (10 per month).
- Additional/Follow-up letters - Hourly rate of $125 or contingency fee %
- 30 Minute one-on-one consultations for each new legal matter. Additional time - Hourly rate of $125.
- Registered Agent in all states you are incorporated or do business in.

**SBU Legal Plan Membership - $24.95 per month**

- Guaranteed Low Hourly Rates - Plan attorneys charge $125.00 per hour, or give members a 40% discount off their usual and customary hourly rate.
- Retainers - Example: 10 hrs. x $125.00 = $1,250.00 retainer fee
  - Any unused portion of the retainer will be returned.
- Contingency Fee Discounts - This fee is expressed as a percentage of the amount collected or awarded. In collection matters, your attorney will accept 18% if the case is settled before formal court proceedings begin. After proceedings begin, the fee is 27%. On all other contingency matters there is a 10% discount on the lower of either the state maximum or the attorney’s standard rate.

**HRAnswerLink**

SBU’s HRAnswerLink was developed specifically for small to mid-sized businesses to provide a Human Resource (HR) service delivered via a customized website, email, and phone communications.

**SBU’s HR Support Center - $9.95 per month**

- Access state and federal laws that pertain to your business
- Customize an employee handbook, forms, policies, & letters

**HR On-Demand Upgrade - $34.95 per Month**

- Unlimited HR consultations & advice by telephone or email
- Unlimited HR document customization

**Discount Printer/Copier Parts and Supplies**

SBU has partnered with one of the nation’s largest suppliers of office machine parts and consumables to bring its members excellent **discounts on ink & toner** for nearly every office printing and copy machine made by every major manufacturer—and then some.

SBU offers 20%-40% off the list price for toner and inkjet supplies, and we stock materials for these manufacturers:

- AB Dick
- Apple Computer
- Brother
- Canon
- Citizen
- Compaq
- Copystar
- Danika InfoTec
- Danika Office Imaging Kodak
- Dell
- DEX
- Digital Equipment Corporation
- Duplo
- Epson
- Francotyp-Postalia
- Fujitsu
- Genetec
- Gestetner
- Graphic Enterprises
- Hasler
- Hitachi
- HP
- IBM
- Ikon
- Imagistrics (Pitney Bowes)
- Jeffax
- Kodak
- Konica Minolta
- Kyocera Mita
- Lanier
- Lexmark
- Monroe
- Muratec
- Nashua
cent
- NEC
- Neopost
- Oce
- Okidata
- Olympia
- Omnimax
- Output Technologies
- Panasonic Rex Rotary
- Riso
- Royal Copystar
- Samsung
- Sanyo
- Savin
- Sharp
- Standard Duplicating
- Tektronix
- Toshiba
- Xerox
- Xerox

Receive free UPS Ground shipping on orders of $75 or more!

**OfficeMax**

SBU has partnered with OfficeMax to offer members-only deep **discounts and access to over 12,000 products** through the Instant Purchasing Account (IPA). Your IPA provides savings on office supplies, technology, furniture and more.

- No order charge for purchases over $50
- Orders can be shipped to a residence
“ETMG is always available and willing to help on insurance issues as they come up. Not only did they put together various options for coverage that would cover almost all needs of our individual employees, but they take care of all the details when a new member comes on or an employee leaves. We don’t have the expertise they have, so it is comforting to have that support there when you need it.”

-Brian Plater
VP Finance and Business Operations
Fifth Generation, Inc.

“I cannot tell you how much your help meant… We are working on re-launching a 300+ agent office as Keller Williams Realty, and health benefits was a real turning point in many of the associates’ decisions to join the brokerage. I appreciate your willingness to give me your office number, cell phone number and even letting me know when you were leaving the office for the evening. You rock. What you do makes a huge difference for our people, and we are so grateful.”

-Ellen M. Marks
Director of Marketing & Communications
Keller Williams Realty International

“Let’s get real honest. Insurance in general is a painful topic. It’s difficult to understand and navigate, is constantly changing, often contradicts itself and of course costs squeamish amounts of money. Many businesses wake up one day to realize not only are they throwing profit out the window, but they’re even doing that part all wrong. That was us until we partnered up with ETMG. When we went to market looking for a whole new look to our benefits package ETMG was among 5 groups we met with. They were the only management group that offered real solutions for a non-traditional group like Technology Navigators. They provide us with great service and even better products. We have more employees now with the security of having insurance than ever AND get this, it costs less! If that’s not enough of a reason to give them a call, I don’t know what is. ETMG takes the pain out of Insurance and we’re happy to be a client.”

-Jamie Bihl
Technology Navigators
Member Benefits Program
SBU HealthSelect Plans
Associations of Employer Groups
and 1099 Groups

Presented by:

Administrated by:

Proposal for Small Business United II Austin, Texas
Proposal Date: June 24, 2011 | Effective Date of Coverage: September 1, 2011
Underwritten By: ACE American Insurance Company
 Term life insurance is underwritten by Combined Insurance Company of America, part of the ACE Group of Companies
Claims Administered By:
Administrative Concepts, Inc. 994 Old Eagle School Rd., Ste. 1005 Wayne, PA 19087
**SBU HealthSelect Plans**

An indemnity-based medical plan which provides limited coverage for accidents, illness, and specified disease to help cover basic, minor-medical expenses.

### INPATIENT*

<table>
<thead>
<tr>
<th></th>
<th>BASIC NEW PLAN!</th>
<th>BASIC+</th>
<th>ADVANTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Confinement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Day 1 Benefit Amount</td>
<td>$1,000 x 1 day</td>
<td>$1,000 x 1 day</td>
<td>$2,500 x 1 day</td>
</tr>
<tr>
<td>- Days 2+ Benefit Amount Per Day</td>
<td>$500 x 5 days</td>
<td>$500 x 10 days</td>
<td>$1,750 x 10 days</td>
</tr>
<tr>
<td>- Days 1+ Additional ICU Benefit Amount Per Day</td>
<td>N/A</td>
<td>$250 x 5 days</td>
<td>$2,000 x 10 days</td>
</tr>
<tr>
<td><strong>Surgery Benefit Amount (Including Maternity) Per Surgery</strong></td>
<td>$1,000 x 1 surgery</td>
<td>$1,000 x 1 surgery</td>
<td>$5,000 x 1 surgery</td>
</tr>
<tr>
<td>- Anesthesia Benefit Amount - Per Surgery</td>
<td>$250 x 1 surgery</td>
<td>$250 x 1 surgery</td>
<td>$1,250 x 1 surgery</td>
</tr>
<tr>
<td><strong>Maximum Potential Inpatient Benefit Per Year</strong></td>
<td>$4,750</td>
<td>$8,500</td>
<td>$46,250</td>
</tr>
</tbody>
</table>

### OUTPATIENT*

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician Office Visit Pre-Pay (1,2)</strong></td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>- Benefit Amount Per Visit</td>
<td>$65 x 10 visits</td>
<td>$75 x 10 visits</td>
<td>$100 x 10 visits</td>
</tr>
<tr>
<td>- Wellness Benefit Amount Per Visit</td>
<td>N/A</td>
<td>$150 x 1 visit</td>
<td>$250 x 1 visit</td>
</tr>
<tr>
<td>- Well Child Care (Up to Age 4) Benefit Amount Per Visit</td>
<td>N/A</td>
<td>$100 x 4 visits</td>
<td>$150 x 4 visits</td>
</tr>
<tr>
<td><strong>Emergency Room (Sickness) BenefitAmount - Per Visit</strong></td>
<td>$200 x 2 visits</td>
<td>$250 x 2 visits</td>
<td>$750 x 2 visits</td>
</tr>
<tr>
<td>- Anesthesia Benefit Amount - Per Surgery</td>
<td>N/A</td>
<td>$125 x 1 surgery</td>
<td>$625 x 1 surgery</td>
</tr>
<tr>
<td><strong>Maximum Potential Outpatient Benefit Per Year</strong></td>
<td>$2,990</td>
<td>$9,025</td>
<td>$13,875</td>
</tr>
</tbody>
</table>

### Diagnostic, X-Ray, Lab - Benefit Amount Per Test

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Class I: Laboratory - Blood Work, CMP, Lipid Panel</td>
<td>$35 x 4 tests</td>
<td>$50 x 4 tests</td>
<td>$75 x 4 tests</td>
</tr>
<tr>
<td>- Class II: X-Rays, ECG, Pap/PSA Tests, All Other Diagnostic</td>
<td>$75 x 2 tests</td>
<td>$75 x 2 tests</td>
<td>$125 x 2 tests</td>
</tr>
<tr>
<td>- Class III: Ultrasound, Mammogram</td>
<td>$150 x 1 test</td>
<td>$150 x 1 test</td>
<td>$250 x 1 test</td>
</tr>
<tr>
<td>- Class IV: CT, PET, MRI</td>
<td>$500 x 1 test</td>
<td>$500 x 1 test</td>
<td>$1,000 x 1 test</td>
</tr>
<tr>
<td><strong>Maximum Potential Outpatient Benefit Per Year</strong></td>
<td>$2,990</td>
<td>$9,025</td>
<td>$13,875</td>
</tr>
</tbody>
</table>

### PRESCRIPTION BENEFIT*

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic Rx Copay</strong></td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Preferred Brand Rx Copay</strong></td>
<td>Discount Only</td>
<td>$250 per month</td>
<td>$250 per month</td>
</tr>
<tr>
<td><strong>Prescription Benefit Maximum Per Month (Individual)</strong></td>
<td>$3,000 per year</td>
<td>$3,000 per year</td>
<td>$6,000 per year</td>
</tr>
<tr>
<td><strong>Prescription Benefit Maximum Per Month (Family)</strong></td>
<td>$6,000 per year</td>
<td>$6,000 per year</td>
<td>$6,000 per year</td>
</tr>
</tbody>
</table>

### AD&D

**Accidental Death & Dismemberment Benefit Amount**

<table>
<thead>
<tr>
<th></th>
<th>$10k/$5k/$1k</th>
<th>$10k/$5k/$1k</th>
<th>$25k/$5k/$1k</th>
</tr>
</thead>
</table>

**OTHER SERVICES (2)**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>YES</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teladoc: Telephonic Doctor Office Visits - $38 Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care24: EAP and Nurseline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHCS PPO Discounts</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MONTHLY RATES

<table>
<thead>
<tr>
<th></th>
<th>Member Only</th>
<th>Member + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$99.77</td>
<td>$211.36</td>
<td>$301.92</td>
</tr>
<tr>
<td></td>
<td>$160.14</td>
<td>$339.46</td>
<td>$484.62</td>
</tr>
<tr>
<td></td>
<td>$290.34</td>
<td>$611.94</td>
<td>$873.65</td>
</tr>
</tbody>
</table>

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(1) The office visit pre-pay is a service through the PHCS PPO Network
(2) This service is not insurance and is not provided by ACE American Insurance Company.

*For HealthSelect, we will not pay benefits for any loss, injury, or sickness that is caused by, or results from Pre-existing Conditions occurring within the first 12 months of coverage. “Pre-existing Condition” means an illness, disease, or other condition of the Covered Person, that was treated, diagnosed or required medications in the 6 month period before the Covered Person’s coverage became effective under this Policy. Pre-existing conditions found during the 6-month look-back period will be excluded for the first 12 months of coverage under this Policy. Upon submission of a valid "Certificate of Creditable Coverage", credit toward the pre-existing exclusion period will be given for all benefits.
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits</td>
<td>We will pay benefits if a covered person visits a Doctor’s office for treatment, care or advice of an injury or sickness covered under the policy.</td>
</tr>
<tr>
<td>Emergency Room Visits (Sickness Only)</td>
<td>We will pay benefits for Emergency Room Visits if a covered person requires treatment or services in a Hospital emergency room for a life-threatening condition due to sickness. Covered expenses include the attending Doctor’s charges, X-rays, laboratory procedures, use of the emergency room and supplies.</td>
</tr>
<tr>
<td>Wellness Visits</td>
<td>We will pay benefits for an annual routine examination or well child care. Covered Services include a medical history, physical examination, X-rays and laboratory tests including a Pap test, colorectal screening, prostate cancer screening, mammography and bone density screening. We will pay benefits for up to 4 well child visits up to age 4.</td>
</tr>
<tr>
<td>Outpatient Laboratory Tests, Diagnostics, and X-Ray Expenses</td>
<td>We will pay benefits for Outpatient Laboratory Tests and X-rays if a covered person is not confined in a Hospital and the tests or x-rays are ordered by a Doctor and performed by an appropriately licensed technician.</td>
</tr>
<tr>
<td>Outpatient Accident Only Medical Expense Benefit</td>
<td>We will pay benefits for medically necessary expenses that result directly from a covered accident. Initial treatment must begin within 72 hours of the accident and covered expenses must be incurred within 90 days after the accident. These benefits are subject to the Deductibles, Coinsurance Rates, Co-Payments, Benefit Periods, Benefit Maximums and other terms or limits, if any, shown in the Schedule of Benefits. Covered expenses include medical services and supplies, emergency care, ambulance expenses, treatment of an injured tooth, prescription drugs and rehabilitative braces or appliances prescribed by a doctor.</td>
</tr>
<tr>
<td>Hospital Confinement Benefit</td>
<td>We will pay benefits if a covered person is confined in a hospital because of a covered injury or illness for at least 24 consecutive hours.</td>
</tr>
<tr>
<td>Surgery and Anesthesia Benefit</td>
<td>We will pay benefits if a covered person undergoes surgery at the direction of a doctor for a covered injury or sickness. We will also pay benefits for anesthesia services for pre-operative screening and the administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.</td>
</tr>
<tr>
<td>Accidental Death and Dismemberment Benefit</td>
<td>If a covered person suffers a loss within 365 days of a covered accident we will pay the percentage of the principal sum shown opposite that loss. If multiple losses occur, only one benefit amount, the largest, will be paid for all losses due to the same covered accident.</td>
</tr>
<tr>
<td>Prescription Drug Benefits</td>
<td>We will pay benefits for expenses incurred by a covered person for the purchase of generic and preferred brand name prescription drugs from a Participating or Non-Participating Pharmacy. The co-payment must be incurred for each prescription drug or authorized refill before benefits are payable.</td>
</tr>
</tbody>
</table>

Value-added benefits are included with the HealthSelect Plan. These benefits are not insurance and are not provided by ACE American Insurance Group.

Insurance is underwritten by ACE American Insurance Company.
Value Added Services Enhance the Packaged Offering and Elevate the Consumer Experience for Employees

**PPO Network Office Visit Pre-pay**

Access to Network discounts at over 568,000 participating PHCS Network physicians and hospitals.

Service provides members affordable access to physicians by allowing them to pay a $10 Office Visit Pre-pay before insurance benefits are applied. MultiPlan delivers primary PPO network access under the PHCS Network, HealthEOS Network, and PHCS Savility brands. PHCS Network offers access in all states to 568,000 healthcare professionals, over 4,100 hospitals and 63,000 ancillary care facilities. No matter where health plan participants live, work, and seek healthcare, they have access to the largest independent primary PPO in the nation. Our passive approach to utilizing participating providers does not reduce insurance benefits or penalize a member for seeing a non-network provider. Using a network provider will discount the cost of services rendered and help to stretch our members’ insurance benefits. For members that happen to reach their insurance benefit maximums, they can continue to receive discounted prices from the network providers.

**Prescription Drug Card**

With ScriptSave® members enjoy instant savings for their entire household on brand name and generic medications.

Savings average 22%, with potential savings of up to 50% on brand name and generic prescription drugs at over 50,000 participating pharmacies. With RxEDO, members can use their card for prescription fills and refills at over 56,000 participating pharmacies for co-pay benefits that will be processed in real-time at the point-of-purchase at the pharmacy.

**Telemedicine**

With Teladoc: For only a $38 consult fee, members can receive 24/7 access to affordable healthcare via phone consultations to diagnose, recommend treatment, and write short-term, non-narcotic prescriptions.

A lot of time goes into setting a doctor’s appointment and taking time off from work or out of busy, everyday lives. And after all that, the average face-to-face time with a doctor in a traditional office visit appointment is 3-5 minutes*. With TelaDoc, members have on-demand access to U.S. board certified and licensed doctors for telephone consultations to diagnose, recommend treatment, and write short-term, non-narcotic prescriptions. For only a $38 consult fee, members can receive quality care from the convenience of their homes or offices, as opposed to more expensive and less productive settings like an urgent care center or emergency room. Teladoc is not designed to replace employees’ primary care physicians. It simply allows them to resolve their routine medical issues at a fraction of the cost and time. [*According to a Merritt Hawkins Survey, 2009]

**Nurseline and EAP**

OptumHealth Care24 provides a toll-free, 24/7/365 Nurseline which provides an immediate and reliable source for non-emergency health information and confidential medical counseling for emotional and personal challenges. Includes 3 face-to-face counseling visits per condition.

Members are enrolled in an Employee Assistance Program and Nurseline through OptumHealth. Consultations are provided by registered nurses and masters level counselors. Additional resources are available including legal, financial, dependent care specialists, and an audio health information library. In addition to the telephonic services, members also have access to up to 3 face-to-face counseling sessions per condition at no cost to the member.

THESE SERVICES ARE NOT INSURANCE AND ARE NOT PROVIDED BY ACE AMERICAN INSURANCE CORP.
How to Use Your New Insurance Plan

1. WHO IS THE INSURANCE COMPANY?
   - ACE American Insurance Company (A+ Rated)
   - You can see ANY doctor or hospital of your choice, and the insurance plan will pay the same level of benefit - no penalties.
   - For benefits and coverage questions call 1-800-964-7096

2. WHAT TO DO AT A DOCTOR’S OFFICE VISIT.
   - Give the doctor office staff your ID Card
   - Have them call 1-800-964-7096 (on your ID Card) to verify coverage
   - Pay your office visit fee (on your ID Card) at the time of service
   - Have the doctor bill the insurance company on your behalf

3. ADDITIONAL SERVICES INCLUDED WITH YOUR PLAN.
   - If your doctor is part of the MultiPlan PHCS Network, you will also receive discounts on their billed charges. 1-866-750-7427
   - For only $38, you can have a doctor consultation over the phone from the convenience of your home or office with TelaDoc. 1-800-Teladoc
   - At no additional cost, you can call Optum Care24 Nurseline to speak to a registered nurse immediately! 1-866-923-0018
How HealthSelect Advantage Pays

This illustrative claim scenario is for informational purposes only and is not a guarantee of payment for the insurance plan. This is a sample of a potential claim scenario under fixed-indemnity and accident medical plans. Not all factors can be accounted for in an illustrative claim scenario as actual claims received are processed individually and adjusted according to the terms, provisions, limitations, and exclusions of each policy which may include state-specific provisions. In addition, providers determine and bill the insurance company with the applicable procedure code and diagnosis code for the services rendered. Provider billed amounts will vary. Provider discounts provided, if any, will vary based on geography and the provider’s contractual obligation with the PPO network. This illustration provides only a brief description of the limited accident and sickness coverage available. The policy issued contains full details of the coverage, reductions, limitations, exclusions, and termination provisions which govern any conflicting information that may be presented in the illustration.

### LOW ANNUAL UTILIZATION

<table>
<thead>
<tr>
<th>HealthSelect Advantage</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Physician visits- $100 each</td>
<td>$0</td>
</tr>
<tr>
<td>1 Lab workup- $50 each* Class I</td>
<td>$0</td>
</tr>
<tr>
<td>2 Generic prescriptions</td>
<td>$30</td>
</tr>
<tr>
<td>2 Brand prescriptions- $75 each</td>
<td>$60</td>
</tr>
<tr>
<td>1 Emergency room visit- $700 each*</td>
<td>$0</td>
</tr>
<tr>
<td>Medical expenses</td>
<td>$1,140</td>
</tr>
<tr>
<td>Employee pays</td>
<td>$90</td>
</tr>
</tbody>
</table>

### MODERATE ANNUAL UTILIZATION

<table>
<thead>
<tr>
<th>HealthSelect Advantage</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Physician visits- $100 each</td>
<td>$0</td>
</tr>
<tr>
<td>1 Lab workup- $50 each* Class I</td>
<td>$0</td>
</tr>
<tr>
<td>6 Generic prescriptions</td>
<td>$90</td>
</tr>
<tr>
<td>6 Brand prescriptions- $75 each</td>
<td>$180</td>
</tr>
<tr>
<td>1 Emergency room visit- $700 each*</td>
<td>$0</td>
</tr>
<tr>
<td>1 Broken finger (Dr. Office)- $3,000 each*</td>
<td>$600</td>
</tr>
<tr>
<td>Medical expenses</td>
<td>$4,720</td>
</tr>
<tr>
<td>Employee pays</td>
<td>$870</td>
</tr>
</tbody>
</table>

### MAJOR ANNUAL UTILIZATION

<table>
<thead>
<tr>
<th>HealthSelect Advantage</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Physician visits- $100 each</td>
<td>$0</td>
</tr>
<tr>
<td>1 Lab workup- $50 each* Class I</td>
<td>$0</td>
</tr>
<tr>
<td>6 Generic prescriptions</td>
<td>$60</td>
</tr>
<tr>
<td>6 Brand prescriptions- $75 each</td>
<td>$180</td>
</tr>
<tr>
<td>1 Emergency room visit- $700 each*</td>
<td>$0</td>
</tr>
<tr>
<td>1 Broken finger (Dr. Office)- $3,000 each*</td>
<td>$600</td>
</tr>
<tr>
<td>Three-day hospitalization- With one day in ICU and surgery performed (Total charge $25,000 PPO discounted rate: $15,000)*</td>
<td>$4,750</td>
</tr>
<tr>
<td>Medical expenses</td>
<td>$17,020</td>
</tr>
<tr>
<td>Employee pays</td>
<td>$4,330</td>
</tr>
</tbody>
</table>

If the hospitalization was the result of a Critical Illness as described, the employee would receive $25,000 cast to offset the remaining bills plus living expenses.

*Charges repriced as in-network.

The limited medical plans proposed in this document are not basic health insurance or major medical coverage. They provide limited coverage for accidents, illness, and specified disease. The HealthSelect plans are comprised of a package of group insurance policies which are issued on a separate and non-coordinating basis and include: fixed indemnity, accident-only, and limited-scope prescription drugs.
Exclusions & Limitations

For HealthSelect, we will not pay benefits for any loss, injury, or sickness that is caused by, or results from:

• For Healthcare, we will not pay benefits for any loss, injury, or sickness that is caused by, or results from Pre-existing Conditions occurring within the first 12 months of coverage. “Pre-existing Condition” means an illness, disease, or other condition of the Covered Person, that was treated, diagnosed or required medications in the 6 month period before the Covered Person’s coverage became effective under this Policy. Pre-existing conditions found during the 6-month look-back period will be excluded for the first 12 months of coverage under this Policy. Upon submission of a valid “Certificate of Creditable Coverage”, credit toward the pre-existing exclusion period will be given for all benefits.

• Intentionally self-inflicted injury, suicide or attempted suicide.

• War or any act of war, whether declared or not.

• Service in the military, naval or air service of any country or international organization.

• Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.

• Commission of, or attempt to commit, a felony.

• Commission of or active participation in a riot, or insurrection.

• Bungee cord jumping, parachuting, skydiving, parasailing, hang-gliding.

• Flight in, boarding or alighting from any aircraft except as a fare-paying passenger on a regularly scheduled commercial airline.

• An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator’s license, except while participating in Driver’s Education Program.

• Medical or surgical treatment, diagnostic procedure, administration or anesthesia, or medical mishap or negligence, including malpractice. (This exclusion applies to the Accidental Death and Dismemberment benefit only)

• Travel or activity outside the United States, Canada, or Mexico, except for a Medical Emergency.

• Travel in any aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates.

• Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related experimental or investigatory by Us at the time the procedure is done.

• Experimental or Investigational drugs, services, supplies or any procedure held to be experimental or investigatory by Us at the time the procedure is done.

• Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related experimental or investigatory by Us at the time the procedure is done.

• Treatment or services provided by a private duty nurse, unless provided for in the Policy.

• Organ or tissue transplants and related services.

• Personal comfort or convenience items.

• Rest or custodial cures.

• Hearing aids.

• Radial keratotomy.

• Treatment by a family member or member of the Covered Person’s household.

• Routine dental care and treatment, except for treatment of Injury as specified in the Policy.

We will not pay benefits for any loss or Injury that is caused by, results from, or is contributed to by:

1. Suicide or attempted suicide, intentionally self-inflicted injury.
2. War or any act of war, whether declared or not.
3. A Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
4. Sickness, disease, or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances.
5. P iloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
6. Injury that occurs while the Covered Person is legally intoxicated (as determined by that state’s law) or while under the influence of any drug unless administered under the advice and consent of a Doctor.
7. Medical or surgical treatment, diagnostic procedure, administration or anesthesia, or medical mishap or negligence, including malpractice.
8. Commission of, or attempt to commit, a felony.
9. Aggravation or re-injury of a prior Injury to the Covered Person suffered prior to his or her coverage effective date, unless We receive a written medical release from the Covered Person’s Doctor.

In addition to the above Exclusions, We will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting in or contributed to by:

• Treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of the Covered Person’s household.
• Treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
• Treatment of hernia, Osgood-Schlatter’s Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina underlying a disease, or mental disorder or psychiatric or psychological treatment (except as provided in the Policy), whether or not caused by a Covered Accident.
• Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
• Mental and nervous disorders (except as provided in the Policy).
• Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered in the Policy).
• Expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain (except as provided by the Policy).
• Injury covered by Workers’ Compensation, Employer’s Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
• Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
• Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
• Eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
• Expenses payable by any automobile insurance Policy without regard to fault. (This exclusion does not apply in any state where prohibited.)
• Conditions that are not caused by a Covered Accident.
• Participation in any activity not specifically covered by the Policy.
• Any treatment, service, or supply not specifically covered by the Policy.

This insurance does not apply to the extent that trade or economic sanctions or prohibition prevent Us from providing insurance, including, but not limited to, the payment of claims.

No Prescription Drug Benefits will be paid for:

• Brand name prescription drugs (if generic-only drug option is selected)
• All over-the-counter products and medications unless shown in the definition of Prescription Drug. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements, and all other over-the-counter products and medications.
• Blood glucose meters and insulin injecting devices.
• Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.
• Biologicals (including allergy tests); blood products; growth hormones; hemophilia factors; MS injections; immunizations; and all other injectables unless shown in the definition of Prescription Drug.
• Medical supplies and durable medical equipment.
• Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid, and Nicain – used in treatment verses as a dietary supplement; and all other Legend Drug vitamins and nutritional supplements.
• Anorexiant; any cosmetic drugs including, but not limited to, Renova and skin pigmentation preps; any drugs or products used for the treatment of baldness; and topical dental fluorides.
• Refills in excess of that specified by the prescribing Doctor, or refills dispensed after one year from the original date of the prescription.
• Any drug labeled “Caution” limited by Federal Law for Investigational Use or experimental drugs.
• Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.
• Drugs needed due to conditions caused, directly or indirectly, by a covered person taking part in a riot or other civil disorder; or the covered person taking part in the commission of a felony.
• Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or any act of war; or drugs dispensed to a covered person while on active duty service in any armed forces.
• Any expenses related to the administration of any drug.
• Drugs or medicines taken while in or administered by a Hospital or any other health care facility or office.
• Drugs covered under Worker’s Compensation, Medicare, Medicaid or other governmental program.
• Drugs, medicines or products which are not medically necessary.
• Diaphragms; erectile dysfunction Legend Drugs; and infertility Legend Drugs.
• Ephi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; and Immitrex-auto injection.
• Smoking deterrents, Legend or over-the-counter drugs.
• Replacement of stolen medication (except under circumstances approved by us), or lost, spilled, broken or dropped Prescription Drugs.
• Vacation supplies of Prescription Drugs (except under circumstances approved by us).
• All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication caused by an Injury.

This insurance does not apply to the extent that trade or economic sanctions or regulation prohibit Us from providing insurance, including, but not limited to, the payment of claims.
Member Benefits Program
Dental Benefits
### Ameritas Group Dental

**Member Benefits Program**

**Call 888-SBUA-INS**

**(888-728-2467)**

Managed by ETMG, LLC  License #1544170

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**Member Benefits Program**

**December 12, 2011 3:30 PM**

**Florida General Baptist Convention, Inc.**

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**Ameritas Group Dental**

Rates are guaranteed for 12 months following the effective association launch date and include Orthodontia if part of plan design. Rates include ID cards mailed to members home address.

Please note: Rates assume enrollment in our electronic certificate (eCert) program. Contact your benefits administrator for details regarding these states.

---

**COINSURANCE**

<table>
<thead>
<tr>
<th>Type 1:</th>
<th>BASE PLAN</th>
<th>100%</th>
<th>BUY-UP PLAN</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 2:</td>
<td>80%</td>
<td></td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Type 3:</td>
<td>50%</td>
<td></td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

**DEDUCTIBLE**

$75 per cal yr - Waived Type 1 (No Family Maximum)

**MAXIMUM PER PERSON**

<table>
<thead>
<tr>
<th>Area 1</th>
<th>Member</th>
<th>$31.72</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member + 1 Dependent</td>
<td>$60.32</td>
</tr>
<tr>
<td></td>
<td>Member + 2 or More</td>
<td>$95.72</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area 2</th>
<th>Member</th>
<th>$38.80</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member + 1 Dependent</td>
<td>$76.08</td>
</tr>
<tr>
<td></td>
<td>Member + 2 or More</td>
<td>$125.24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area 3</th>
<th>Member</th>
<th>$47.52</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member + 1 Dependent</td>
<td>$92.52</td>
</tr>
<tr>
<td></td>
<td>Member + 2 or More</td>
<td>$150.28</td>
</tr>
</tbody>
</table>

**ALLOWANCE**

www.ameritasgroup.com/resources/419.asp

**DENTAL REWARDS**

Type 1, 2, & 3 : 80th % of Usual and Customary

**WAITING PERIOD**

Dental Rewards is a program that if benefits used are less than $500 for the year then a $250 carryover will be awarded to your annual benefits maximum

3 months - Type 2 procedures & 6 months - Type 3 procedures (All Plan Members)

**ORTHODONTIA SUMMARY**

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.

Benefit Period:

- **Type 1:** Procedures & 6 months - Type 3 procedures (All Plan Members)

**MONTHLY RATE WITH ORTHODONTIA**

**AREA 1**

<table>
<thead>
<tr>
<th>Member</th>
<th>$31.72</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member + 1 Dependent</td>
<td>$60.32</td>
</tr>
<tr>
<td>Member + 2 or More</td>
<td>$95.72</td>
</tr>
</tbody>
</table>

**AREA 2**

<table>
<thead>
<tr>
<th>Member</th>
<th>$38.80</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member + 1 Dependent</td>
<td>$76.08</td>
</tr>
<tr>
<td>Member + 2 or More</td>
<td>$125.24</td>
</tr>
</tbody>
</table>

**AREA 3**

<table>
<thead>
<tr>
<th>Member</th>
<th>$47.52</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member + 1 Dependent</td>
<td>$92.52</td>
</tr>
<tr>
<td>Member + 2 or More</td>
<td>$150.28</td>
</tr>
</tbody>
</table>

Rates are guaranteed for 12 months following the effective association launch date and include Orthodontia if part of plan design.

Rates include ID cards mailed to members home address.

Please note: Rates assume enrollment in our electronic certificate (eCert) program. Contact your benefits administrator for details regarding these states.
Florida General Baptist Convention, Inc.

Member Benefits Program

VSP Vision Benefits

Presented by:

LifeCenter

Administered by:

ETMG

SBU SMALL BUSINESS UNITED™
<table>
<thead>
<tr>
<th>Member Benefits Program</th>
<th></th>
</tr>
</thead>
</table>

**Member Benefits Program**

**Call 888-SBUA-INS**

Managed by ETMG, LLC  License #1544170

---

**VSP Vision Benefits**

**VSP CHOICE NETWORK**

<table>
<thead>
<tr>
<th>DEDUCTIBLES</th>
<th>$10 Exam/$25 Eye Glass Lenses or Frames</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNUAL EYE EXAM</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>LENSES (PER PAIR)</td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>Bifocal</td>
<td>Up to $30</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>Lenticular</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>Progressive</td>
<td>Up to the Bifocal Allowance</td>
</tr>
</tbody>
</table>

**CONTACT LENSES**

<table>
<thead>
<tr>
<th>Fit &amp; Follow up Exams</th>
<th>15% Discount Applied to Contact Lens Allowance. See Additional Focus Features.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective</td>
<td>Up to $130</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>Covered in Full</td>
</tr>
</tbody>
</table>

**FRAMES**

| Frames | $130 |

**FREQUENCIES (IN MONTHS FOR EXAM/LENS/FRAMES)**

12/12/24 Based on date of service

**CONTACT LENS OPTIONS (MEMBER COST)**

*Lens Option member costs vary by prescription and option chosen.

<table>
<thead>
<tr>
<th>Progressive Lenses</th>
<th>$55-$75</th>
</tr>
</thead>
<tbody>
<tr>
<td>Std. Polycarbonate</td>
<td>Covered in Full for Dependent Children, $33 Adults</td>
</tr>
<tr>
<td>Solid Plastic Dye</td>
<td>$15 (Except Pink I &amp; II)</td>
</tr>
<tr>
<td>Plastic Gradient Dye</td>
<td>$17</td>
</tr>
<tr>
<td>Photochromatic Lenses (Glass &amp; Plastic)</td>
<td>$31</td>
</tr>
<tr>
<td>Scratch Resistant Coating</td>
<td>$17-$33</td>
</tr>
<tr>
<td>Anti-Reflective Coating</td>
<td>$43-$85</td>
</tr>
<tr>
<td>Ultraviolet Coating</td>
<td>$16</td>
</tr>
<tr>
<td>LASIK or PRK</td>
<td>Average Discount 15% off Retail. See Additional Focus Features.</td>
</tr>
</tbody>
</table>

**RATES**

<table>
<thead>
<tr>
<th>Member Only</th>
<th>$7.72</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member + 1 Dependent</td>
<td>$13.76</td>
</tr>
<tr>
<td>Member + 2 or more Dependents</td>
<td>$18.60</td>
</tr>
</tbody>
</table>

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**ADDITIONAL FOCUS® CHOICE NETWORK FEATURES**

**Contact Lenses Elective**

Cost of the fitting and evaluation is deducted from the allowance and any amount left is deducted from the material allowance. Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts chosen in lieu of glasses. Current soft contact lens wearers may be eligible for a special program that includes an initial contact lens evaluation and initial supply of lenses. Contact VSP or your VSP provider for additional details.

**Additional Glasses**

20% discount off the retail price on additional pairs of prescription glasses (complete pair).

**Frame Discount**

VSP offers a 20% discount off the remaining balance in excess of the frame allowance.

**Laser VisionCare**

VSP offers an average discount of 15% on LASIK and PRK. The maximum out-of-pocket per eye for members is $1,800 for LASIK and $2,300 for custom LASIK using Wavefront technology, and $1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.

**Low Vision**

With prior authorization, 75% of approved amount (up to $1,000 is covered every two years).

**RX SAVINGS**

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam’s Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance. To receive the Walmart Rx discount, Ameritas plan members just need to show their original Ameritas ID card. The identifier is the Ameritas logo. It’s that easy. Or members can visit us at ameritasgroup.com and sign into (or create) a secure member account where they can print off an online-only Rx discount savings ID card.
## Additional EyeMed Vision Features

<table>
<thead>
<tr>
<th>Feature</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EyeMed In-Network Discounts</strong></td>
<td>15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider’s professional services, or contact lenses.</td>
</tr>
<tr>
<td><strong>EyeMed In-Network Secondary Purchase Plan</strong></td>
<td>Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.</td>
</tr>
<tr>
<td><strong>Contact Lens Replacement by Mail Program</strong></td>
<td>After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.</td>
</tr>
</tbody>
</table>
| **Rx Savings** | Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam’s Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance. 
To receive the Walmart Rx discount, Ameritas plan members just need to show their original Ameritas ID card. The identifier is the Ameritas logo. It’s that easy. Or members can visit us at ameritasgroup.com and sign in to (or create) a secure member account where they can print an online-only Rx discount savings ID card. |
| **Eye Care Plan Member Service** | ViewPointe eye care from Ameritas Group features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan members through EyeMed’s well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed Access network provider, view plan benefit information and more.  
**EyeMed Customer Care Center:** 1-866-289-0614  
- Service representative hours: 8 am to 11 pm ET Monday through Saturday, 11 am to 8 pm ET Sunday  
- Interactive Voice Response available 24/7  
**Locate an EyeMed provider at:** ameritasgroup.com/member  
**View plan benefit information at:** eyemedvisioncare.com |

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.
Florida General Baptist Convention, Inc.

Member Benefits Program

Long Term Care Insurance

Presented by:

LifeCenter

Administered by:

ETMG

SBU - Small Business United™
Help Secure your future by planning ahead
Long-term care refers to a variety of services and supports that help you with health of personal care needs over an extended period of time.

When might you need long-term care?
You may need long-term care if you:

- Develop a prolonged or chronic illness.
- Sustain a serious injury or disability.
- Develop a cognitive impairment that causes memory loss or disorientation, such as Alzheimer’s.
- Need assistance due to the normal frailties of aging.

There are several types of Long-Term Care
“Skilled care” refers to care given by medical personnel, such as a registered nurse or professional therapist. It requires a physician-prescribed plan of care.

“Personal care” focuses on helping with your activities of daily living. It is less involved and may be provided by trained professionals or even a family member.

It isn’t just for the elderly?
Most of us think of long-term care as being only for the elderly and those in nursing homes, but that’s only part of the story. Forty percent of people currently receiving long-term care services are adults under the age of 65. And, most people receive long-term care services either in their own home, or in the home of a family member—not in a nursing home.

Anyone could need help with everyday Routines.
The fact is, anyone at any age may need long-term care at some point in their lives. If you sustain an extensive injury or go through a prolonged illness, you may need help with your normal daily activities, such as bathing, getting dressed, or just getting around the house. If you become cognitively impaired, you may need help with meal preparation and eating, or reminders to take medications, or other kinds of support.

Understanding your need for long term care.
Although these everyday activities may seem mundane, they are essential to maintaining your independence. Your ability, or inability, to perform these regular activities of daily living give long-term care professionals and those in the insurance industry a very practical measure to use when deciding if you need long-term care. Activities of daily living, often referred to as ADLs, include such regular activities as bathing, dressing, using the toilet, transferring to or from the bed or a chair, caring for incontinence, or eating.

It’s difficult to predict how long you may need care.
You can’t predict the future, but these facts might give you an idea of how long you may need long-term care.
On average, someone age 65 today will need some long-term care services for three years.

Your long term care needs may change overtime.
The amount and type of long-term care services you need will often change gradually over time. For example, early on you may need only occasional help for a few activities of daily living, and may choose to receive that assistance in your own home.
Over time, however, you may begin to require more regular assistance and choose to live in an assisted living center.

CALL TODAY!
1-877-YES-LTCI

43% of all claims for long-term care insurance benefits are from people under age 65.
Florida General Baptist Convention, Inc.

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Our advisors provide expert, unbiased guidance in selecting and enrolling in the Medicare insurance that’s right for you. We have over 25 years of expertise in advising and servicing clients with their Medicare needs.

We work with many insurance companies to help you choose the right plan to fit your needs and budget.

Medicare Supplement Insurance (Medigap)

In most states, Medicare Supplement plans, also known as Medigap, come in 10 plan options (labeled A-N). Each plan A-N has a different set of benefits, but for each plan that a private insurance company offers, the benefits must be the same. Therefore, the main way plans can vary is by cost & the underwriting requirements. You will want to choose a Medigap plan with the benefits that best suit your needs and find the insurance company that offers that plan at the lowest cost available.

Medicare Advantage Plans

Health plan options that are part of the Medicare program. If you join one of these plans, you generally get all your Medicare-covered health care through that plan. This coverage can include prescription drug coverage.

Medicare Advantage Plans include:

- Medicare Health Maintenance Organization (HMOs)
- Preferred Provider Organizations (PPO)
- Private Fee-for-Service Plans
- Medicare Special Needs Plans

Medicare Part D Prescription Drug Coverage:

These plans (sometimes called “PDPs”) add drug coverage to Original Medicare, can be purchased stand alone in conjunction with original Medicare, or are included in Medicare Advantages plans labeled MAPD.

* AARP, Mutual of Omaha, and Humana Approved States: WV, NC, SC, TX, VA, OH, KY, GA and NY. (Additional States Pending Approval)