



### It's Easy!

- ▼ Easy yes/no application
- ▼ Easy-to-understand coverage
- ▼ Easy-to-use benefits
- ▼ Easy-to-use web access
- ▼ Easy payment methods

*Consumer's Choice/USA™ is a product of America's Health Care Benefit Plan, LLC, provided through America's Health Care Consumer Association, a not-for-profit national organization. Sales agents receive compensation from America's Health Care Consumer Association for promoting the association and selling the Consumer's Choice/USA™ plan.*

*Consumer's Choice/USA™ and its benefit providers are not affiliated with or endorsed by any federal or state agencies, Medicare, Medicaid or the Social Security Administration.*

*Benefits and providers are subject to change, and programs are not available in all states and may vary in some states. All benefits are subject to plan exclusions and limitations.*

*See plan details or visit our website at [www.consumers-choice-usa.com](http://www.consumers-choice-usa.com).*

# You Have A Choice!

The Medical Benefit Plan for Individuals & Families Who:

- ▼ Cannot afford a traditional major medical plan
- ▼ Cannot medically qualify for a major medical plan
- ▼ Are looking for a benefit "bridge" that fills the gaps in their high deductible major medical plan
- ▼ Wish to supplement existing group or individual medical coverage

Consumer's Choice/USA™ includes a variety of insurance benefits, discount access benefit programs and other association benefits.

## Featuring:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>▼ FIRST-DOLLAR HOSPITAL INDEMNITY BENEFIT - Your Choice:           <ul style="list-style-type: none"> <li>● \$500/day</li> <li>● \$1,000/day</li> <li>● \$1,500/day</li> </ul>           (for up to 30 days per person per calendar year)         </li> <li>▼ SURGICAL BENEFIT -           <ul style="list-style-type: none"> <li>● Inpatient: \$500, \$1,000 or \$1,500</li> <li>● Outpatient: \$250, \$500 or \$750</li> </ul>           One inpatient and one outpatient surgical indemnity benefit per person per calendar year, based on plan selected         </li> <li>▼ \$50 Doctor office visit</li> <li>▼ Other outpatient care benefits</li> <li>▼ Ambulance benefit</li> <li>▼ Medical provider discounts through a national provider network</li> </ul> | <ul style="list-style-type: none"> <li>▼ Insured Prescription Drug Coverage           <ul style="list-style-type: none"> <li>● \$15 copay on most generics</li> <li>● Discounts on brand name</li> </ul> </li> <li>▼ \$5,000 Accident Medical coverage</li> <li>▼ Up to \$10,000 Accidental Death &amp; Dismemberment coverage</li> <li>▼ National dental discount network</li> <li>▼ Emergency Medical Travel Assistance</li> <li>▼ Savings on vision &amp; hearing</li> <li>▼ Personalized diet program</li> <li>▼ Online health information</li> <li>▼ Medical emergency card</li> <li>▼ Quarterly newsletter</li> <li>▼ OPTIONAL BENEFIT:           <ul style="list-style-type: none"> <li>● Lab &amp; Diagnostic Plan</li> </ul> </li> </ul> |
|---|---|

*Dental, vision and hearing discounts (and optional Lab & Diagnostic) are NOT insurance. They are discount plans. You are responsible for the full cost of any health care services purchased. You will receive discounts for medical services at certain health care providers who have contracted with the plans. Members have the right to cancel registration within a 30 day period. These plans do not make payments directly to health care providers. A list of all plan providers within the prospective member's service area which included their name, city & state, and medical specialty is available prior to purchase, upon request. Discounts for hospital services are not available. These plans are administered by Group Dental Service of Maryland, Inc. (GDS-MD), your Discount Medical Plan Organization, 111 Rockville Pike, Suite 950, Rockville, MD 20850, 1-800-285-0374, [www.consumers-choice-usa.com](http://www.consumers-choice-usa.com). The program and its administrators have no liability for providing or guaranteeing service or the quality of service rendered.*



[www.consumers-choice-usa.com](http://www.consumers-choice-usa.com)

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Association Member Services:

16476 Chesterfield Airport Road, 2nd Floor, Chesterfield, MO 63017



## PLAN HIGHLIGHTS

To help you manage and budget your medical expenses, the Consumer's Choice/USA™ plan features:

- ▼ a nationwide health care provider network to give you access to quality care at lower costs
- ▼ first-dollar Hospital Indemnity plan including surgical and outpatient benefits

Consumer's Choice/USA™ is designed to maximize your benefits and save you money when you utilize physicians and medical facilities that are part of the national CCN® Network of over 400,000 hospitals and physicians across the country. However, your insurance benefits can be used with any medical provider.

- ▼ Simplified Underwriting – Applying for coverage is simple. You'll know automatically if you're eligible to participate.
- ▼ No Deductibles, Copays or Coinsurance – The Consumer's Choice/USA™ benefit plan is simple to understand. Benefit amounts are fixed and annual maximums are simply stated so you know which benefit payments may apply.
- ▼ Provides Access to health care providers
- ▼ Peace of Mind – Finally, a program that makes sense.

All Benefits are Subject to Exclusions and Limitations.

## Medical Insurance Benefit Description

Medical insurance benefits are one of the components of the Consumer's Choice/USA™ package. These benefits are underwritten by Companion Life Insurance Company and include:

### FIRST-DOLLAR HOSPITAL INDEMNITY BENEFIT

Your CHOICE:

- ▼ Silver Plan: \$500 per day
- ▼ Gold Plan: \$1,000 per day
- ▼ Platinum Plan: \$1,500 per day

For up to 30 days maximum benefit per person per calendar year. This benefit begins the first day of a covered hospital confinement – no elimination period, no deductible, no copay or coinsurance. Simple to understand, so you know what your plan will pay before you ever go to the hospital.

Note: 12-month pre-existing condition limitation applies for hospital confinement benefits.

### INPATIENT/OUTPATIENT SURGICAL BENEFIT

A specified amount is paid to you for surgery performed, per calendar year, per insured:

- ▼ Silver Plan: \$500 for inpatient surgery / \$250 for outpatient surgery
- ▼ Gold Plan: \$1,000 for inpatient surgery / \$500 for outpatient surgery
- ▼ Platinum Plan: \$1,500 for inpatient surgery / \$750 for outpatient surgery

Maximum of one inpatient surgery and one outpatient surgery benefit is payable per calendar year per insured.

NOTE: 12-month pre-existing condition limitation applies to surgical benefit.

### OUTPATIENT PHYSICIAN OFFICE VISIT BENEFIT

\$50 benefit paid per visit, up to a maximum of 4 visits per person per calendar year.

### OTHER OUTPATIENT CARE AND ANESTHESIA BENEFIT

\$25 benefit paid per visit, up to a maximum of 2 visits combined per person per calendar year for:

- ▼ Outpatient Diagnostic X-ray and Laboratory
- ▼ Anesthesia

### AMBULANCE BENEFIT

\$150 benefit per person per calendar year.

No pre-existing condition waiting period for outpatient benefits.

Benefits are subject to change, may vary by state and are subject to the plan's exclusions and limitations (consult the certificate of coverage for details and see the section of this material titled "Medical Insurance Benefits Exclusions and Limitations").

#### NOTE:

Companion Life Insurance Company does not endorse, nor is there any affiliation with the other programs, discounts, vendors, and benefits described herein for the Consumer's Choice/USA™ program or America's Health Care Consumer Association.

CCN is not affiliated with Companion Life nor does the medical benefit underwritten by Companion Life contain a PPO benefit provision.

## Medical Insurance Benefits Exclusions and Limitations

The Consumer's Choice/USA™ Medical Benefits (First-dollar Hospital Indemnity Benefit, Outpatient Physician Office Visit Benefit and other Outpatient Care and Surgical Care Benefits – underwritten by Companion Life Insurance Company) include the following exclusions and limitations:

With respect to all of the benefits provided under the Policy, no benefits will be payable as the result of:

- (a) suicide or any attempt thereof, while sane;
- (b) any intentionally self-inflicted injury or Sickness;
- (c) rest care or rehabilitative care and treatment;
- (d) cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from a covered Accident if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
- (e) immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals;
- (f) routine newborn care, including routine nursery charges;
- (g) voluntary abortion, except with respect to the Insured or covered Dependent spouse: (1) where such person's life would be endangered if the fetus were carried to term; or (2) where medical complications have arisen from an abortion;
- (h) normal pregnancy, except for Complications of Pregnancy;
- (i) the treatment of:
  - (1) mental illness;
  - (2) functional or organic nervous disorder, regardless of cause;
  - (3) alcohol abuse;
  - (4) drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed for more than 10 days in any Calendar Year, with respect to payment of the Daily In-Hospital Indemnity Benefit;
- (j) 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;
- (k) committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;
- (l) participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding;
- (m) 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;
- (n) any Accident occurring as a result of the Covered Person being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Accident took place);
- (o) sex changes;
- (p) experimental treatments or surgery;
- (q) the reversal of tubal ligation and vasectomies;
- (r) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law;
- (s) treatment of exogenous obesity or weight control;

- (t) 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 Accident sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war. The Company will refund the pro rata unearned premium for any such period the Covered Person is not covered;
- (u) accident or sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits have been made; or
- (v) Pre-Existing Conditions, except as described in the Schedule. In addition to the Exclusions and Limitations for all coverages, the following are not covered under the Out-patient Physician Office Visit Indemnity Benefit and the Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit:
  - (a) visits made, examinations given, or x-rays or laboratory tests performed as an in-patient while Confined to a Hospital;
  - (b) routine eye examinations or fitting of glasses;
  - (c) fitting of hearing aids;
  - (d) dental examinations or dental care other than expenses resulting from accidental injury; and
  - (e) benefits which are provided under any other part of the Policy.

Information included in this brochure regarding medical insurance plan benefits is for illustrative purposes to outline features, plan provisions, benefits and other information about the Consumer's Choice/USA™ medical coverage. It is not intended to serve as legal interpretation of benefits, which are provided under the Master Policy issued to America's Health Care Consumer Association. The exact provisions governing the insurance contract are contained in the Master Policy (Form MMP 2250) underwritten by Companion Life Insurance Company of Columbia, South Carolina. Some of the provisions, benefits, exclusions, or limitations may vary depending upon the insured person's state of residence. Certain terms and restrictions apply. For complete details about the medical coverage provided through Consumer's Choice/USA™ (a product of America's Health Care Benefit Plan, LLC), please refer to the certificate of coverage (Form MMC 2260) underwritten by Companion Life Insurance Company. The administrator for the Companion Life coverage is Insurers Administrative Corporation (IAC) of Phoenix, Arizona.

Please note: Any other America's Health Care Consumer Association or America's Health Care Benefit Plan insurance coverage, discount coverage programs, and provider network access discount arrangements are all a part of the association membership benefits described herein, or elsewhere, and are not affiliated with, or endorsed by Companion Life.

# You Have a Choice!

All three plans available for:

- Individual OR
- Individual + 1 Family Member OR
- All Family Members

Easy Website Access:

- Provides you information on all your benefits.

Easy Payment Methods:

- Monthly Bank Draft
- Credit Card (MasterCard or Visa)
- Group (list) billing available – for 5 or more participants

## Telephone Call Verification

All Consumer's Choice/USA™ applicants must complete a telephone call to verify their application, prior to issuing the coverage and membership benefit kit. Your agent will provide you with information on making this call. Applicants will be asked a few basic questions to assure accuracy and completeness of the application process.



### Benefit and Service Providers

Consumer's Choice/USA™ features a number of benefit and service providers, including:

- ▼ Hospital indemnity, surgical, ambulance, doctor visit and outpatient visit benefits are provided by Companion Life Insurance Company.
- ▼ Medical network access is provided through the CCN® National Network.
- ▼ Accident Medical and AD&D benefits are provided by US Life/AIG through Consumer Alliance USA.
- ▼ National Dental, Vision, Hearing and optional Lab & Diagnostic (through Direct Laboratory Services, Inc.) discounts are provided by Group Dental Service of Maryland, Inc.
- ▼ Emergency Medical Travel Assistance is provided by Lifeguard Assistance Provider.

### About America's Health Care Consumer Association

America's Health Care Consumer Association is a not-for-profit national organization, developed to provide health-related benefits that save money for its members across the nation.

Sales agents receive compensation from the association for selling the Consumer's Choice/USA™ plan and for promoting America's Health Care Consumer Association.

Consumer's Choice/USA™ was developed by the association to provide a package of health-related benefits for members. The association contracts with the providers of these benefits. America's Health Care Consumer Association investigates these providers but cannot warrant or guarantee their performance. As always, the association invites and encourages your suggestions on ways Consumer's Choice/USA™ can be increasingly beneficial to its members.

# The Choice is Yours!



Consumer's Choice/USA™ offers you 3 plans - You choose the one that fits your needs and budget!

BENEFIT LEVELS	SILVER Plan	GOLD Plan	PLATINUM Plan
Medical plan underwritten by Companion Life:			
<b>HOSPITAL INDEMNITY BENEFIT</b>	<b>\$500/day</b>	<b>\$1,000/day</b>	<b>\$1,500/day</b>
- for up to 30 days maximum per calendar year per person -			
<b>SURGERY BENEFIT</b> ● INPATIENT ● OUTPATIENT	<b>\$500</b> <b>\$250</b>	<b>\$1,000</b> <b>\$500</b>	<b>\$1,500</b> <b>\$750</b>
- maximum of one inpatient and one outpatient surgical benefit per calendar year per person -			
<b>OUTPATIENT PHYSICIAN OFFICE VISIT</b>	<b>\$50/visit</b>		
- maximum of 4 visits per calendar year per person -			
<b>OTHER OUTPATIENT CARE &amp; ANESTHESIA BENEFIT</b>	<b>\$25/visit</b>		
- maximum of 2 visits combined per calendar year per person -			
● Outpatient Diagnostic, X-Ray & Laboratory ● Anesthesia Services			
<b>AMBULANCE BENEFIT</b>	<b>\$150</b>		
- per calendar year per person -			

### MEDICAL SERVICES DISCOUNTS THROUGH CCN

Consumer's Choice/USA™ includes access to the national CCN® Network of health care providers. The CCN® Network is one of the nation's largest networks of health care providers, including doctors, hospitals and ancillary providers. It includes:

- ▼ Over 400,000 providers
- ▼ Locations in all 50 states

### HOW TO MAXIMIZE YOUR SAVINGS:

Discounts are made simple!

- ▼ Consumer's Choice/USA™ members present their ID card
- ▼ Claims/medical discounts are electronically processed
- ▼ Members receive an explanation of benefits (EOB)
- ▼ CCN-negotiated discounted rates only apply to covered services as long as the discounted bill is paid within 30 days from the date of the claim explanation of benefits (EOB). Your payment to the provider can be from insurance proceeds, your credit card or other accepted payment methods.

### How the Plan Works - Claim/Benefit Examples\*

	Office Visit	Hospital Stay (4 days)	Accident Medical Plan (Pays up to \$5,000)
<b>Regular Billed Amount</b>	<b>\$80</b>	<b>\$8,800</b>	<b>\$1,800</b> Emergency treatment for an accident - broken leg
<b>CCN® (national network) provider discounted price**</b>	<b>\$52</b>	<b>\$6,600</b>	
<b>Customer Network Savings</b>	<b>\$28 (35%)</b>	<b>\$2,200 (25%)</b>	
<b>Insurance Benefit Payment</b>	<b>\$50</b>	<b>\$6,000</b> (PLATINUM Plan shown at \$1,500/day)	<b>\$1,700</b>
<b>CUSTOMER COST:</b>			<b>\$100</b> Deductible
<b>Without Network discount</b>	<b>\$30</b>	<b>\$2,800</b>	
<b>Using CCN® Network</b>	<b>\$2</b>	<b>\$600</b>	

\* Cites examples of CCN® medical provider savings - discounted rates may be higher or lower depending on market and individual medical providers.

\*\* Whether or not insurance benefits are payable, the CCN® provider discount may apply to covered services when a CCN® medical provider is used. No limit on the number of times used.

## Additional Association Membership Benefits\*

All 3 Consumer's Choice/USA™ plans provide these additional valuable benefits:



**Insured Prescription Drug Plan**  
An insured plan that covers most generic medications!  
No Waiting Periods for Pre-Existing Conditions!

- ▼ \$15 co-pay for covered Generic Drugs at a contracted participating retail pharmacy / \$45 co-pay at the contracted Mail Service Facility (90-day prescriptions through mail service)
- ▼ Receive a discount below average wholesale price on Brand Name Drugs at a contracted participating pharmacy. Brand Name Drugs are not covered under the policy of insurance, but are available through an arrangement with the Pharmacy Benefit Manager.
- ▼ \$50 Annual Deductible per member; \$100 Annual Deductible per family
- ▼ \$250 Monthly Maximum Benefit (\$3,000/year) per insured person for Generic Drugs - No Lifetime Maximum
- ▼ \$500 Monthly Maximum (\$6,000/year) per family for Generic Drugs - No Lifetime Maximum
- ▼ Accepted by more than 51,000 Participating Pharmacies
- ▼ No claim forms to file when prescriptions are filled at a contracted participating pharmacy with the prescription drug card. Your personal ID Card will be all you need at the time you fill your prescription. No waiting for reimbursement.

*Exclusions and limitations apply. See plan summary for full details.*



**\$5,000 Accident Medical Coverage**  
For injuries from any one accident, pays up to \$5,000 for medical services not covered by other insurance (after \$100 deductible) for each covered person. Use any doctor or facility. Pays directly to you unless you assign benefits.



**Up to \$10,000 Accidental Death & Dismemberment Coverage**  
Coverage 24 hours a day, everywhere you go. \$10,000 maximum on primary member; \$5,000 maximum on spouse; up to \$2,000 per dependent child.



**Dental Network Discounts**  
The CAREINGTON CARE POS network offers you discounts of 20%-50% on dental services at more than 24,000 dental providers across the nation.

For a list of Dental providers, go to [www.denexvalue.com/consumerschoicedental](http://www.denexvalue.com/consumerschoicedental)



**Emergency Medical Travel Assistance**  
When traveling more than 100 miles from home, you'll have travel assistance services for medical emergencies. (Benefit may not be available to residents of certain states.)



**Vision Purchase Discounts**  
Save 10%-60%! Choose from over 12,000 providers nationwide, including retail optical locations and ophthalmologists.

- ▼ Frames & Lenses
- ▼ Eye Exams
- ▼ Contact Lenses & Sunglasses
- ▼ Surgical Procedures

For a list of Vision and Hearing providers, go to [www.consumers-choice-usa.com](http://www.consumers-choice-usa.com)



**Hearing Discounts**  
Save 15% on hearing aids!  
**Personalized Diet Program**  
Access special pricing at [Accudiet.com](http://Accudiet.com) on personalized diet and exercise programs.



**Online Health Information**  
Assess your health online with NHS Info's surveys, reports and health tips.



**Medical Emergency Card**  
Carry your medical profile on this handy card. Always available in emergencies.  
**Quarterly Newsletter**  
Consumer's Choice/USA™ will help you save even more with your plan benefits by keeping you updated each quarter!

*Benefits and providers are subject to change, and programs may vary in some states.*

*\*These benefits are not provided by nor affiliated with Companion Life.*

## Optional Benefit

Choose the following option to add even more value to your Consumer's Choice/USA™ plan:



### Lab & Diagnostic Discounts\*

Call toll-free to order your own lab tests - at a discount. And save on diagnostic tests your doctor orders, too.

- ▼ Savings range from 20%-70%
- ▼ PLUS - save the expense of a doctor office visit on lab tests you order directly!
- ▼ Results are provided directly to you AND to your doctor (if you choose)
- ▼ Over 5,000 participating labs/diagnostic centers nationwide

*ESTIMATED SAVINGS EXAMPLE:\*\**

	Usual Price	Consumer's Choice Discount Price**	ESTIMATED SAVINGS EXAMPLE**
<i>LAB</i>			
Cholesterol	\$20.00	\$12.00	40%
Thyroid Test	\$69.00	\$27.00	61%
Cancer Antigen Test	\$100.00	\$52.00	48%
Prostate Test	\$69.00	\$24.00	65%
<i>IMAGING</i>			
MRI	\$1,595.00	\$675.00	58%
CT Scan	\$960.00	\$350.00	64%
X-ray	\$69.00	\$39.00	43%

\* Not provided by nor affiliated with Companion Life.

\*\* Estimates are not a guarantee of savings. Prices may vary by location.