



TAXPAYERS NETWORK INC.

THROUGH KNOWLEDGE COMES VALUE

Information is power and having it at the right time can mean incredible savings for you. TNI is an association devoted to ensuring you have the information you need to make the best choices for your life—and your pocketbook.

TAXPAYERS NETWORK INC.

MEANS VALUE

TNI began in 1992 as Taxpayers Network Inc. Currently an Ohio-based nonprofit association, this company arose from the desire to make it easier for the average person to receive information about taxpayer dollars—and how to get the best deal for his or her income.

This association has grown into a network of individuals and small business owners across the nation—a network of informed, prepared consumers who are realizing incredible value for their money.

GET THE MOST FOR YOUR MONEY!

As a dues-paying member, you will receive a TNI quarterly newsletter that provides tips for small businesses and individuals to manage their money more wisely. Your spouse and minor children are also entitled to all the benefits of your membership.

A TNI membership allows you to relax, knowing your association is working hard to maximize your consumer dollars.

Don't let another minute go by without realizing the savings and information TNI can bring you or your company. Become a TNI member today! For more information about a membership, call us today at (262) 375-4190.



ASSOCIATION BENEFITS

Dental Discounts

- Receive discounted fees for preventive services. All other services, save 15%.

Chiropractic Discounts

- Free consultation! 30-50% savings on all other services.

Access to Health Insurance

- Available in selected states.

Hearing service discounts

- Save up to 60% on hearing aids.

Vitamin Discounts Catalog

- Save up to 50% on more than 4,500 health products, including Enzymatic Therapy products.

Home Medical Equipment

- Receive access to thousands of products.

MEDICARD Emergency Medical Information Card

- Receive a card with microfiche containing your medical and prescription records.

Motorclub Discount Emergency Roadside Assistance

- Obtain emergency assistance 24 hours a day, 365 days a year.

ITC-50 Hotel Program

- Receive hotel discounts of up to 50% at more than 5,100 hotels around the world.

Association Travel Club

- Save 2% on domestic air travel tickets.
- Save 2 to 5% on motor coach tours.
- Receive up to a 50% cruise fare discount.
- Receive a free \$100,000 travel accident insurance policy.
- Save on car rental with discounts at Avis, Hertz, Alamo, and National.

PowerNet Global Communications

- 5.4¢ a minute long distance with no monthly fee.

Pre-employment Background Reports and Investigative Services Discounts

- Members use this service for their personnel needs.

Vision Discounts

- Save 20 - 60% on eyeglasses and other retail eyewear from 10,000 vision professionals nationwide and on contact lenses ordered by mail.
- Save 10 - 30% on eye exams and surgical procedures from ophthalmologists.

Alternative Medicine Plan

- For only \$24.95 a year, receive access to deep discounts at more than 9,000 providers of complementary and alternative medicine for you and your household members.

Global Frontiers, Inc.

- Receive unlimited dial-up access to the Internet for \$15.95 a month. Includes unlimited e-mail, nationwide access, and more than 36,000 news groups.



TAXPAYERS NETWORK INC.

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TNI 6/02 GN1659

MedOne Plus

HEALTH INSURANCE FOR INDIVIDUALS AND FAMILIES

FLORIDA



It goes without saying that your health is important, and it's also important to choose a health insurance company you can rely on. For many years, individuals and their families have relied on the health insurance products designed, administered, and marketed by American Medical Security, Inc. (AMS) and underwritten by United Wisconsin Life Insurance Company.

We realize that one health insurance plan doesn't suit everybody's needs, so American Medical Security, Inc. along with United Wisconsin Life Insurance Company have designed a portfolio of plans to choose from. We're confident you'll find the plan and options that fit your needs and budget.

But that's not all. We offer unparalleled service with our insurance plans. For example, a helpful customer service representative will answer the phone when you call our home office — 24 hours a day, 365 days a year. You won't find any electronic phone menus to work your way through.

We also provide you with a toll-free number you can call to speak to a registered



nurse. These nurses will give you medical information 24 hours a day, 365 days a year.

When you add our service to the products we market, you have a company you can rely on for your health insurance needs — a company that incorporates the small-town values of its home town of Green Bay, Wis.

As you examine the benefits, features, and services described in this brochure with your professional agent, we're confident you'll be reassured that your health insurance needs will be in competent hands. We invite you to join the AMS family of satisfied customers.



ELIGIBILITY

If you'd like to apply for a MedOne Plus plan, you must be a member in good standing of the Taxpayers Network Inc. (TNI) Association, age 18 or over and under age 65, and/or not eligible for Medicare. All applicants must meet the insurer's underwriting requirements and be U.S. citizens or be in the U.S. by a valid permanent visa or green card. A copy of the visa or green card is required. Your dependents who wish to have coverage must be a lawful spouse and/or unmarried child under age 19. If the child is a full-time student at an accredited school, college, or university, coverage is provided to age 25.

EARLYCARESM COVERAGE

If you need to purchase coverage for a child only, choose from the MedOne Plus plan designs. EarlyCare coverage is also ideal for providing child protection as an alternative to employer-sponsored coverage, or for grandparents who want to ensure grandchildren have coverage.

Parents or legal guardians can apply for coverage for eligible children. Eligible applicants include unmarried children age 14 days to 19 years or to age 25 if the child is a full-time student at an accredited school, college, or university. Parents or legal guardians must also be members in good standing of the TNI Association.

MEDONE PLUS FEATURES	PPO BENEFIT PLAN 100% OPTION	PPO BENEFIT PLAN 80% OPTION	PPO BENEFIT PLAN 50% OPTION
Lifetime Maximum Per insured	\$5 Million	\$5 Million	\$5 Million
Office Visit Copay Options <i>A fixed fee that you pay toward office visit charges.</i>	\$30 \$40 None	\$30 \$40 None	\$30 \$40 None
Deductible Options <i>The amount of covered expenses you pay each calendar year before benefits are paid under the Policy.</i>	Network Non-network \$ 1,000 \$ 2,000 \$ 1,500 \$ 3,000 \$ 2,500 \$ 5,000 \$ 5,000 \$10,000 \$ 7,500 \$15,000 [†] \$10,000 \$20,000 [†]	Network Non-network \$ 500 \$ 1,000 \$ 750 \$ 1,500 \$1,000 \$ 2,000 \$1,500 \$ 3,000 \$2,500 \$ 5,000 \$5,000 \$10,000	Network Non-network \$ 500 \$ 1,000 \$ 750 \$ 1,500 \$1,000 \$ 2,000 \$1,500 \$ 3,000 \$2,500 \$ 5,000 \$5,000 \$10,000
Coinsurance Options <i>The level of coverage provided by the Plan after the calendar year deductible is satisfied. Once the maximum has been met the insurer pays 100% of covered expenses for the remainder of the calendar year.</i>	100% 70%	80% 50%	50% 50% Not available with all networks
Coinsurance Limit <i>A shared percentage paid by you and the Policy.</i>	\$0 \$13,333	\$10,000 \$8,000	\$8,000 \$16,000
Individual Out-of-Pocket Maximum Plus deductible <i>The maximum amount you pay per calendar year for covered expenses.</i>	\$0 \$4,000	\$ 2,000 \$4,000	\$4,000 \$8,000
Physician Office Visit If no copay is selected, charges for the office visit are payable at deductible then coinsurance.		Network: Copay then 100% Non-network: Deductible then coinsurance	
Wellness Benefit If no copay is selected, charges for the office visit are also payable at deductible then coinsurance.		Network Office Visit: Copay then 100% Network x-ray/lab: Deductible then coinsurance <i>lab, PSA, pap smear, and mammogram</i> Non-network: Not covered	
Pathology (lab) Test		Deductible then coinsurance	
Radiology (x-ray) Test		Deductible then coinsurance	
Surgery and Anesthesiology Fee		Deductible then coinsurance	
Routine Vision Exam		Vision Benefit Network Provider: \$10 copay, then 100% Vision Benefit Non-network Provider: Payable to a maximum of \$38	
Inpatient and Outpatient Facility Charges		Deductible then coinsurance	
Physician Inpatient Hospital Visit		Deductible then coinsurance	
Emergency Room Charges Copay is waived if immediately confined		\$100 copay then deductible and coinsurance	
Ambulance Air or ground		Deductible then coinsurance	
Prescription Drug Benefit <i>Drug Discount Program is not an insurance benefit</i>		Drug discount program included See page 6 for buy-up options	

[†] Not available with \$30 copay

Plans provide only limited benefits for non-network providers. Benefits received from non-network providers are subject to a separate non-network deductible and coinsurance limit. Note: This brochure is only a portion of the sales material for medical insurance. Please refer to the state variations insert for the plan differences in your state. The Classic Benefit plan (Non-PPO) is available, please see your agent for details.

PLAN FEATURES

Prescription Discount

Although this is not an insurance benefit, you may realize savings when you purchase your prescription drugs at a member pharmacy. You pay the entire cost of your prescription drug but at the discounted cost. (See page 6 for buy-up options.)

TravelCare™

The TravelCare benefit allows insureds who are traveling outside their networks' primary service areas to receive care from providers affiliated with Private Healthcare Systems, Inc. (PHCS), a nationwide PPO network. Receive care from a PHCS provider and get network-level coverage—that may mean less out-of-pocket expense for you. To receive this insurance benefit, select a plan design using a PPO.

On-the-Job Protection

On-the-Job Protection offers 24-hour coverage for eligible medical expenses due to work-related injury or sickness. Some occupations are ineligible. Ask your agent about On-the-Job Protection.

Non-Tobacco Use Discount

If you don't use tobacco, you may receive substantial premium savings!

Get the most from your plan!

When you precertify treatment, our health-care management professionals can advise you and your physician of the coverage available for your treatment. By offering sensible, cost-effective solutions, we encourage you to manage your health care and get the most from your plan.

PPO Networks

A network of credentialed doctors, clinics, hospitals, and other health-care providers are contracted to provide medical services at negotiated fees. Your benefits may be greater when you select a PPO network and use network providers. Network providers are compensated for services covered under the Policy at predetermined rates which are usually less than the provider's customary rates. Network provider charges for covered services are considered reasonable and customary. AMS may replace the network at any time. You'll receive advance notice of any change.

Out-of-Pocket Maximum

The out-of-pocket maximum is a specific limit on the amount of covered expenses you pay per calendar year. When an individual out-of-pocket maximum level has been reached, you no longer pay deductible or coinsurance for that individual for the remainder of that calendar year. The family out-of-pocket maximum is twice the individual amount. To reach a family deductible maximum, two members of your family must each meet an individual deductible. Once the family out-of-pocket maximum is met, no additional deductible or coinsurance will be taken for any family member for the remainder of that calendar year.

Non-network deductibles and coinsurance amounts credit toward both the network and non-network out-of-pocket maximums. The network deductible and coinsurance apply only to the network out-of-pocket maximum. Copays do not apply toward out-of-pocket maximums and are collected before and after the out-of-pocket maximums have been met.



OPTIONAL BENEFITS

Available if you have selected any MedOne Plus benefit plan.

Prescription Drug Coverage Options

The prescription drug coverage options provide benefits for covered expenses including the generic version of a prescription drug (or the brand-name drug if no generic exists).

If you wish, you may choose the brand-name drug even if a generic exists, but you must pay the difference in cost between the brand-name and generic drug in addition to the brand-name coinsurance (if applicable).

With this benefit, you may also be able to order your prescription drugs by mail.

Choose the following deductible; \$0, \$500, \$1,000, then the following benefits apply:

Retail: Generic drug: \$15 copay; 34-day supply
Brand name : 50% coinsurance; 34-day supply

Mail Order: Generic drug: \$30 copay; 60-day supply
Brand name : \$60 copay; 60-day supply

Your prescription costs do not apply toward your individual or family out-of-pocket expenses.

Supplemental Accident Benefit

The Supplemental Accident Benefit (SAB) provides first-dollar coverage for each accidental injury. SAB benefits are payable the same whether a network or a non-network provider is seen. A maximum of \$300 per occurrence of covered expenses is payable at 100%, with remaining charges subject to copayments, deductibles, and coinsurance. The initial treatment must be received within 72 hours of the accident or injury, and the claim for expenses must be received within 90 days of the accident or injury.

Voluntary Term Life and AD&D Insurance

Protect your family against financial misfortune caused by death or accidental dismemberment by purchasing one of our optional Term Life and AD&D Insurance benefit levels — up to \$300,000 of coverage is available (subject to underwriting approval).

Voluntary Dependent Term Life Insurance

This Dependent Term Life Insurance option provides additional security in case of the death of a family member (spouse, child age 14 days to 19 years, or a child who's a full-time student until age 25). Dependent Term Life coverages are available only to dependent family members covered on the medical plan.

Dependent Term Life Amounts

Spouse Age/Amount Chart:

Dependent Child:

<u>Age</u>	<u>Amount</u>
0-40	\$7,500
41-50	\$6,000
51-55	\$4,500
56-60	\$3,000
61-64	\$1,500
65+	None

\$5,000 for each covered dependent child age 14 days to 19 years, or if a full-time student, until age 25.
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COVERED EXPENSES

Benefits are subject to applicable copayment, deductible, coinsurance, and maximum allowable charges. All services are subject to Policy provisions.

Physician Visit Charges

Covered services include physician office visits.

Other Medical Professional Charges

Covered services include physician hospital visits; non-routine injections and injectable drugs; physical, respiratory, and occupational therapy.

Wellness Benefit

When received from a network provider, the following routine services are available to each covered person:

- Routine physical exam
- Routine lab
- Prostate screening (PSA)
- Pap smear
- Mammogram

Services are not covered when using a Classic Benefit Plan, non-network provider, or if services are being done for employment, school, travel, buying insurance, marriage, or family planning.

Other Covered Expenses

Covered services include radiology and pathology tests and prescription drug benefits (if a Prescription Drug Coverage option is purchased).

Surgery and Anesthesiology Charges

Covered services include surgery, anesthesiology, post-operative care, and oral surgery performed in a physician's office or in a hospital as an inpatient or outpatient.

Vision Exam

Coverage includes one comprehensive eye exam every 12 months including refraction. Benefits are payable at 100% after a \$10 copay when services are received from a vision benefit network provider.

Benefits are payable to a maximum of \$38 when services are rendered by a vision benefit non-network provider.

Note: The vision benefit network is separate from the medical network if a PPO plan is chosen.

Hospital and Other Facility Charges

Covered services include semi-private room and board, intensive care, and other facility charges, such as inpatient and outpatient care and emergency room fees.

Complications of Pregnancy

Complications of pregnancy are covered the same as any sickness for the insured and for the insured spouse. Complications do not include expense for normal pregnancy and childbirth.

Sick Baby

Coverage is included for a newborn for 31 days from birth. It includes surgery and treatment of injury, sickness, birth defects, and medically necessary treatment for cleft lip and cleft palate. To continue coverage, an application form must be received by AMS within 31 days from the date of birth. An additional premium may be required.

Home Health Care

Covered services include part-time physical, respiratory, occupational, and speech therapy and part-time or intermittent skilled home care and health aide services. Covered to 20 visits per calendar year.

Skilled Nursing Care

Includes coverage for room, board, routine services, and skilled nursing care for 30 days per calendar year.

Hospice Care

Part-time nursing care and home health aide services are included up to eight hours a day. Physical therapy, services, supplies, prescription drugs, and case management are also included.

Transplants

When using the Transplant Provider Network, eligible services are covered at 100% after a \$5,000 copay per transplant to a \$1 million lifetime maximum. Outside the Transplant Provider Network, eligible services are covered at 70% after a \$10,000 copay per transplant to a lifetime maximum of \$250,000. Transplant benefits are combined to a total maximum of \$1,000,000 per lifetime, per insured. (Copays do not track to the plan's total out-of-pocket maximum.)

When the covered transplant patient travels more than 100 miles from home to use the Transplant Provider Network, the plan provides a \$5,000 lifetime maximum per insured travel benefit. This lifetime maximum covers travel, food, and lodging for the patient and one companion.

Services include the transplant of kidney, liver, pancreas, heart, lung, kidney/pancreas, heart/lung, allogenic bone marrow, autologous bone marrow, stem cell, and donor expenses as defined in the Policy. Subject to prior approval. Artificial organs are not covered.

Note: The transplant provider network is separate from the medical network if a PPO plan is chosen.

MAXIMUM ALLOWABLE CHARGE

We use a number of national standards to determine maximum amounts payable for medical services. If charges from a non-network provider are above these maximum amounts, the insured person may be subject to additional charges (above copays and coinsurance).

STATE COVERAGES

Sick Baby

Coverage is included for a newborn for 31 days from birth, for surgery and treatment of injury, sickness, including necessary care or treatment of congenital defects, birth abnormalities or prematurity. To continue coverage, an application form must be received within 31 days from the date of birth. An additional premium may be required. Covered expenses include transportation to and from the nearest facility available to treat a newborn's condition, to \$1,000. Coverage for a newborn of a covered dependent child terminates 18 months after birth.

Mammography Screening

Benefits are included for covered females age 35 and over, subject to a limited schedule. Also, coverage is included for one or more mammograms per year for females at risk of breast cancer.

Cleft Lip/Cleft Palate

Coverage is included for dependent children under the age of 18, for medical and dental treatment, speech therapy, audiology, and nutrition services.

Anesthesia & Hospital for Dental Care

Coverage for dental anesthesia is provided for dependent children under age 8, who require dental treatment in a hospital or ambulatory surgical center due to a complex dental condition or developmental disability, or the person has one or more medical conditions that would create undo risk, in the course of dental treatment.

Mastectomy & Related Services

Coverage is provided for both inpatient & outpatient mastectomies. Coverage includes prosthetic devices, breast reconstructive surgery and routine follow-up care.

Manipulative Therapy

Covered the same as any sickness.

Temporomandibular Joint Dysfunction (TMJ)

Covered the same as any other joint disorder subject to plan provisions.

Extended Benefits

If group coverage terminates, benefits for disabling conditions are extended to the earlier of 12 months or until the maximum benefit is paid. This extension also applies to supplemental accident benefits. It does not apply to any other optional benefits.

Child Health Supervision Services

Covered services for child health supervision services for covered dependent children from the moment of birth to age 16 include: physician delivered or physician supervised services which include a history, physical exam, developmental assessment, anticipatory guidance, appropriate immunizations and lab tests. There is a maximum of 18 visits per child at specified ages. Benefits are limited to one visit payable to one provider for all services provided at each visit. Services are not subject to deductible or copayment but are subject to coinsurance.

Osteoporosis

Osteoporosis screening, diagnosis, treatment and management are covered the same as any other sickness.

VALUE-ADDED FEATURES

Note: The features listed below are not insurance benefits.

Customer Service

We never sleep. Whenever you call our home office, a customer service representative will answer the phone — 24 hours a day, 365 days a year. You can expect prompt, friendly service and accurate information about claims, benefits, and general coverage around the clock.

Nurse Healthline, Inc.*

Registered nurses provide free medical and provider information toll free 24 hours a day, 365 days a year. More than 29 percent of Nurse Healthline, Inc. calls provide information for home self-care. Consider the savings of time and money.

*Services are provided through a contractual agreement with our affiliate, Nurse Healthline, Inc.

No Network Claim Forms

We'll make using your insurance easier for you. You should never have to complete a medical claim form when you visit network providers. Their offices send claims directly to us, where they are processed by experienced professionals.

PPO Plan Options

With all of our plans, you have the freedom to visit the doctor you feel most comfortable with — the doctor you trust. You can save money by selecting a PPO plan and visiting network providers when you need treatment.

Dental Discounts

AMS and CAREINGTON International have an agreement to provide MedOne Plus insureds with a dental discount card program. Thousands of participating dentists nationwide present discounts on a variety of common dental services — from cleanings and exams to crowns and prosthetics.

VSP Discounts

Laser Vision Discounts: VSP has made arrangements with laser surgery facilities and doctors to offer its members discounts averaging 20 to 25%. Eyewear Discounts: VSP doctors offer valuable savings including a 20% discount on non-covered pairs of prescription glasses (lenses and frame). You can also save 15% off the cost of your contact lens exam when you receive contact lens services from VSP.

Receive up to \$1,000 Cash

If you find an overcharge on a hospital or medical bill, we may pay you up to 50% of the savings, up to \$1,000 cash per calendar year.

BILLING OPTIONS

When you choose a MedOne Plus plan, you have the option to have monthly, annual, semiannual, or quarterly billing. Payments can also be made with credit card or monthly check-o-matic withdrawals.

PLAN PROVISIONS

Pre-existing Condition Limitation

All medical plans include a pre-existing condition limitation.

A pre-existing condition means (1) a condition for which a person received medical care, treatment, services, medication, diagnosis, or consultation 12 months before the insured person's effective date of coverage or (2) a condition that produced symptoms that are distinct and significant enough to establish the onset of a condition or that the condition manifested itself, where a person learned in medicine would be able to diagnose the condition because of those symptoms, or where the symptoms would cause an ordinarily prudent person to seek diagnosis or treatment. Pre-existing conditions are covered after a period of 12 months, during which time the person has been continuously covered under the Policy.

We will waive the pre-existing limitation for conditions that are fully and completely disclosed on the application; however, we may place an exclusion or impairment rider on a certain condition(s).

Rating and Renewability

Premium rates are calculated based on a variety of factors as allowed by state law. These factors may include geographic location, provider network, distribution channels, selected benefits, age, gender, tobacco use, classes, health status of you and your insured dependents, the length of time you are insured under the plan, health status of the entire pool of insureds in which you are included, administrative costs, and other factors. Your initial premium rates are guaranteed for the first 12 months of coverage providing you maintain residence in the same geographic location. Thereafter, we reserve the right to periodically adjust the premium rates charged for your coverage under the Policy. We will provide you with advance written notice a minimum of 30 days prior to the effective date of a premium change, unless state law requires additional notice.

Premiums may also change on the next premium due after the date when:

- You or your insured dependent attain a higher age;
- A dependent is added to or terminated from the plan; or
- Any benefit is changed, including but not limited to, increases or decreases in a benefit, or the addition or removal of a benefit from the plan.

If a premium change is for one of the reasons stated above, we will notify you as soon as possible about the change.

If we find that premiums are incorrect, we will:

- Make a refund to you for any amount of overpaid premiums; or
- Request payment from you for any amount of underpaid premiums.

We reserve the right to adjust administrative and/or service fees. We will notify you prior to any change.

Coverage is guaranteed renewable except when:

- Premium was due and not paid.
- We determine fraud or material misrepresentation under the terms of the contract.
- We do not renew all plans with the same type and level of benefits in the state.
- We no longer sell similar health coverage in a given state.
- You or your dependents no longer reside in the network service area, if covered by a network plan.
- You move to a state where, by law, we are not licensed to do business.
- The group Policy terminates.

You may terminate insurance at any time by providing us written notice prior to the requested termination date. The termination date will be the first of the month. Insurance will terminate at 12:01 A.M. central standard time on the termination date.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) requires various changes to individual health insurance plans. In some states, the insurer must guarantee issue such plans to eligible persons who lose coverage under a prior group health plan. Such persons are not required to satisfy another pre-existing condition limitation. The new insurer may require copies of a Certificate of Creditable Coverage to determine how to apply the pre-existing condition limitation. Eligible individuals are guaranteed issue to a health plan.

An eligible person means a person who meets all of the following requirements:

- Has a total of 18 or more months of continuous creditable coverage.
- Most recent prior creditable coverage was under a group health plan.
- Is not eligible for coverage under Medicare or Medicaid.
- Was not terminated for nonpayment of premiums, fraud, or intentional misrepresentation of material fact.
- Has elected continuation coverage under COBRA or a similar state program, and has exhausted or will soon exhaust this coverage.
- Is not covered by another plan.
- Has had less than a 63-day break in coverage from the most recent group plan.

Creditable coverage includes health insurance coverage and other health coverage, such as coverage under other group health plans, short-term medical coverage, Medicaid, Medicare, CHAMPUS, other military-sponsored health care, and similar plans. Creditable coverage does not include accident-only coverage, long-term care coverage, liability or workers' compensation insurance, automobile medical payment insurance, or other similar insurance.

Reinstatement of Coverage

If your coverage has lapsed for nonpayment of premium, you may be able to apply for reinstatement of coverage (not available in all states). If your coverage lapses and reinstatement is available in your state, you'll receive information about how the process works. Reinstatement is not guaranteed.

EXCESS/SUBROGATION/RIGHT OF REIMBURSEMENT

We do not pay benefits when other excess insurance also pays for the same medical expenses. We subrogate to the extent of our payment when a party causes or is liable to pay for our insured party's injury or sickness. Insureds are required to repay us from any settlement, judgment, or any other payment received from any other source.

LIMITATIONS AND EXCLUSIONS

Please read carefully.

Precertification Penalty

Certain procedures that you or your doctor do not precertify with us are subject to a penalty of 10% to a maximum of \$1,000 per occurrence.

Medical

No medical insurance coverage is provided for any of the following unless specified elsewhere as a covered benefit for:

Alcoholism, drug abuse, mental or nervous disorders | Any treatment or supply for hair loss or growth | Any weight loss method | Attempted suicide or intentional self-inflicted injury or sickness while sane or insane | Blood products replaced by donation or blood storage except for scheduled surgery | Bony protuberances or misalignment of forefoot and toes including bunions, spurs, and hammertoe | Care provided by a family member or by a person residing with you | Cesarean-section delivery | Civil or criminal battery or felony | Cost of brand-name drugs in excess of the cost of generic drugs | Cost to rent durable medical equipment that exceeds the cost to purchase the item | Custodial care | Dental surgery except as defined under the Policy | Dental treatment from chewing injury or dental implants | Drugs obtainable without a written prescription | Emergency room treatment if no emergency exists | Exams, x-rays, and tests for routine physicals when using a non-network provider or if exams, x-rays, and tests are being done for employment, school, travel, buying insurance, marriage, or family planning | Expense for which no benefit is described | Experimental or investigative procedures, devices, or drugs | Eye exams, eyeglasses, contact lenses, or surgery to improve eyesight | Hearing aids or exams | Hospital costs for admission from 8 a.m. Friday to midnight Sunday except for an emergency or scheduled surgery | Immunizations except for children to age 16 | Items used only for comfort such as a humidifier | Learning disabilities or developmental disorders, testing or training for education or vocation, vision therapy, or speech therapy except for injury or

functional defect | Marriage, family, or sex counseling | Multiple surgeries done at the same time; secondary procedures are covered up to one-half the cost of each additional procedure | Normal pregnancy | On-the-job injury or sickness for you and your spouse unless enrolled and approved by us for the On-the-Job Protection Benefit | Orthognathic reconstructive surgery | Plastic or cosmetic surgery unless for reconstruction caused by a covered injury, sickness, or mastectomy, only when the injury or sickness occurred while insured under the Policy | Pre-admission testing in a hospital not done within seven days before scheduled admission | Pre-existing conditions | Prescription drug charges except in hospital or hospice, unless the prescription drug rider is purchased | Private duty nursing | Riot | Routine injection of drugs | Sclerotherapy for varicose veins | Services and supplies furnished by a government plan, hospital, or institution unless by law you must pay | Services and supplies not medically necessary, not recommended/approved by a doctor, or not provided within the scope of a doctor's license | Services or supplies charged in excess of the maximum allowable charge | Services or supplies provided by your employer or provided after insurance terminates | Services or supplies provided free of charge | Sex change operations and complications; testing and treatment for impotency or infertility; any treatment, procedure, drug, or device to prevent or promote conception | Skilled nursing facility confinement beyond 30 days per calendar year | Sterilization | Strained or flat feet; instability or imbalance of feet or ankles; orthopedic shoes or supplies; cutting or removal of corns, calluses, or toenails except for diabetes or similar disease | Treatment of the following conditions during the first six months you are insured by the Policy: hemorrhoids, hernia, tonsillectomy or adenoidectomy (except covered for an emergency), and varicose veins | Treatment outside of the U.S. except for an emergency | War or military service | Well baby care.

Accidental Death & Dismemberment

No accidental death and dismemberment benefit is payable for loss resulting from:

Air travel or flight except as fare-paying passenger | Committing or attempting to commit civil or criminal battery or felony | Driving while legally intoxicated or while using non-prescribed drugs | On-the-job injury or sickness | Participating in a riot | Sickness unless a direct result of covered injury or from accidental ingestion of a contaminated substance | Suicide or intentional self-inflicted injury or sickness | Voluntary taking of sedative, drug, or inhaling gas unless prescribed or administered by a doctor | War or military service.

This is an outline only and not intended to serve as legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the Group Master Policy TNI1000.

Insurance Products

Designed, Administered, and Marketed by:



P.O. Box 19032, Green Bay, WI 54307-9032
(920) 661-1111 • (800) 232-5432

Underwritten by:



P.O. Box 19032, Green Bay, WI 54307-9032
(920) 661-6020