

Membership Benefits

If you become unexpectedly sick or injured, medical bills can come as a surprise and add up quickly. Latitude benefits can help address some health care expenses, which are your out-of-pocket responsibility, Here are more details:



Teledoc

Save trips to urgent care, and cut your medical expenses with telephone or video consultations offered by U.S. board-certified doctors 24 hours a day, 7 days a week, FREE of charge. As a member you have access to Teladoc, the leading telemedicine company with doctors averaging 15 years of patient-care experience. Skip the waiting room and connect with a physician from the comfort of your own home for free, then get prescriptions for common ailments sent directly to your pharmacy of choice.

Discount Prescription Drugs

Members can text or email prescription drug discount deals straight to their phone or print a discount drug card to use at over 66,000 pharmacies nationwide. Save on name brand drugs, and up to 75% off generic drugs.

Discount Vision

With discounts on eye exams, lenses, frames and additional eyewear, members save up to 15% on eye exams and 20%–40% on frames, lenses, contacts and more.

Roadside Reimbursement

Get reimbursed for any towing and emergency roadside services for up to \$50; two reimbursements per year.

Save on Medical

Save on Medical, connects members to the best pricing for X-rays, MRIs, CT scans, mammograms ultrasounds, various surgeries and more. Patients schedule online and pay cash immediately, or they can file a claim through an insurance company. It's up to you how you pay, and how much you can save.

Supplemental Insurance Benefits

The following chart outlines the supplemental insurance benefits.

Accidental Death & Dismemberment	Adult	Child
Loss of Life	\$5,000.00	\$2,000.00

Loss of both Hands or both Feet or sight of both Eyes; one Hand and one Foot; one Hand or one Foot and sight of one Eye; Speech and Hearing	\$5,000.00	\$2,000.00
Loss of one Hand or one Foot or sight of one Eye; Speech or Hearing	\$2,500.00	\$1,000.00
Loss of Thumb and Index Finger on the Same Hand	\$1,250.00	\$500.00
2nd certificate year benefit increase	Additional 10% of the original benefit amount	Additional 10% of the original benefit amount
Accident Medical Expense	Adult	Child
Maximum Amount Per Person/Per Accident	\$5,000.00	\$2,000.00
Per Accident Deductible	\$500.00	\$500.00
Critical Illness	Adult	Child
Maximum Amount Per Person/Per Lifetime	\$5,000.00	\$2,000.00
Heart Attack	\$5,000.00	\$2,000.00
Invasive Cancer after 90 days	\$5,000.00	\$2,000.00
Invasive Cancer during 1st 90 days	\$500.00	\$200.00
Cancer In Situ after 90 days	\$2,500.00	\$1,000.00
Cancer In Situ during 1st 90 days	\$500.00	\$200.00
Stroke, Major Organ Transplant Kidney Failure, Permanent Paralysis	\$5,000.00	\$2,000.00
2nd certificate year benefit increase (Adult only) Applies to diagnosis/procedure and lifetime amounts	Additional 50% of the original benefit amount	Does not apply to Dependent Child Benefits
Hospital Indemnity	Adult	Child
Daily Indemnity Benefit	\$500.00	\$200.00
Maximum Confinement Days Per Person/Per Year	10	5

Eligibility and Effective Dates

Adults under age 65 who are members in good standing of Communicating for America; their spouses under age 65; their dependent children under age 26 are eligible for the following insurance benefits.

Coverage is effective on the date shown in the Company's records, following receipt of the insureds individual enrollment form, if any, following the date the Company receives the first premium, unless

the eligible person is confined at home or in a hospital or medical institution for any condition covered by the Policy on the date coverage would otherwise begin. If the eligible person is confined as described above, then coverage will begin on the first day of the month following the date he or she is no longer confined at home or in a Hospital or medical institution.

Benefit Descriptions

Accidental Death and Dismemberment

This benefit pays the dollar amount shown on the schedule page for specified losses (life, limbs, sight, speech or hearing) due to a covered accidental bodily injury sustained by an Insured Person on or after his or her coverage effective date. The Injury must result in the covered loss within 90 days of the covered Accident that causes the loss. If an Insured Person suffers more than one covered loss for any one Accident, only one amount, the largest, will be paid.

Accident Medical Expense

This benefit pays for Covered Charges for the Medically Necessary treatment of an Insured Person for an Injury resulting from a covered Accident. The Covered Charges are limited to the Reasonable and Customary charge and are subject to the Deductible and the Maximum Benefit Amount shown in the Schedule of Benefits. The Accident must occur while the insured is covered under the policy, first treatment or service must occur within 90 days of the Accident and all subsequent treatments must be incurred within 52 weeks of the Accident.

Covered Charges mean the Medically Necessary Inpatient and Outpatient expenses incurred that are prescribed by a Physician for: Hospital Confinement for semi-private room and board; emergency room treatment; surgical procedures, either Inpatient or Outpatient, including, but not limited to, expenses for the operating room or ancillary fees; treatment at a Skilled Nursing Facility; Physician fees; licensed graduate nursing services. For expenses to be covered, the nurse must not be a member of the Insured Person's Immediate Family; medical appliances, initial artificial limbs, eyes, larynx and other orthopedic prosthetic devices; Emergency ground or air ambulance services; dental charges for the repair or treatment of injured natural teeth that are whole and sound at the time of the covered Accident; physical and occupational therapy or rehabilitation; and medical or surgical treatment, services, supplies, prescription drugs (excluding take home drugs) provided while Hospital Confined and any other Medically Necessary service.

Covered Charges are payable at 100% of the Reasonable and Customary amount. No benefits are payable for Covered Charges used to satisfy the Deductible, or that are incurred after the Maximum Benefit Amount or Maximum Benefit Period are exhausted.

Critical Illness

This benefit pays the amount shown on the Schedule of Benefits when covered and an Insured is diagnosed for the first time with a Covered Condition (Critical Illness) or receives a Major Organ Transplant that is recommended for the first time.

Covered Conditions or Procedures include: Heart Attack, Stroke, Major Organ Transplant, Invasive Cancer, Cancer In Situ, Kidney Failure, Permanent Paralysis

Daily In-Hospital Indemnity

This benefit pays the dollar amount shown on the schedule page for each day the Insured Person is Hospital Confined due to Sickness or Injury, up to a maximum number of days per Certificate Year. The Insured Person must be under the regular care and attendance of a Physician during the period of Hospital Confinement.

General Insurance Benefit Exclusions

The Policy does not provide any benefits for the following:

1. Suicide, or any attempt thereat, while sane or insane (in Colorado, Missouri or Montana, while sane);
2. Any intentionally self-inflicted Injury or sickness or any attempt thereat (in Colorado, Missouri or Montana, while sane);
3. Bodily infirmity or disease in any form, or medical or surgical treatment thereof;
4. Any Injury for which the contributing factor was a bodily infirmity or disease, in any form;
5. Bacterial infection, except infections which result from an accidental Injury or bacterial infection which results from an accidental, involuntary or unintentional ingestion of an infectious organism;
6. Travel or flight in any kind of aircraft, except on a regularly scheduled commercial flight as a fare-paying passenger, including falling or otherwise descending from or with such aircraft in flight; or while the Insured Person is participating in aviation training in any kind of aircraft, or is a pilot, officer or other member of the crew of such aircraft.
7. Participation in a Riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly. For purposes of this exclusion, "Participation" means to take an active part in common with others; "Riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority;
8. Committing, attempting to commit or taking part in a felony, battery, assault or engaging in an illegal occupation;
9. Any Injury occurring while the Insured Person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Injury took place);
10. The voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a Physician and taken according to the prescribed dosage;
11. Accidental bodily Injury occurring while serving on full-time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by the Company pro rata for any period of active duty);
12. Declared or undeclared war or acts thereof; or
13. Injury arising out of or in the course of any occupation for compensation, wage or profit or for which compensation is payable under any Workers' Compensation Law or similar law.

Accident Medical Expense Exclusions

In addition to the General Exclusions in the Policy, the Policy does not provide Accident Medical Expense benefits for the following:

1. Any service or charge for which the Insured Person is not legally obligated to pay;
2. Treatment, services or supplies not Medically Necessary, or in excess of the Reasonable and Customary amount;
3. Any experimental or research treatment that is considered as such by the U.S. Department of Health and Human Services or any of its agencies;
4. Sales tax or gross receipt tax, or any charges to complete a claim form;
5. Outpatient prescription drugs;
6. Transportation costs other than for Emergency ambulance services;
7. Custodial, respite, rest or supportive care which does not assist the Insured Person to recover from an Injury;
8. Personal comfort items such as telephone, television or similar services;
9. Charges for appliances prescribed for the purpose of preventing future Injury; or
10. Services or treatment for Injury to teeth, unless such teeth are evidenced to have been sound and natural prior to the date of Injury.

Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

Critical Illness Exclusions

This rider does not provide any benefits for a Critical Illness that is:

1. Caused by abuse or addiction to alcohol, drugs or chemicals;
2. Not diagnosed by a Physician;
3. Diagnosed outside of the United States or its territories, unless the Diagnosis was made at a United States military base or facility or at a United States military or government building or is confirmed in the United States; or
4. Performed outside of the United States or its territories, unless the Diagnosis was made at a United States military base or facility or at a United States military or government building or is confirmed in the United States.

Critical Illness Limitations

Benefits are only payable for diagnosis first made after the Insured Person's effective date.

Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

Hospital Indemnity Exclusions

In addition to the exclusions in the Policy this Rider does not provide any benefits for the following:

1. Rest care or rehabilitative care and treatment;
2. Pregnancy, except Complications of Pregnancy;
3. Routine newborn care;
4. Voluntary abortion, except where Medically Necessary to save the Insured Person's life;
5. Treatment for Mental or Nervous Disorders;
6. Treatment for Substance Abuse;
7. Dental care or treatment, except:
 1. Care or treatment due to an Injury to sound, natural teeth; or
 2. Treatment necessary due to congenital defects or birth abnormalities;
8. Medical care, services or supplies provided outside of the United States of America or its territories, except for Hospital Confinement for acute onset of a Sickness or for an Injury that occurs while the Insured Person is traveling;
9. Confinement, care or services incurred prior to the Insured Person's Effective Date or that begin after termination of coverage;
10. Confinement, care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law;
11. Confinement that is not Medically Necessary; or
12. Cosmetic surgery or care or treatment solely for cosmetic purposes or complications from such surgery, care or treatment, unless due to an Accident or to repair a congenital or abnormal defect of a newborn child while covered under the Policy.

Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

Hospital Indemnity Limitations

Benefits are not payable for a Pre-Existing Condition until the expiration of 12 consecutive months, beginning with the Insured Person's Effective Date.

"Pre-Existing Condition" means any Injury, or Sickness for which medical treatment or advice was rendered or recommended by a Physician within 12 months prior to the Insured Person's Effective Date.

Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

