



Eagle Access Eagle Share Eagle Access Plus Eagle Medical Transport

virtual direct primary care | virtual urgent care | virtual behavioral therapy | In-person primary & urgent care visits | preventive and wellness for adults | childhood wellness & vaccinations | accident or injury | surgeries | labs | imaging | ER | maternity | prescription benefits

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Eagle Care Benefits



24/7/365 access to virtual direct primary care and virtual urgent care, plus virtual behavioral therapy consults and prescription benefits.



In-person office visits for direct primary care and urgent care with Eagle Access Plus, with wellness and preventive care for adults, women, children – including mammograms and immunizations.



Comprehensive care benefits including hospitalization, ICU, ER, surgery, labs, diagnostic imaging, maternity, NICU, and end-of-life benefits.



A Sensible Affordable Approach to Healthcare Benefits

Did You Know...

- According to CMS.gov, traditional healthcare costs have continued to increase every year since 2000, with a staggering 9.7% increase in 2020 alone, In contrast, [US census numbers](#) show household incomes have only risen a fraction of that annually.
- According to the CDC's US Health Expenditures Report 2020, US consumers spent over \$4.1 TRILLION on healthcare.
- Traditional high deductible insurance health plans create an inevitable predicament for many consumers; while premiums may be relatively lower compared to low deductible insurance health plans, these consumers simply cannot afford the high out-of-pocket expense associated with these plans and often end up forgoing treatment.

Eagle Care takes a different approach by focusing on...

Greater Healthcare Accessibility

Eagle Care is built around a nationwide network of facilities and providers which include virtual direct primary care with 24/7 access, in-person physician office and urgent care visits, preventive care, virtual behavioral health consultations, prescription benefits, telemedicine, and comprehensive care (hospitalization, surgery, lab testing, diagnostic imaging, and maternity). Having better accessibility to affordable care when you need it is directly linked to better overall health and lower healthcare costs.

Improved Patient Health

Health outcomes affect life both at work and at home. The things we previously took for granted, such as easy access to primary care, wellness checkups, preventive care, and routine screenings are directly linked to lower healthcare costs, and most importantly, better health outcomes. Eagle Care is designed to provide easy access to essential healthcare services like primary care, behavioral health, prescriptions, and comprehensive care to help individuals make better decisions about their health with the added flexibility of choosing the benefits that best fit the needs of your family and budget.

A Better Pricing Model

What if your health benefits costs were actually based on your health? This doesn't mean you are an Olympic level athlete in training or you're on some over the top fitness regimen or diet. But rather, you are proactive about your health and most of the time you make healthy life choices: eat right, sleep, exercise, try to watch your weight, maybe overindulge occasionally but not habitually.

Eagle Care takes a more preventive and holistic approach. We provide better access to physical and mental wellness tools which allow you to address many health issues before they can become serious or catastrophic problems. This can significantly improve the monthly cost of health benefits, and out-of-pocket expenses for treatment. More importantly, our members have a better overall healthcare experience. We invite you to see for yourself.



EAGLE ACCESS

Virtual DPC, Urgent Care, And Behavioral Health + Basic Rx Benefits + Financial Wellness

Overview

It's a simple fact - when you or a loved one is not feeling well you want access to professional medical care as soon as possible; and, taking time off of work can complicate an already stressful situation even more.

Eagle Access provides you and your family with 24/7 convenient access to medical and mental health care from the convenience of your mobile device or laptop from virtually anywhere, anytime.

The Eagle Access Solution Highlights

- 24/7/365 access from the comfort of your home, while travelling, or even in your car.
- Privacy and convenience, especially when you are dealing with sensitive issues.
- No need to take unnecessary time off for appointments – average virtual urgent care wait time for a doctor is 18 minutes.
- Dedicated virtual primary care physician team for you and your family; virtual direct primary care consultations are typically available within 24 hrs.
- No copays, deductibles, or consult fees for virtual direct primary care, virtual urgent care, or virtual behavioral health.

TELEHEALTH BENEFITS

Virtual Direct Primary Care

Unlimited usage for all covered persons on the membership. No copays. No consultation fees. 24/7/365 access. See Virtual Direct Primary Care Overview for details.

Virtual Behavioral Health

Includes 5 sessions per month per membership for covered mental health issues. See Virtual Behavioral Health Overview for details.

Virtual Urgent Care

Unlimited usage for all covered persons on the membership. No copays. No consultation fees. 24/7/365 access. See Virtual Direct Primary Care Overview for details.

PRESCRIPTION BENEFIT

Basic Rx Benefit

Comprehensive formulary with over 2000 medications. 200+ of the most commonly prescribed medications for \$1. Accepted at over 70,000 participating pharmacies. Includes direct mail order delivery, international pharmacy access, prescription assistance program, pet medications, and discounted diabetic supplies. See Basic Rx Benefit Overview for details.



EAGLE SHARE

Medical Cost Sharing + Virtual DPC, Urgent Care, And Behavioral Health + Basic Rx Benefits

Overview

Eagle Share combines all the benefits of Eagle Access with these additional comprehensive care benefits. Comprehensive benefits are provided through our Eagle Share medical cost sharing program. Eagle Share also provides preventive care for adults and children, including mammograms, colonoscopies and children's vaccinations. Eagle Share also provides zero out-of-pocket ground and air ambulance with Eagle MTS Emergent Plus (see page 13-15 for details), and comprehensive care services not specifically covered by Eagle Access.

BENEFIT	DESCRIPTION
Comprehensive Care Network	No network requirement. Open network.
Initial Unshareable Amount (IUA)	\$1000, \$2500, \$5000 IUA – max 3 IUA per 12 month period from date of first IUA.
INPATIENT BENEFITS	
Hospital Confinement (initial hospital admission & stay)	100% shareable after initial IUA is met.
Intensive Care Unit & Sub-acute ICU	100% shareable after initial IUA is met.
Surgery & Anesthesia	100% shareable after initial IUA is met.
Rehabilitation Unit	100% shareable after initial IUA is met.
Labs & Diagnostic Imaging (diagnostic lab testing, x-ray, MRI, CT, PET, EEG, Gastroenterology)	100% shareable after initial IUA is met.
Physician & Specialist visits	100% shareable after initial IUA is met.
Emergency Room	100% shareable after initial IUA is met.



OUTPATIENT BENEFITS

<i>Surgery & Anesthesia (includes facility & doctor fees)</i>	100% shareable after initial IUA is met.
<i>Rehabilitation Physical Therapy (not drug or alcohol related)</i>	100% shareable after initial IUA is met.
<i>Labs & Diagnostic Imaging (diagnostic lab testing, x-ray, MRI, CT, PET, EEG, Gastroenterology)</i>	100% shareable after initial IUA is met.
<i>Physician & Specialist visits</i>	100% shareable after initial IUA is met.
<i>Emergency Room</i>	100% shareable after initial IUA is met.

MATERNITY BENEFITS

<i>Maternity (includes physician visits, delivery, surgery, hospital stay)</i>	100% shareable after initial IUA is met.
<i>Emergency Room</i>	100% shareable after initial IUA is met.
<i>Neonatal Intensive Care Unit & Sub-acute NICU</i>	100% shareable after initial IUA is met.

END OF LIFE BENEFIT

<i>End-of-life services (shareable for all services required at time of death for a participating member)</i>	Primary or spouse: \$10,000; Child: \$2500. Paid once per decedent.
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What is an IUA?

An IUA (initial unshareable amount) is the out-of-pocket portion the member must provide before the medical share membership contributes to the balance due for the benefit provided under the comprehensive portion of the membership. The full amount of the IUA must be paid to the provider within 6 months of the service date for the balance to be shareable under the comprehensive care membership. Once the IUA is met the comprehensive care membership provides 100% of the balance due for the shareable medical need(s) related to the comprehensive care event.

There are a maximum of 3 IUA expenses per membership regardless of the coverage level. This means that whether your comprehensive care membership is for an individual member or for a family, the total times that you will be out of pocket for an IUA is three within a twelve month period starting from the date of the first IUA expense.

There is no IUA expense after the 3rd IUA has been met within the twelve month period from the 1st comprehensive care event.



What is a comprehensive care event?

A comprehensive care event is specific to the medical care required for a single shareable medical need such as surgery, maternity, or hospitalization due to an illness. This means treatment for a broken leg is considered 1 event; treatment for a dislocated shoulder would be considered a 2nd event; and pregnancy and delivery would be a 3rd event if they all occurred within the twelve month period from the date of the 1st event. If no additional shareable comprehensive care events occur within the twelve month period, the next shareable comprehensive care event would require an IUA, and the twelve month period would restart from the date of that event.

The comprehensive care event includes the initial care and treatment required as well as any follow up doctor appointments, rehab, or an additional medical care required related to the shareable medical need.

Comprehensive care event and IUA example

Robert & Sally have a comprehensive care membership with a \$1000 IUA for their family. The effective date of their membership is February 1, 2022.

On March 15th, Robert was injured on their family's spring break vacation and suffered a broken leg which required ambulance transport to a local ER, surgery, 3 days in the hospital, 8 post-surgery physical therapy sessions, and 5 follow up doctor visits post-surgery.

COMPREHENSIVE CARE EVENT IUA COST	
<i>Ambulance transport</i>	\$1200.00
<i>Emergency Room Visit</i>	\$700.00
<i>X-rays</i>	\$600.00
<i>MRI Scan</i>	\$1600.00
<i>Surgery</i>	\$18,000.00
<i>Hospital Stay</i>	\$9000.00
<i>Crutches</i>	\$150.00
<i>Physical Therapy</i>	\$2000.00
<i>Follow Up Doctor Visits</i>	\$900.00
TOTAL COST	\$34,150.00
IUA EXPENSE	\$1000.00
BALANCE	\$33,150.00

This is considered the 1st IUA. This amount was paid to the providers by Robert and his family.

The date of the 1st IUA, in this instance, is March 15th because this is the date that service was rendered for the shareable comprehensive care event.

The next two unrelated shareable comprehensive care events (whether by Robert, Sally, or their children) occurring between March 15th of the current year through March 15th of the following year would be considered 2nd and 3rd events and would require an IUA payment.

If a 4th comprehensive care event occurred for this family within this 12 month period, no IUA payment is required.

After 12 months from the date of initial IUA the IUA count resets back to three.

Comprehensive Care membership pays 100% of balance after the IUA has been met.

Medical costs depicted are based on average US pricing. Sources include Healthcare Bluebook, Blue Cross/Blue Shield, and costhelper.com



Pre-Membership Conditions Definition

24 Months Symptom and Treatment Free

Needs that arise from conditions that existed prior to membership are only shareable if the condition was regarded as cured and did not require treatment or present symptoms for 24 months prior to the effective date of membership.

Any illness or injury for which a person has been

- examined,
- taken medication,
- had symptoms,
- or received medical treatment

within 24 months prior to the effective date of membership is considered a pre-membership condition. For more information, please see the definition of pre-membership condition listed under “defined terms.”

Please note: needs that existed prior to membership may still qualify for sharing through the Additional Giving Fund.

Exceptions for High Blood Pressure, High Cholesterol, and Diabetes

High blood pressure, high cholesterol, and diabetes (types 1 and 2) will not be considered pre-membership conditions as long as the member has not been hospitalized for the condition in the 12 months prior to enrollment and is able to control it through medication and/or diet.

Exceptions for Other Medical Conditions

The Comprehensive Care membership recognizes that each member’s situation is different. We reserve the right to make exceptions for certain medical conditions on a case-by-case basis. The Comprehensive Care membership makes decisions in service to the community as a whole.

Pre-membership Condition Phase-In Period

Pre-membership conditions have a phase-in period wherein sharing is limited. Starting from the initial enrollment date, members have a one-year waiting period before pre-membership conditions are shareable. After the first year, pre-membership needs are eligible for sharing on a limited basis, with the amount increasing each membership year. Members are never required to pay a second IUA for the same need, including pre-membership conditions.

The Comprehensive Care membership attempts to negotiate all medical bills received. Even if a pre-membership condition is not shareable, members may still receive discounts for their services through negotiation.

Shareable amounts for pre-membership conditions

- Year One: \$0 (waiting period)
- Year Two: \$25,000 maximum per need
- Year Three: \$50,000 maximum per need
- Year Four: \$125,000 maximum per need

After year four of membership, expenses related to pre-membership conditions will remain shareable at a maximum of \$125,000 in a 12-month rolling period and will reset each membership year.



EAGLE ACCESS PLUS

Virtual DPC, Urgent Care, And Behavioral Health + Medical Cost Sharing + Basic Rx Benefits + In-Person Office Visits

Overview

The Eagle Access Plus solution includes 24/7 access to a nationwide network of dedicated virtual direct primary physicians, virtual behavioral health therapy, as well as 24/7 access to virtual urgent care services. Eagle Access Plus also offers **in-person outpatient physician office / urgent care visits, wellness & preventive benefits**, and prescription benefits.

BENEFIT	DESCRIPTION	
<i>Network</i>	<i>PHCS</i>	
OUTPATIENT PHYSICIAN VISITS & PREVENTIVE BENEFIT		
Outpatient Physician Office Visits <i>(primary care and urgent care)</i>	IN-NETWORK \$25 copay for all outpatient physician office visits at primary care physician office, urgent care, or retail medical clinic. Membership pays up to \$150 for services rendered per visit after copay. Max. benefit 4 visits per insured/year.	OUT-OF-NETWORK \$25 copay for all outpatient physician office visits at primary care physician office, specialist office, urgent care, or retail medical clinic. Membership pays up to \$200 for services rendered per visit after copay. Max. benefit 4 visits per insured/year.
Annual Wellness Exam Visit <i>(men, women, children)</i>	IN-NETWORK No copay. Membership covers 100% of wellness and preventive care services. See COVERED PREVENTIVE SERVICES below for complete list of all covered services and treatment.	OUT-OF-NETWORK NOT COVERED
Wellness & Preventive Care <i>(other than annual wellness exam)</i>	IN-NETWORK No copay. Membership covers 100% of wellness and preventive care services. See COVERED PREVENTIVE SERVICES below for complete list of all covered services and treatment.	OUT-OF-NETWORK NOT COVERED
TELEHEALTH BENEFITS		
Virtual Direct Primary Care	Unlimited usage for all covered persons on the membership. No copays. No consultation fees. 24/7/365 access. See Virtual Direct Primary Care Overview for details.	
Virtual Behavioral Health	Includes 5 sessions per month per membership for covered mental health issues. See Virtual Behavioral Health Overview for details.	
Virtual Urgent Care	Unlimited usage for all covered persons on the membership. No copays. No consultation fees. 24/7/365 access. See Virtual Direct Primary Care Overview for details.	



PRESCRIPTION BENEFIT

Basic Rx Benefit

Comprehensive formulary with over 2000 medications. 200+ of the most commonly prescribe medications for \$1. Accepted at over 70,000 participating pharmacies. Includes direct mail order delivery, international pharmacy access, prescription assistance program, pet medications, and discounted diabetic supplies. See Basic Rx Benefit Overview for details ([page 21](#)).

Covered Wellness/Preventive Services

Covered Annual Preventive Care Visit | 1 time per plan year

- History, Physical exam, Measurements (Height, Weight & Body Mass Index)

Covered Preventive Services For Adults (Ages 18 And Older)

- Abdominal Aortic Aneurysm screening - One-time screening for age 65-75
- Blood Pressure screening - One-time per plan year
- Cholesterol screening - One-time per plan year
- Type 2 Diabetes screening - One-time per plan year
- Hepatitis B screening for adults at high risk - One-time per plan year
- Hepatitis C screening for adults at high risk - One-time per plan year
- HIV screening & counseling - One-time per plan year
- Immunizations - Hepatitis A&B, Herpes Zoster, Human Papillomavirus, Influenza (flu shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis and Varicella - One-time per plan year per immunization (EACH)
- Obesity screening & counseling - One-time per plan year
- Sexually Transmitted Infection (STI) prevention counseling - One-time per plan year
- Syphilis screening - One-time per plan year

Covered Preventive Services For Women (Ages 18 And Older)

- BRCA counseling and genetic testing - One-time per plan year for women at higher risk
- Breast Cancer Mammography screenings - One-time per plan year for women age 40+
- Breast Cancer Chemo prevention counseling - One-time per plan year
- Cervical Cancer screening - One-time per plan year
- Gestational Diabetes screening - One-time per plan year
- Hepatitis B screening - One-time per plan year
- HIV screening & counseling - One-time per plan year
- Human Papillomavirus (HPV) DNA test - One-time every 3 years for women with normal cytology age 30+
- Osteoporosis screening - One-time per plan year for women age 60+
- Well-woman visits - To obtain recommended preventive services



Covered Services For Children Ages 0-18

- Immunizations - Hepatitis A&B, Herpes Zoster, Human Papillomavirus, Influenza (flu shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis and Varicella - One-time per plan year per immunization (EACH)
- Autism screening - Limited to 2 screenings up to age 26 months
- Blood Pressure screening - One-time per plan year
- Congenital Hypothyroidism screening - One-time per plan year for Newborns up to age 3 months
- Phenylketonuria (PKU) screening - One-time per plan year for Newborns up to age 3 months
- Sexually Transmitted Infection (STI) prevention counseling & screening - One-time per plan year for adolescents aged 12 to 17 years
- Tuberculin testing - One-time per plan year
- Vision screening - One-time per plan year for children up to age 5



EAGLE MEDICAL TRANSPORT SOLUTIONS

Modern Health Insurance is Leaving You Exposed

Many people assume that their health insurance policy will cover them for ambulance rides and other emergency transportation. Unfortunately, this is often not the case. During the last ten years, huge gaps have opened in most insurance plans, which can leave you exposed to unexpected out-of-pocket expenses for ground and air ambulances, particularly when emergency transportation is required.

4 Ways You Can End Up With Out-Of-Pocket Costs

Out-Of-Network Providers

According to a [2021 IBIS World market research report](#), *there are over 27,000 ambulance services in the United States*, yet your health insurance policy may only cover a limited number of in-network providers. However, when emergencies happen, you can't be choosy, and there is no guarantee that you will be picked up by an in-network provider for a ground ambulance. According to Consumer Reports, [79% of all ground ambulance rides could result in an out-of-network bill](#). Essentially, that means your chances of being responsible for a majority of the bill are pretty high.

The Reason For Your Trip

Health insurance policies will only pay for an ambulance service deemed "Medically Necessary." Medical necessity is established when any other method of transportation (besides an ambulance) would endanger the patient's life. For example, let's say you are experiencing symptoms commonly associated with a heart attack and take an ambulance to the hospital. If your health insurance carrier decides that the cause of your chest pain (perhaps indigestion, heartburn, or a panic attack) does not meet their requirements for an ambulance, your insurance could deny your claim and leave you on the hook for thousands of dollars.

Usual, Customary & Reasonable Rate

If you are picked up by an out-of-network ground ambulance provider, and the insurance chooses to accept the claim, the insurance will likely pay up to the Usual, Customary, and Reasonable Rate. This rate is commonly only a fraction of the overall charges, creating a potential balance bill responsibility.

Copays & Deductibles

Even if your bills fall within the Usual, Customary and Reasonable Rate, most insurance plans have copays and deductibles. Copays are set fees attached to certain medical services. A deductible is a set amount you must pay before insurance coverage kicks in. Depending on your health insurance plan, some deductibles can be as high as \$8,700. Regardless of other variables, if you need a ground ambulance ride, your health plan benefit would make you responsible for hundreds to thousands of dollars just to fulfill the requirements of your insurance plan.



Eye-Opening Statistics

Here are some interesting statistics related to the average cost of medical costs in the United States:

Unexpected medical bills rank as the #1 concern for Americans

KFF - Kaiser Family Foundation, 2020

Medical bills are a leading cause for bankruptcy in the U.S.

- METLIFE 2021

65.5% of people who file for bankruptcy cite medical issues as a key contributor to their financial downfall.

- CNBC 2019

40% of Americans only have enough savings to cover a \$400 emergency expense.

Federal Reserve, 2019

530,000 families file for bankruptcy each year because of medical bills.

- CNBC 2019

Over 200 million medical claims are denied every year.

- AARP 2009



Two Plans To Protect You And Your Family

The issue of out-of-pocket ambulance expenses isn't going away, and we will continue to require these services. A Eagle Medical Transport Emergent Plus Membership bridges the gap in ambulance transport coverage at an affordable rate for emergency ground and air transportation within the continental United States and while traveling in Canada, regardless of whether the provider is in or out of the group healthcare benefits network.

While our critical benefits are included in both memberships, Platinum members enjoy additional services. Whether you'd like to protect your clients and their family from costly emergency ambulance transports or provide overall peace of mind, Eagle Medical Transport Platinum has them covered.

SERVICE	EMERGENT PLUS MEMBERSHIP	PLATINUM MEMBERSHIP
Emergency Air Ambulance Benefits	✓ ³	✓ ³
Emergency Ground Ambulance Benefits	✓ ³	✓ ³
Hospital to Hospital Ambulance Benefits	✓ ³	✓ ³
Repatriation to Hospital Near Home Benefits	✓ ³	✓ ¹
Patient Return Transportation Benefits	✗	✓ ²
Companion Transportation Benefits	✗	✓ ²
Hospital Visitor Transportation Benefits	✗	✓ ²
Minor Return Transportation Benefits	✗	✓ ²
Vehicle & RV Return Benefits	✗	✓ ²
Pet Return Transportation Benefits	✗	✓ ²
Organ Retrieval & Organ Recipient Transportation Benefits	✗	✓ ²
Mortal Remains Transportation Benefits	✗	✓ ¹

1. Worldwide Benefits - Repatriation to Hospital Near Home Benefits, Patient Return Transportation Benefits, and Mortal Remains Transportation Benefits shall extend Worldwide. Worldwide Benefits shall automatically extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda (collectively, "Basic Benefits Area") (excluding countries referenced on the Office of Foreign Assets Control ("OFAC") countries, and Antarctica), and extend elsewhere contingent upon ten (10) day prior notice of such travel. Notice may be provided by (i) certified mail, return receipt requested, to the Eagle Medical Transport Corporate office ; (ii) electronic mail, including delivery confirmation; or (iii) facsimile, including confirmation of delivery, and MASA's written acknowledgment of such notice. Notice must include a travel itinerary of travel destinations and dates. Unless otherwise authorized by Eagle Medical Transport in writing, Worldwide benefits shall apply up to ninety (90) days per trip.

2. Basic Benefits Area - Companion Transportation Benefits, Hospital Visitor Transportation Benefits, Minor Return Transportation Benefits, Vehicle & RV Return Benefits, and Pet Return Transportation Benefits shall extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda. Vehicle & RV Return Benefits shall be limited to only rental vehicles in Hawaii, the Caribbean (excluding Cuba), the Bahamas and Bermuda.

3. United States and Canada Only - Emergency Air Ambulance Benefits, Emergency Ground Ambulance Benefits, and Hospital to Hospital Ambulance Benefits shall only be provided in the United States and Canada.

4. United States Only - Organ Retrieval & Organ Recipient Transportation benefits shall only be provided in the United States.



Eagle Medical Transport Benefits

After your health plan pays its portion, our team works hand-in-hand with the benefits administrators and transport providers to make certain our members have no out-of-pocket expenses* for emergency ambulance transportation assistance and other related services. See the full list of Benefits available based on membership chosen below.

Emergency Air Ambulance Benefits

Eagle Medical Transport covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Benefits

Eagle Medical Transport covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Benefits

Eagle Medical Transport covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Benefits

Eagle Medical Transport provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and Eagle Medical Transport's Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Patient Return Transportation Benefits

Eagle Medical Transport provides services and covers the out-of-pocket expenses associated with coordinating a Member's transportation when hospitalized more than one hundred (100) miles from home, after discharge from the medical facility, by a regularly scheduled commercial airline to the commercial airport nearest the Member's home.

Companion Transportation Benefits

Eagle Medical Transport provides services associated with the coordination of transportation for the Member's spouse, other family member, or companion to accompany the Member's emergency transport by a medically equipped, rotary (i.e., helicopter) or fixed-wing aircraft, giving due priority to the medical personnel and/or equipment and the welfare and safety of the patient.

*If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the Eagle Medical Transport membership for expenses incurred for medical care (as defined under Internal Revenue Code ("IRC") section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.



Hospital Visitor Transportation Benefits

Eagle Medical Transport provides services and covers air transportation expenses associated with coordinating a round-trip, regularly scheduled, commercial airfare for Member's spouse, other family Member or companion to join the Member in the event of in-patient hospitalization more than one hundred (100) statute miles from Member's home.

Minor Return Transportation Benefits

Eagle Medical Transport provides services and covers out-of-pocket expenses associated with minor return transportation to a parent, legal guardian, or another person that can be responsible for the minor in the event that the minor is unattended as a result of member's Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, or Mortal Remains Transportation benefits. Eagle Medical Transport also provides for a qualified attendant to accompany the minor during travel when the minor's age and/or medical condition may require such care.

Vehicle & RV Return Benefits

Eagle Mobile Transport provides services and covers the out-of-pocket expenses associated with vehicle return transportation for one (1) a safe operational car, truck, van, motorcycle, travel trailer, or motor home to the Member's home. This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Benefits. Eagle Mobile Transport pays the cost of fuel, oil and driver.

Pet Return Transportation Benefits

Eagle Medical Transport provides services and covers the out-of-pocket expenses associated with vehicle return transportation for one (1) a safe operational car, truck, van, motorcycle, travel trailer, or motor home to the member's home. This service is available when a member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Benefits. Eagle Medical Transport pays the cost of fuel, oil and driver.

Organ Retrieval & Organ Recipient Transportation Benefits

Eagle Medical Transport provides services and covers air transportation expenses associated with coordinating transportation for an organ when the Member requires an organ transplant. Eagle Medical Transport will also provide service and cover transportation costs of member and member's spouse, other family member or a companion should the member need to travel to the location where the procedure will occur. If medically necessary, the organ will be transported by a medically equipped fixed-wing aircraft; otherwise, the organ is delivered by a commercial airline to the suitable airport nearest the location of the operation.

Mortal Remains Transportation Benefits

Eagle Medical Transport covers the air transportation expense for a member's mortal remains in the event of their death when it occurs more than one hundred (100) statute miles from home. Remains are transported by a regularly scheduled commercial airline to the commercial airport nearest a member's home.





Get good at money.

We're on a mission to transform your relationship with money. Our simple-to-follow, scientific path to financial empowerment supports mindful behavioral change.

No matter where you are on your journey, Questis will meet you at your paycheck to help you make empowered financial decisions.

A healthier relationship with money is possible.

Questis is a come-as-you-are solution for giving your money the attention it deserves.

Featuring:



One-Click Solutions

Tools created with you in mind—tailored to your unique situation.



Financial Empowerment Coaching

Talk to a financial coach to develop a plan that will work for you.



360 Financial View





Aggregate your accounts and see all of your finances in one place.

Included in all Eagle Care Health Solutions.



Virtual Direct Primary Care Benefit

Virtual Direct Primary Care provides you and your family with virtual direct primary care doctor that can provide comprehensive diagnosis and treatment for everyday illness or injury, chronic health conditions, and gender specific health concerns. Virtual direct primary care physicians can even prescribe medication over the phone during your virtual visit, when medically necessary.

 <p>\$0 visit fee Prescription discounts Intelligent referrals</p>	 <p>See the same Virtual PCP Dedicated care team On-demand-chat 24/7</p>	 <p>Care on your schedule VDPC visits within 24hrs 24/7 virtual urgent care</p>	 <p>Continuity of care Chronic care management Lab work and imaging</p>
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Individuals who use primary care are more likely to be engaged in their health, attend routine checkups, identify health issues earlier and more effectively, and better manage chronic conditions. 96% of the issues for which patients traditionally turn to an in person urgent care or primary care office visit can be diagnosed and treated from beginning to end virtually.

What can be treated with Virtual Direct Primary Care?

CHRONIC CARE EXAMPLES			
- Asthma - COPD	- Diabetes - Gout	- Crohn's Disease - Auto-immune Disease	- Cystic Fibrosis - Migraines
MEN'S HEALTH EXAMPLES			
- Erectile Dysfunction - Premature Ejaculation - STDs/sexual health	- Enlarged Prostate - Prostatitis	- Hair Loss - Cold Sores	- Performance Anxiety - Genital Herpes/warts
WOMEN'S HEALTH EXAMPLES			
- Birth Control Rx - Mastitis	- Hair Loss - UTI/Bladder Infection	- Low Sex Drive - STDs/sexual health	- Hot Flashes - Bacterial Vaginosis
ILLNESS OR INJURY EXAMPLES			
- Acne - Body Aches/Bruises - Dental Pain - Lice - Pink Eye - Muscle / Joint Strains	- Allergies - Bronchitis - Fevers/Flu - Medication Refills - Respiratory Infections - Minor Lacerations	- Asthma - Colds & Cough - Gout - Migraines - STDs/sexual health - COVID-19 screening	- Bites & Stings - Dehydration - Hives/Rashes - Nausea - Joint Sprains - Earaches



Virtual Urgent Care Benefit

Virtual Urgent Care allows you to discuss personal health concerns and receive qualified medical care and advice privately and quickly, on your schedule, from the convenience of your home or office without the inconvenience of visiting a doctor’s office in person. Prescriptions for medication through Virtual Urgent Care doctors are provided when deemed medically necessary by the treating physician. Virtual Urgent Care physicians cannot prescribe Class-C medications which include narcotics and psychotropic drugs.

Covid-19 Screening

Our medical team is available 24/7 to assist you and your family from the comfort of home if you believe you have symptoms of the virus. We can screen for COVID-19, as well as prescribe antibody testing, which may help identify if you were previously exposed to the virus.

What can be treated with Virtual Urgent Care?

For minor health concerns, you don’t have to wait in an emergency room or urgent care center for diagnosis and treatment. Our highly qualified team of medical providers can evaluate common conditions like these

- Abrasions
- Body Aches/Bruises
- Dehydration
- Lice
- Pink Eye
- Muscle/Joint Strains
- Minor Sprains & Strains

- Acne
- Bronchitis
- Diarrhea
- Fever & Flu
- Mild Laceration
- Gout
- Travel Medications

- Allergies
- Bacterial Vaginosis
- Earache (1)
- Migraines
- Sinus Infection/Symptoms
- Nausea
- UTIs (2)

- Asthma
- Colds & Coughs
- Hives/Rashes
- Nausea
- Skin Infections
- STDs
- Vomiting

MEN’S HEALTH ISSUES

- Acne
- Cold sores
- Enlarged prostate
- Erectile Dysfunction*

- Genital herpes
- Genital warts/warts
- Hair loss
- Jock itch

- Low sex drive*
- Performance anxiety*
- Premature ejaculation
- Prostatitis

- Pubic lice
- Smoking cessation*
- Sexually transmitted infections
- Urinary incontinence

WOMEN’S HEALTH ISSUES

- Acne
- Birth control
- Cold sores
- Dyspareunia/vulvodynia
- Endometriosis
- Eyelash thinning

- Genital herpes
- Genital warts
- Hair loss
- Hot flashes
- Low sex drive*
- Mastitis

- Pain during intercourse
- Performance anxiety*
- Postpartum depression*
- Premenstrual syndrome
- Pubic lice
- Sexually transmitted infections

- Smoking cessation*
- Urinary incontinence
- Urinary tract infections
- Vulvovaginal atrophy (vaginal dryness)
- Warts

1 - Virtual Urgent Care providers cannot prescribe antibiotic treatment for ear infections.

2 - Virtual Urgent Care providers can only treat urinary tract infections in female patients.

* - These conditions often have a psychological basis and are often best addressed through a combination of telehealth and virtual behavioral therapy.



Virtual Behavioral Health Benefit

Everyone has witnessed the effects that behavioral health issues have in the workplace, in the home, and on relationships. You can receive the therapy and counseling you need for your behavioral health concerns without the stress and inconvenience of an in-person office visit from the privacy of your own home or office.

The plan provides a total of 5 sessions per month with a licensed therapist who can provide the care you need for many of the most common mental health concerns:

- Abuse
- Addiction
- ADHD/ADD
- Anger Management
- Bipolar Disorder
- Caregiver Stress
- Concentration/Focus
- Conduct Disorder
- Cognitive Behavioral Therapy
- Depression
- Divorce
- Domestic Violence
- Eating Disorder
- Employment Stress
- LGBT Issues
- Grief/Loss
- Insomnia
- Maternal Health/Post-Partum
- Mood Swings
- Men's Issues
- Obsessive Compulsive Disorder
- Panic Attacks
- Parenting
- Performance Coaching
- Relationships
- Sexual Abuse
- Sexuality
- Social Anxiety
- Stress Management
- Substance Abuse
- Trauma
- PTSD

Simple, Effective, Private



Counseling for common mental issues from the privacy of your home or office



Sessions can be scheduled in as few as 24 hours



Sessions can be scheduled with the same mental health provider



Treatment plan is developed by therapist with patient's input



Lab tests and results can be sent securely to the provider



Therapy available for children ages 10-17. Parents attend first session and then determine ongoing involvement.



Unique assessment tools to measure and track progress



Basic Rx Benefit

This benefit is provided by PrevCare Rx. The PrevCare Rx plan is a sophisticated pharmacy subscription plan that helps to make managing the cost and availability of prescription medication more convenient and affordable.

- Over 200 acute and chronic* medications featuring our exclusive \$1.00 per medication.
- Thousands of medications under \$20.
- Eligible meds can be purchased at virtually any US pharmacy (over 70,000).
- Home delivery available for all medications
- Prescription Assistance Program (PAP)
- International Pharmacy Program (IPP)

How this program works

1. Search for medications by entering drug name in search bar at www.prevcarerx.com. The drug price and nearest pharmacy locations will be displayed.
2. Present your Rx Card to the pharmacy of your choice. Your Rx Card will display your BIN, Group Number and PCN to present to the pharmacist. You will pay nothing at the pharmacy.
3. If you need other medications not listed as part of the drug formulary, you can easily search our website for deeply discounted prices or contact our Rx member services team to check if that medication qualifies for either PAP or IPP.

Prescription Drug Look Up

For the complete formulary and to search for medications by entering drug name in search bar (www.prevcarerx.com). The price will be displayed. If you need a medication immediately, utilize our retail pickup. Over 70,000 pharmacies are in our network. The site will prompt you through your entire order. If you can wait up to 10 days, mail-order is your most cost-effective option.

BASIC RX BENEFIT USAGE LIMITATIONS

MEMBER ONLY	Up to twelve (12) retail and four (4) mail-order medications (4 Shipments/year) in one calendar year.
MEMBER + SPOUSE	Up to 12 retail and six (6) mail-order medications in one calendar year.
MEMBER + CHILD(REN)	Up to 18 retail and nine (9) mail-order medications in one calendar year.
MEMBER + FAMILY	Up to 18 retail and nine (9) mail-order medications in one calendar year.

* After the first retail purchase, all CHRONIC meds must be filled via our mail-order service. This will help ensure timely delivery of your necessary maintenance medications and can also reduce your costs. Mail order prescriptions are filled in 90 day supplies (typically). Our Rx member services team will contact and work with you to transfer your prescription.



INTERNATIONAL PHARMACY - A Low-cost, Safe and Secure Mail-order Option. Delivered.

Pprevcare Rx has another way of saving on all of your prescription drugs. Together, with our International Partners, we have expanded upon an already robust savings foundation with other ways to help members keep their money. All medications offered with this program are sourced through licensed pharmacies in reputable countries such as Canada, Australia, the United Kingdom, and New Zealand. All medications come in original packaging as supplied direct from the manufacturer or government licensed wholesaler.

If a drug falls under this program, members will see an immediate notification. If available, one of our Customer Care Specialists will assist member-enrollment in this program and go over the process. Applying for this option is risk-free and one of our Pharmacy Advocates will contact the member within 24 business hours to go over the safe and secure process. Once all order details are confirmed, shipping usually takes 3-4 business weeks to arrive. All US postal addresses must be USPS deliverable.

Int'l Pharmacy Rx Examples

Drug	Retail Rx \$	International Rx \$	Savings %
<i>Afinitor (Everolimus) 10 MG/30 Tablets</i>	\$17,922	\$3,585	80%
<i>Janumet (Sitagliptin Phos/Metformin HCL) 50 MG - 1000 MG/168 Multi-phase Tablets, ER</i>	\$963	\$565	41%
<i>Jardiance (Empagliflozin) 10 MG/90 Tablets</i>	\$1,654	\$470	72%
<i>Symbicort (Budesonide/Formoterol Fumarate) 160 - 4.5 MCG/3 Inhalers</i>	\$1,189	\$347	71%
<i>NuvaRing (Etonogestrel/Ethinyl Estradiol) .12 - .015 MG/3 Rings</i>	\$585	\$241	59%

PRESCRIPTION ASSISTANCE PROGRAM - Relief for Those High-Priced Medications is Possible

Most people may not be aware of the variety of Prescription Assistance Programs (PAPs) available from pharmaceutical manufacturers, foundations, or government and non-government entities. Our PAP is the most comprehensive discounted high-cost medication platform available in the U.S. We provide a program that can save thousands of dollars and will instantly tell the member if PAP is available for that drug, all within our website. Pprevcare Rx has the technology to expedite all of the qualifications, ongoing registration processes and requirements to make an already tough decision easier to make. If a member is on a medication that qualifies, we will assist them in verifying eligibility for this valuable program.



Prescription Assistance Examples

Drug	Retail Rx \$	PAP \$	Savings %
<i>Afinitor (Everolimus) 10 MG/28 Tablets</i>	\$16,733	\$300	98%
<i>Janumet (Sitagliptin Phos/Metformin HCL) 50 MG - 500 MG/80 Tablets</i>	\$526	\$100	81%
<i>Jardiance (Empagliflozin) 10 MG/30 Tablets</i>	\$581	\$100	83%
<i>Lyrica (Pregabalin) 50mg/30 capsules</i>	\$271	\$50	82%



WHAT'S PROVIDED

SERVICE	EAGLE ACCESS	EAGLE SHARE	EAGLE ACCESS PLUS
\$0 Virtual Direct Primary Care Visits	✓	✓	✓
\$0 Virtual Urgent Care Visits	✓	✓	✓
\$0 Virtual Behavioral Health Benefits	✓	✓	✓
Financial Wellness Tools	✓	✓	✓
Basic Rx Benefits	✓	✓	✓
\$0 Ground and Air Ambulance Costs	✗	✓	✓
Hospitalization & ICU	✗	✓	✓
Labs & Diagnostic Imaging	✗	✓	✓
Surgery & Anesthesia	✗	✓	✓
Emergency Room	✗	✓	✓
Maternity & NICU	✗	✓	✓
Preventive Services for Adults (Immunizations, blood pressure screening, cholesterol screening, etc.)	✗	✓	✓
Preventive Services for Women (Breast cancer screenings, cervical cancer screening, etc.)	✗	✓	✓
Preventive Services for Children (Immunizations, blood pressure screening, vision screening, etc.)	✗	✓	✓
In-person Primary Care & Urgent Care Visits	✗	✗	✓
Outpatient Physician Office Visits	✗	✗	✓
PPO Network	✗	✗	✓



Monthly Rates

Eagle Access Rates

	SELF	SELF + 1	SELF + CHILDREN*	SELF + FAMILY**
EAGLE ACCESS	\$60	\$90	\$90	\$120

Eagle Share Rates

	SELF	SELF + 1	SELF + CHILDREN*	SELF + FAMILY**
AGE 18-29				
AGE 30-49				
AGE 50-64				
\$1000 IUA***	\$300 \$325 \$400	\$480 \$505 \$630	\$480 \$505 \$630	\$665 \$665 \$865
\$2500 IUA***	\$250 \$270 \$350	\$380 \$405 \$530	\$380 \$405 \$530	\$565 \$565 \$715
\$5000 IUA***	\$225 \$250 \$275	\$330 \$380 \$480	\$330 \$380 \$480	\$465 \$515 \$640

Eagle Access Plus Rates

	SELF	SELF + 1	SELF + CHILDREN*	SELF + FAMILY**
AGE 18-29				
AGE 30-49				
AGE 50-64				
\$1000 IUA***	\$360 \$385 \$480	\$550 \$575 \$740	\$550 \$575 \$740	\$730 \$730 \$990
\$2500 IUA***	\$310 \$330 \$430	\$450 \$475 \$640	\$450 \$475 \$640	\$630 \$630 \$840
\$5000 IUA***	\$285 \$310 \$355	\$400 \$450 \$590	\$400 \$450 \$590	\$530 \$580 \$765

Eagle Medical Transport

EMERGENT PLUS	\$20	PLATINUM	\$45
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Emergent Plus is included with Eagle Share and Access Plus. Members can upgrade to the Platinum, for an additional \$25 per month.



Eligibility & Enrollment Requirements

- Primary enrollee must be working a minimum of 20 hours per week.
- Gender and date of birth are required for all enrollees.
- Enrollment age requirements for primary enrollee and spouse is 18-64 years old. No new coverage is available for persons aged 65 or older.
- Enrollment age requirement for dependent children is 0-25 years old; children over the age of 18 must maintain fulltime student status to be enrolled on this membership.
- Primary enrollee must provide a valid social security number to enroll.
- Primary enrollee must be a US Citizen or possess the necessary credentials to legally work in the United States of America.
- Enrollment in the Eagle Access membership is required to enroll in the Eagle Access Plus membership.

Effective Dates

- All benefit memberships are 1st of month effective. No benefits will be provided prior to the membership effective date.
- The cut-off date for enrollment for all memberships to receive 1st of the next month effective coverage is the 20th of the month prior to the desired effective coverage period.

Billing Requirements

- All memberships are billed monthly. Payment for enrolled benefits may be made by either credit, debit card or ACH.
- All benefit memberships are billed in advance of the next effective coverage period. Monthly billing occurs on the 20th of the current month prior to the next effective coverage period.
- Monthly recurring billing will be the sum of all memberships enrolled. Monthly billing includes all premium, benefit fees, and administrative costs.
- Payment must be made in full sum for all enrolled memberships/benefits. No partial payment is accepted.
- Failure to remit full payment due by the 5th of the coverage month will result in a lapse of coverage and suspension of benefits and an administrative reinstatement fee of \$25

Cancellations & Refund Policy

- Cancellations must be submitted in writing to the member services department either via email or USPS delivered letter.
- The effective cancellation date will be set to the end of month of the current coverage period if the cancellation notice is received prior to the next billing period for covered benefits.
- Enrollees may receive a refund if cancellation occurs within 10 calendar days of the first effective coverage period; and no claims have been submitted. After the ten day free look period, unless otherwise noted, no refund can occur.
- We reserve the right to terminate benefits due to non-payment of premium and fees if we have not received full payment for enrolled benefits within ten calendar days of the effective coverage period. The termination of benefits will be effective to last paid coverage period date and all claims incurred after this date will be the sole responsibility of the primary enrollee.
- Cancellation or termination of benefits precludes you from re-enrolling in these benefits for a minimum period of six calendar months from the last paid effective coverage period.



DISCLOSURE/DISCLAIMER NOTICE

The benefits and membership featured in this brochure are not major medical insurance and are not intended to replace any major medical policy in force or to be a substitute for any individual who requires the necessary coverage provided by a major medical insurance plan. No benefits and/or membership featured in this brochure are considered to be a "qualified medical plan" as defined by the Affordable Care Act. All benefits featured in this brochure are voluntary. The benefits featured in this brochure are comprised of both insured and non-insurance benefits. There is no guarantee, either implied or inferred, that any benefits featured in this brochure will meet all the healthcare needs of any enrollee without exception. It solely the determination and decision of the enrollee as to the suitability of these benefit membership for their own personal health care needs and medical requirements. This brochure only provides a brief description of the key features of benefits. Only the actual membership benefit provisions and/or policy will control benefit availability and any provider limitations or exclusions; therefore, it is important that you review the provider plan benefit document and/or policy. It is recommended that you discuss any questions or concerns regarding insured benefits with an authorized licensed health insurance agent prior to enrollment. Additionally, it is recommended that you discuss any questions or concerns regarding non-insurance benefits with an authorized representative prior to enrollment. The outpatient / preventive care benefit are underwritten by Breckpoint Life Insurance. The virtual direct primary care, virtual behavioral health, and virtual urgent care benefits are provided through MeMD.com; these are not insured health benefits. The Basic Rx Benefit is provided through PrecvareRx.com; this is not an insured prescription benefit. The medical share membership is provided through Zion Health; this is not an insured health benefit. The medical transport benefits are provided by MASA; these are not insured health benefits. The Financial Wellness Tools are provided by Questis; these are not insurance health benefits. The benefits and benefit providers contained herein may be subject to change without notice. Benefits are subject to terms and conditions, limitations and exclusions as specified by the insurance underwriter or non-insurance benefit provider including but not limited to pre-existing conditions. Benefits may be subject to additional state regulations, limitations, and exclusions; or may not be available in some states. The unavailability of benefits due to state restrictions does not constitute a reduction in overall insurance premiums and fees due. Payment of the insurance premiums and fees due are the sole responsibility of the enrollee. Collection and remittance of insurance premiums and fees; as well as any claims adjudication are administered by a third-party administrator designated by the insurance carrier or non-insurance benefits provider. Neither Eagle Care Health Solutions, nor the licensed insurance agent or authorized representative presenting this information is an insurance carrier or direct benefits provider and does not pay claims.

LIMITATIONS & EXCLUSIONS FOR NON-INSURANCE BENEFITS

Limitations and exclusions for non-insurance benefits may be found directly on the prospective benefits provider website and are not included as part of this document. Please review these non-insurance benefit provider limitations and exclusions prior to enrolling in these products and services; and discuss them with a qualified representative prior to enrolling in these benefits.

LIMITATIONS & EXCLUSIONS - Outpatient Physician Visits & Preventive Services Benefit

Some health care services are not included in membership. These include charges arising from care, supplies, treatment, and/or services:

Administrative Costs. That are solely for and/or applicable to administrative costs of completing claim forms or reports or for providing records wherever allowed by applicable law and/or regulation.

After the Termination Date. That are Incurred by the participant on or after the date membership terminates, even if payments have been predetermined for a course of treatment submitted before the termination date, unless otherwise deemed to be covered in accordance with the terms of the membership or applicable law and/or regulation.

Alcohol. Involving a Participant who has taken part in any activity made illegal due to the use of alcohol or a state of intoxication. Expenses will be covered for Injured Participants other than the person partaking in an activity made illegal due to the use of alcohol or a state of intoxication, and expenses may be covered for Substance Abuse treatment as specified in this membership, if applicable. This Exclusion does not apply if the Injury (a) resulted from being the victim of an act of domestic violence, or (b) resulted from a documented medical condition (including both physical and mental health conditions).

Broken Appointments. That are charged solely due to the Participant's having failed to honor an appointment.

Complications of Non-Covered Services. That are required as a result of complications from a service not covered under the membership, unless expressly stated otherwise.

Confined Persons. That are for services, supplies, and/or treatment of any Participant that were Incurred while confined and/or arising from confinement in a prison, jail, or other penal institution with said confinement exceeding 24 consecutive hours.

Cosmetic Surgery. That are Incurred in connection with the care and/or treatment of Surgical Procedures which are performed for plastic, reconstructive or cosmetic purposes or any other service or supply which are primarily used to improve, alter or enhance appearance, whether or not for psychological or emotional reasons, except to the extent where it is needed for: (a) repair or alleviation of damage resulting from an Accident; (b) because of infection or Illness; (c) because of congenital Disease, developmental condition or anomaly of a covered Dependent Child which has resulted in a functional defect. A treatment will be considered cosmetic for either of the following reasons: (a) its primary purpose is to beautify or (b) there is no documentation of a clinically significant impairment, meaning decrease in function or change in physiology due to Injury, Illness, or congenital abnormality. The term "cosmetic services" includes those services which are described in IRS Code Section 213(d)(9).

Custodial Care. That do not restore health, unless specifically mentioned otherwise.

Deductible. That are amounts applied toward satisfaction of Deductibles and expenses that are defined as the Participant's responsibility in accordance with the terms of the membership.

Excess. That exceed membership limits, set forth herein and including (but not limited to) the Maximum Allowable Charge in the membership Administrator's discretion and as determined by the membership Administrator, in accordance with the membership terms as set forth by and



within this document.

Experimental. That are Experimental or Investigational.

Family Member. That are performed by a person who is related to the Participant as a spouse / domestic partner, parent, child, brother, or sister, whether the relationship exists by virtue of "blood" or "in law."

Foreign Travel. That are received outside of the United States if travel is for the purpose of obtaining medical services, unless otherwise approved by the membership Administrator.

Government. That the Participant obtains, but which is paid, may be paid, is provided, or could be provided for at no cost to the Participant through any program or agency, in accordance with the laws or regulations of any government, or where care is provided at government expense, unless there is a legal obligation for the Participant to pay for such treatment or service in the absence of coverage. This Exclusion does not apply when otherwise prohibited by law, including laws applicable to Medicaid and Medicare.

Government-Operated Facilities. That meet the following requirements:

1. That are furnished to the Participant in any veteran's Hospital, military Hospital, Institution, or facility operated by the United States government or by any State government or any agency or instrumentality of such governments.

2. That can be paid for by any government agency, even if the patient waives his rights to those services or supplies.

NOTE: *This Exclusion does not apply to treatment of non-service-related disabilities or for Inpatient care provided in a military or other Federal government Hospital to Dependents of active duty armed service personnel or armed service retirees and their Dependents. This Exclusion does not apply where otherwise prohibited by law.*

Illegal Acts. That are for any Injury or Sickness which is Incurred while taking part or attempting to take part in an illegal activity, including but not limited to misdemeanors and felonies. It is not necessary that an arrest occur, criminal charges be filed, or, if filed, that a conviction result. Proof beyond a reasonable doubt is not required to be deemed an illegal act. This Exclusion does not apply if the Injury (a) resulted from being the victim of an act of domestic violence, or (b) resulted Illegal Acts. That are for any Injury or Sickness which is Incurred while taking part or attempting to take part in an illegal activity, including but not limited to misdemeanors and felonies. It is not necessary that an arrest occur, criminal charges be filed, or, if filed, that a conviction result. Proof beyond a reasonable doubt is not required to be deemed an illegal act. This Exclusion does not apply if the Injury

(a) resulted from being the victim of an act of domestic violence, or

(b) resulted from a documented medical condition (including both physical and mental health conditions).

Illegal Drugs or Medications. That are services, supplies, care, or treatment to a Participant for Injury or Sickness Incurred while the Participant was voluntarily taking or was under the influence of any controlled substance, drug, hallucinogen, or narcotic not administered on the advice of a Physician. This Exclusion will apply even if the Participant has a prescription for the drug and the drug is legal in the state where the Participant lives. Expenses will be covered for Injured Participants other than the person using controlled substances and expenses will be covered for Substance Abuse treatment as specified in this membership. This Exclusion does not apply if the Injury

(a) resulted from being the victim of an act of domestic violence, or

(b) resulted from a documented medical condition (including both physical and mental health conditions).

Incurred by Other Persons. That are expenses Incurred by other persons.

Long Term Care. That are related to long term care.

Medical Necessity. That are not Medically Necessary and/or arise from services and/or supplies that are not Medically Necessary.

Military Service. That are related to conditions determined by the Veteran's Administration to be connected to active service in the military of the United States, except to the extent prohibited or modified by law.

Negligence. That are for Injuries resulting from negligence, misfeasance, malfeasance, nonfeasance, or malpractice on the part of any caregiver, Institution, or Provider, as determined by the membership Administrator, in its discretion, considering applicable laws and evidence available to the membership Administrator.

No Coverage. That are Incurred at a time when no coverage is in force for the applicable Participant and/or Dependent.

No Legal Obligation. That are for services provided to a Participant for which the Provider of a service does not and/or would not customarily render a direct charge, or charges Incurred for which the Participant or membership has no legal obligation to pay, or for which no charges would be made in the absence of this coverage, including but not limited to charges for services not actually rendered, fees, care, supplies, or services for which a person, company or any other entity except the Participant or the membership, may be liable for necessitating the fees, care, supplies, or services.

Non-Prescription Drugs. That are for drugs for use outside of a Hospital or other Inpatient facility that can be purchased over the counter and without a Physician's written prescription. Drugs for which there is a non-prescription equivalent available. This does not apply to the extent the non-prescription drug must be covered under Preventive Care, subject to the Affordable Care Act.

Not Acceptable. That are not accepted as standard practice by the American Medical Association (AMA), American Dental Association (ADA), or the Food and Drug Administration (FDA).

Not Covered Provider. That are performed by Providers that do not satisfy all the requirements per the Provider definition as defined within this membership.

Not Specified as Covered. That are not specified as covered under any provision of this membership.

Other than Attending Physician. That are other than those certified by a Physician who is attending the Participant as being required for the treatment of Injury or Disease and performed by an appropriate Provider.



Personal Injury Insurance. That are in connection with an automobile accident for which benefits payable hereunder are, or would be otherwise covered by, mandatory no-fault automobile insurance or any other similar type of personal injury insurance required by state or federal law, without regard to whether the Participant had such mandatory coverage. This Exclusion does not apply if the Injured person is a passenger in a non-family owned vehicle or a pedestrian.

Postage, Shipping, Handling Charges, Etc. That are for any postage, shipping or handling charges which may occur in the transmittal of information to the Third-Party Administrator, including interest or financing charges.

Prior to Coverage. That are rendered or received prior to or after any period of coverage hereunder, except as specifically provided herein.

Professional (and Semi-Professional) Athletics (Injury/Illness). That are in connection with any Injury or Illness arising out of or in the course of any employment for wage or profit; or related to professional or semi-professional athletics, including practice.

Prohibited by Law. That are to the extent that payment under this membership is prohibited by law.

Provider Error. That are required as a result of unreasonable Provider error.

Self-Inflicted. That are Incurred due to an intentionally self-inflicted Injury or Illness not definitively

(a) resulting from being the victim of an act of domestic violence, or

(b) resulting from a documented medical condition (including both physical and mental health conditions).

Subrogation, Reimbursement, and/or Third-Party Responsibility. That are for an Illness, Injury or Sickness not payable by virtue of the membership's subrogation, reimbursement, and/or third-party responsibility provisions.

Unreasonable. That are not reasonable in nature or in charge (see definition of Maximum Allowable Charge) or are required to treat Illness or Injuries arising from and due to a Provider's error, wherein such Illness, Injury, infection, or complication is not reasonably expected to occur. This Exclusion will apply to expenses directly or indirectly resulting from circumstances that, in the opinion of the membership Administrator in its sole discretion, gave rise to the expense and are not generally foreseeable or expected amongst professionals practicing the same or similar type(s) of medicine as the treating Provider whose error caused the loss(es).

Vehicle Accident. That are for treatment of any Injury where it is determined that a Participant was involved in a motorcycle Accident while not wearing a helmet or in an automobile Accident while not wearing a seatbelt (or car seat), even if the cause of the Illness or Injury is not related to the failure of the Participant to wear a helmet or seatbelt (or car seat). This Exclusion does not apply: (a) to Participants who were passengers on public transportation, ride for hire or livery services or (b) when a seatbelt or helmet is not required by law.

War/Riot. That Incurred as a result of war or any act of war, whether declared or undeclared, or any act of aggression by any country, including rebellion or riot, when the Participant is a member of the armed forces of any country, or during service by a Participant in the armed forces of any country, or voluntary participation in a riot. This Exclusion does not apply to any Participant who is not a member of the armed forces and does not apply to victims of any act of war or aggression.

With respect to any Injury which is otherwise covered by the selected option, the option will not deny benefits otherwise provided for treatment of the Injury if the Injury results from being the victim of an act of domestic violence or a documented medical condition. To the extent consistent with applicable law, this exception will not require this membership to provide benefits other than those provided under the terms of the membership.

EAGLE MEDICAL TRANSPORT DISCLAIMER

The information provided in this product information sheet is for informational purposes only. The benefits listed and the descriptions thereof do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums and benefits vary depending on the benefits selected. Commercial air and Worldwide coverage are not available in all territories. For a complete list of benefits, premiums, and full terms, conditions, and restrictions, please refer to the applicable member services agreement for your territory. MASA MTS products and services are not available in AK, NY, WA, ND, and NJ. MASA MTS utilizes third-party transportation service providers for all transportation services. MASA Global, MASA MTS, and MASA TRS are registered trade names of Medical Air Services Association, Inc., an Oklahoma corporation. Void where prohibited by law. -If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code ("IRC") section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

Coverage Territories:

1. All coverage provided by this membership is limited to the continental United States, Alaska, Hawaii, and Canada and must originate and conclude therein.

PLATINUM ADDITIONS

Coverage Territories:

1. Worldwide Coverage - Repatriation to Hospital Near Home Coverage, Patient Return Transportation Coverage, and Mortal Remains Transportation Coverage benefits shall extend Worldwide. Worldwide Coverage shall automatically extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas, and Bermuda (collectively, "Basic Coverage Area") (excluding countries referenced on the Office of Foreign Assets Control ("OFAC") countries, and Antarctica), and extend elsewhere contingent upon ten (10) day prior notice of such travel. Notice may be provided by (i) certified mail, return receipt requested, to the MASA Corporate office; (ii) electronic mail, including delivery confirmation; or (iii) facsimile, including confirmation of delivery, and MASA's written acknowledgment of such notice. Notice must include a travel itinerary of travel destinations and dates. Unless otherwise authorized by MASA MTS in writing, Worldwide coverage shall apply up to ninety (90) days per trip.



2. Basic Coverage Area – Companion Transportation Coverage, Hospital Visitor Transportation Coverage, Minor Return Transportation Coverage, Vehicle & RV Return Coverage, and Pet Return Transportation Coverage benefits shall extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda. Vehicle & RV Return Coverage shall be limited to only rental vehicles in Hawaii, the Caribbean (excluding Cuba), the Bahamas and Bermuda.

3. United States and Canada Only – Emergency Air Ambulance Coverage, Emergency Ground Ambulance Coverage, and Hospital to Hospital Ambulance Coverage benefits shall only be provided in the United States and Canada.

4. United States Only – Organ Retrieval & Organ Recipient Transportation benefits shall only be provided in the United States.

Florida Residents

For FL residents, MASA MTS provides insurance coverage whereby Medical Air Services Association of Florida, Inc. is a prepaid limited health service organization licensed under Chapter 636, Florida Statutes, license number: 65-0265219 and is doing business as MASA MTS with its principal place of business at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. MASA MTS utilizes third-party transportation service providers for all transportation services. MASA Global, MASA MTS and MASA TRS are registered trade names of Medical Air Services Association, Inc., an Oklahoma corporation. Void where prohibited by law.

Wyoming Residents

MASA MTS (800-643-9023, masamts.com) is a membership plan, and not insurance coverage and the range of discounts for air ambulance services provided under such membership will vary depending on the provider and the services offered. Medical Air Services Association, Inc. is doing business as MASA MTS with its principal place of business at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. The information provided in this product information sheet is for informational purposes only. The benefits listed, and the descriptions thereof do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums and benefits vary depending on the benefits selected. Please refer to the applicable member service agreement for a complete list of benefits, premiums, and full terms, conditions, and restrictions. MASA MTS utilizes third-party transportation service-providers for all transportation services. MASA Global, MASA MTS and MASA TRS are registered trade names of Medical Air Services Association, Inc., an Oklahoma corporation.



