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	
Network	*PHCS*	
OUTPATIENT PHYSICIAN VISITS & PREVENTIVE BENEFIT		
Outpatient Physician Office Visits *(primary care and urgent care)*	IN-NETWORK $25 copay for all outpatient physician office visits at primary care physician office, urgent care, or retail medical clinic. Plan 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. Plan pays up to $200 for services rendered per visit after copay. Max. benefit 4 visits per insured/year.
Annual Wellness Exam Visit *(men, women, children)*	IN-NETWORK No copay. Plan 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 *(other than annual wellness exam)*	IN-NETWORK No copay. Plan 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 plan. No copays. No consultation fees. 24/7/365 access.	
Virtual Behavioral Health	Includes 5 sessions per month per plan for covered mental health issues.	
Virtual Urgent Care	Unlimited usage for all covered persons on the plan. No copays. No consultation fees. 24/7/365 access.	

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.

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

Comprehensive benefits are provided through our Eagle Share medical cost sharing program. Eagle Share also includes zero out-of-pocket ground and air ambulance through the Eagle MTS Emergent Plus membership.

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	
Surgery & Anesthesia (includes facility & doctor fees)	100% shareable after initial IUA is met.
Rehabilitation Physical Therapy (not drug or alcohol related)	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.
MATERNITY BENEFITS	
Maternity (includes physician visits, delivery, surgery, hospital stay)	100% shareable after initial IUA is met.
Emergency Room	100% shareable after initial IUA is met.
Neonatal Intensive Care Unit & Sub-acute NICU	100% shareable after initial IUA is met.
END OF LIFE BENEFIT	
End-of-life services (shareable for all services required at time of death for a participating member)	Primary or spouse: $10,000; Child: $2500. Paid once per decedent.

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	
Ambulance transport	$1200.00
Emergency Room Visit	$700.00
X-rays	$600.00
MRI Scan	$1600.00
Surgery	$18,000.00
Hospital Stay	$9000.00
Crutches	$150. 00
Physical Therapy	$2000.00
Follow Up Doctor Visits	$900.00
TOTAL COST	$34,150.00
IUA EXPENSE	$1000.00
BALANCE	$33,150.00

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

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.

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 Medical Transport Benefits

Eagle Medical Transport Benefits In conjunction with your Eagle Share membership, 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.

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.

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.

*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 satisfi es the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

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.

WHAT'S PROVIDED

SERVICE	EAGLE ACCESS PLUS
$0 Virtual Direct Primary Care Visits	✓
$0 Virtual Urgent Care Visits	✓
$0 Virtual Behavioral Health Benefits	✓
Basic Rx Benefits	✓
Financial Wellness Tools	✓
$0 Ground and Air Ambulance Costs	✓
Hospitlization & 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	✓

Eagle Access Plus Rates

AGE 18-29
AGE 30-49
AGE 50-64

	SELF	SELF + 1	SELF + CHILDREN*	SELF + FAMILY**
$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

Eligibility & Enrollment Requirements

- Primary enrollee must be working a minimum or 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 require for dependent children is 0-25 years old; children over the eighteen 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 memberships 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 plan 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 PrevcareRx.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.

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.

eaglecarehealth.com
info@eaglecarehealth.com
512-883-4628