



North American Power Sweepers Association Enrollment Guide

**Healthcare, Life and Lifestyle Benefits
for NAPSA (North American Power Sweepers Association)**

Easy Enrollment

**You can enroll online at www.homeland4one.com/napsa or by
calling the Homeland Enrollment Center at 1.888.348.7669**

Welcome

NAPSA welcomes you to new medical benefits. You have the ability to choose a combination of high quality benefits that best meet your personal and financial needs.

GETTING STARTED

GET READY: Review the Benefits and select the benefits that match your needs.

GET SET: Obtain all of the information you will need to enroll - Birth dates, Beneficiary, etc.

GET ENROLLED: You will have several ways to enroll for benefits:

You can visit the enrollment web site provided by our administrator, Homeland Healthcare @ www.homeland4one.com/napsa and enroll online - or - You can call the Homeland Enrollment Center @ 1.888.348.7669.

Why Homeland SecureCare™ Featuring Limited Benefit Health Insurance May Be Right for You

Reasons to Consider Homeland SecureCare Coverage For You and Your Family

- 1. Broad benefits**—You receive a variety of health care options, plus vision and dental coverage, discounts on prescriptions and laboratory tests, accident coverage, and access to doctors on the telephone at any hour, every day of the year.
- 2. First-dollar coverage**—You get cash payments for your health claims (unless you specify otherwise), without any co-payments or deductibles, in addition to any other insurance coverage you may have.
- 3. Cash to spend as you need**—You decide how to spend the money you receive—for unreimbursed expenses, treatments, home help, travel or any other purpose.
- 4. Discounted networks**—You make your money stretch further when you visit doctor and hospital networks offering discounts.
- 5. Simple enrollment**—You spend just a few minutes to complete a simple questionnaire and you're enrolled.
- 6. Easy to afford, easy to pay**—You pay low group rates for coverage through convenient automatic withdrawals from your checking account.
- 7. Fast, responsive claims service**—When you need to use your coverage, you'll find knowledgeable professionals give you skilled help and fast claims processing.

SecureCare administered by Homeland HealthCare. Limited Benefit Health Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a member of AIG Companies®. Limited Benefit Health Insurance is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage.

Limited Benefit Health Insurance

This is limited indemnity coverage. This is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage. Benefits may vary from state to state.

Benefit Descriptions	SecureCare 250	SecureCare 750
PREVENTIVE BENEFITS		
Physician Office Visit · 3 visits per person per calendar year, 6 visits per family per calendar year	\$50	\$75
Health Screening Benefit · 3 visits per person per calendar year, Includes routine exams and preventative testing	\$25	\$50
Routine Well Child Benefit · Includes physical examinations and immunizations during the first 12 months following birth. 6 visits per covered child per calendar year	\$30	\$50
Oklahoma Only: Immunization Benefit	\$20	\$20
Diagnostic, X-ray and Lab Benefit · 6 tests per person per calendar year	-	\$100
Emergency Room Benefit · 4 visits per person per calendar year	\$50	\$150
HOSPITAL BENEFITS		
Hospital Admission Benefit · Inpatient Admission for treatment of Sickness or Injury	\$250	\$750
Hospital Confinement Benefit · Pays per day each day Insured is Confined in Intensive Care Unit · Pays in addition to Hospital Admission Benefit	\$250	\$750
Intensive Care Unit Benefit · Pays per day each day Insured is Confined in the Intensive Care Unit · Pays in addition to Hospital Admission Benefit and Hospital Confinement Benefit	\$250	\$750
SURGERY BENEFITS		
% of amount on Surgical Fee Schedule	-	100%
Anesthesia (% of amount on Surgical Fee Schedule)	-	25%
Ambulatory Surgery Center (per day)	-	\$150
OTHER BENEFITS		
Critical Illness (First Diagnosis)*	-	\$5,000
Invasive Cancer Benefit	-	100%
InSitu Cancer Benefit	-	25%
Heart Attack Benefit	-	100%
Stroke Benefit	-	100%
Renal Failure Benefit	-	100%
Coronary By-Pass Surgery Benefit	-	100%
ADL Deficit Benefit	-	100%
ACCIDENTAL DEATH BENEFITS		
Accidental Death Benefit	\$10,000	\$30,000
Common Carrier Benefit	\$2,500	\$7,500
DISMEMBERMENT BENEFITS		
Loss of Both Hands or Both Feet	\$10,000	\$15,000
Loss of Sight in Both Eyes	\$10,000	\$15,000
Loss of One Hand AND One Foot	\$10,000	\$15,000
Loss of One Hand AND Sight in One Eye	\$10,000	\$15,000
Loss of One Hand OR One Foot	\$10,000	\$15,000
Loss of Speech AND Hearing in Both Ears	\$10,000	\$15,000
Loss of Hearing in One Ear	\$10,000	\$15,000
Loss of Thumb AND Index Finger of Same Hand	\$10,000	\$15,000
Loss of One or More Fingers OR Toes	\$2,500	\$2,500
Loss of Sight of One Eye	\$10,000	\$15,000
DISLOCATIONS & FRACTURE BENEFITS		
Dislocation Benefits (all)	\$1,000	\$1,250
Concussion	\$100	\$125
Fractures – Rib	\$500	\$500
Fractures – Other *	\$1,000	\$1,250
HOMELAND VALUE BENEFITS***		
3 Tier Prescription Discount Benefit	Included	Included
\$10 Generic Only Drug Benefit	Optional	Optional
CAREington International Dental Discount	Included	Included
EyeMed Vision Discount Program	Included	Included
Homeland Discount Lab & Imaging	Included	Included
Accidental Medical Benefit**** (per occurrence)	\$2,000	\$2,000

*There is a 30 day waiting period for this benefit, and the insured person must survive for 30 days after the diagnosis.

** Covered fractures include Pelvis, Skull, Neck, Thigh, Upper Arm, Ankle, Lower Leg, Elbow, Heel, Shoulder Blade, Lower Jaw, Collarbone, Forearm, Wrist, Vertebrae, Sternum, Kneecap, Cheekbone, Hand, Foot, and Coccyx

*** Homeland Health Care Value Added Benefits Program, except for vision, is neither underwritten nor provided by National Union Fire Insurance Company of Pittsburgh, Pa.

**** Accident Medical benefit is underwritten by Republic American Insurance Company.

Value-Added Benefits (Included in Limited Medical Plans)

Prescriptions

Discount Prescription Card—3 Tier Program (Included in Monthly Premiums)

This is a three tier payment program of \$10,\$20 and \$40. All drugs not listed under these tiers will be discounted off wholesale rates. The program offers substantial discounts on all brand name and generic drugs. Through an exclusive agreement with one of the nations premier drug management organizations, members save up to 55% on in-store brand and generic drugs and up to 70% on mail order brand and generic.

Alternate Generic Prescription Card— \$10 Co-pay (Add \$13 for Individual Only, \$26 for Individual + Spouse or Child and \$39 for Individual + Family) This insured drug benefit covers most of the commonly prescribed generic drugs at a low member co-pay of \$10. In addition, this benefit allows members to purchase brand name drugs and non co-pay generics at a discounted rate. Our national pharmacy network has over 54,800 chains nationwide, which includes all of the major chains and most of the nation's independent pharmacies.

Vision—Access to thousands of providers nationwide, including the leading optical retailers LensCrafters®, Target Optical®, and most Pearle Vision® and Sears Optical® locations. \$20 Co-pay for regular vision exams; every year. Discounts for standard eyeglass lenses, frames and contact lenses. (You can also order replacement contacts online and have the contacts mailed to you at home.)

Dental—Save 20% to 60% on most dental procedures at more than 29,000 providers nationwide. Save on specialty care, such as orthodontics, cosmetic dentistry and dentures.

Lab testing and imaging—Save on more than 1,700 tests at thousands of patient service centers nationwide.

Accident Medical Insurance, Accidental Death & Dismemberment (AD&D) Insurance

Up to \$2,000 Accident Medical insurance and up to \$4,000 AD&D insurance for all covered individuals, with a \$100 deductible per occurrence.

This item is underwritten by Republic American.

Limited Benefit Description

Physician's Office Visits Benefit—Pays a Per Visit benefit if an Insured Person visits a Physician's office for treatment of Sickness or Injury.

Health Screening Benefit—Pays a Per Test Amount when an Insured Person undergoes specified routine examinations or other preventive testing.

Routine Well-Child Benefit—Pays a Per Physician's Visit amount when an Insured Dependent Child visits a Physician and undergoes physical examination and/or appropriate immunizations during the first 12 months following birth.

Hospital Benefits

Hospital Admission Benefit—Pays a lump sum Hospital Admission Benefit if an Insured Person is admitted as an inpatient to a Hospital for treatment of Sickness or Injury.

Hospital Confinement Benefit—Pays a Daily Hospital Confinement Benefit for each day that an Insured Person is charged for a room as an Inpatient when that Insured Person becomes confined as an Inpatient to a Hospital for treatment of Sickness Injury.

Intensive Care Unit Benefit—If benefits have become payable for an Insured Person under the Hospital Confinement Benefit, and such Insured Person becomes confined in an Intensive Care Unit, pays an additional Daily Intensive Care Unit Benefit for each day and Insured Person is confined in and charged for an Intensive Care Unit.

Surgical/Anesthesia Benefits

Pays a scheduled Surgical Benefit when an Insured Person undergoes a surgical procedure for treatment of Sickness of Injury.

Anesthesia—Pays an Anesthesia Benefit for the administration of anesthesia for which a charge is incurred during a covered surgical procedure.

Emergency Room Accident Treatment Benefits—Pays a Per Accident Benefit shown when an Insured Person suffers an injury that, within 72 hours of the accident that caused the injury, requires him or her to receive Emergency Treatment in the Emergency room of a Hospital.

Emergency Room Sickness Treatment Benefit—Pays a Per Visit Benefit when an Insured Person visits the emergency room of a Hospital for Emergency Treatment of Sickness.

Outpatient Diagnostic X-Ray and Laboratory Benefit— Pays an Outpatient Diagnostic X-Ray and Laboratory Benefit when an Insured Person visits a Physician's office or other outpatient setting except an emergency room, and undergoes diagnostic x-ray and laboratory tests for treatment of Sickness or Injury.

Ambulatory Surgical Center Benefit—Pays a lump sum benefit if an Insured Person visits an Ambulatory Surgical Center for treatment of Sickness or Injury.

Accidental Death Benefit—Pays a lump sum benefit if an Insured Person suffers an injury that results in death.

Critical Illness Rider—Pays a lump sum benefit upon diagnosis of a specified Critical Illness after a 30 day waiting period. The Insured Person must survive for 30 days after the diagnosis.

Physician and Hospital Discounts—We offer the Discount Provider Network from Medical Resource LLC to complement the benefits provided by SecureCare. Discounted rates are available at premier physicians, hospitals, and medical centers around the country. Physician Look up www.nppn.com

AWA – Guarantee Issue Disability Protection

Off-the-Job Disability \$1,500 Income Protection

Off-the-Job Disability \$3,000 Income Protection

The disability program can be purchased with the **SecureCare™** medical program or on a stand alone basis. This income protection plan has NO waiting period for accident or injury benefits that happen off the job. This plan has a seven (7) day wait for sickness benefits. The monthly benefit is payable for up to 6 months (26 weeks); proof of income may be required at time of claim.

Total Disability Definition—Unable to perform the material and substantial duties of your regular occupation; Not, in fact, working at any occupation for wage or profit; and Under the regular and appropriate care of a doctor; unless the doctor states that continued treatment in the future would be of no benefit to you.

Partial Disability* Definition—You are unable to perform the material and substantial duties of your regular occupation for 20 hours or more per week; You are able to work at your regular occupation or any other occupation for less than 20 hours per week; Your company will allow you to work for less than 20 hours per week; and You are under the regular and appropriate care of a doctor.

Benefits are paid regardless of any other insurance participants may have with other insurance companies, benefits are paid directly to the insured, unless specified otherwise, coverage is guaranteed renewable to age 70 and is portable.

Pre-Existing Condition—You have a pre-existing condition if you have a sickness or physical condition for which you were treated, received medical advice or had taken medication within 12 months before the effective date of your policy. If you become disabled because of a pre-existing condition, Colonial will not pay for any disability period if it begins during the first 12 months the policy is in force.

The Disability Income Benefits Program is NOT insured by the Domestic Accident and Health Division of the AIG Companies*

\$1,500 Per Month Disability Protection		
Age Band	Weekly	Monthly
17-49	\$15	\$65
50-69	\$18.92	\$82

\$3,000 Per Month Disability Protection		
Age Band	Weekly	Monthly
17-49	\$26.77	\$116
50-69	\$35.08	\$152

Administered by:



Dental Benefits

AWA - \$1,500 Annual Benefit Indemnity Dental Plan

This Dental program can be purchased with the **SecureCare™** medical program or on a stand alone basis. This dental program plan has NO waiting period for preventive or basic dental benefits and a 12 month wait for major services.

AWA Dental program is underwritten by: Standard Life & Accident Insurance Company, Galveston, TX

Plan Highlights and features include:

- Indemnity Benefits - See the dentist of **your** choice.
- \$1500 annual maximum
- Low \$50 deductible - waived for preventive services.
- Set reimbursements for procedures - no surprises!
- Cash paid directly to you or your provider[†]

Administered by:



Sample Reimbursements:

ADA Code	Description	Reimbursement
0150	Comprehensive oral evaluation - new or established patient	\$ 33.00
0274	X-Ray - bitewings - four films	\$ 26.00
1110	Routine Prophylaxis - adult (once every six months)	\$ 38.00
2331	Resin filling - two surfaces, anterior	\$ 50.00
2750	Crown -porcelain fused to high noble metal*	\$187.00
3330	Root Canal - Molar*	\$196.00
4341	Periodontal scaling and root planning - per quadrant*	\$ 48.00
7110	Single tooth (extraction)	\$ 40.00

This illustration is a sample only. Please see the member certificate for all codes, exclusions, and limitations.

† Depending on your provider's billing practice

†† Documentation consisting of the most recent prior invoice and summary of benefits must be submitted the time of initial enrollment for waiver to be considered. 12 month wait for these services apply. Rates are subject to change.

The AWA Dental Benefits Program is NOT insured by the Domestic Accident and Health Division of the AIG Companies*

Voluntary Group Term Life

Voluntary Group Term Life Insurance:

Life Insurance is **Guaranteed Issue at Open Enrollment or New Hire Enrollment.**

All rates are listed **monthly**. Please find your age bracket on the left and check mark the desired term life policy.

	\$10,000 Per Month	\$25,000 Per Month	\$50,000 Per Month
Age 0-29	<input type="checkbox"/> \$3.09	<input type="checkbox"/> \$5.73	<input type="checkbox"/> \$9.45
Age 30-34	<input type="checkbox"/> \$3.25	<input type="checkbox"/> \$6.13	<input type="checkbox"/> \$10.25
Age 35-39	<input type="checkbox"/> \$3.71	<input type="checkbox"/> \$7.28	<input type="checkbox"/> \$12.55
Age 40-44	<input type="checkbox"/> \$4.29	<input type="checkbox"/> \$8.73	<input type="checkbox"/> \$15.45
Age 45-49	<input type="checkbox"/> \$6.00	<input type="checkbox"/> \$13.00	<input type="checkbox"/> \$24.00
Age 50-54	<input type="checkbox"/> \$8.51	<input type="checkbox"/> \$19.28	<input type="checkbox"/> \$36.55
Age 55-59	<input type="checkbox"/> \$11.40	<input type="checkbox"/> \$26.50	<input type="checkbox"/> \$51.00
Age 60-64	<input type="checkbox"/> \$16.45	<input type="checkbox"/> \$39.13	<input type="checkbox"/> \$76.25
Age 65-69	<input type="checkbox"/> \$29.30	<input type="checkbox"/> \$71.25	<input type="checkbox"/> \$140.50
Age 70-74	<input type="checkbox"/> \$50.44	<input type="checkbox"/> \$124.10	<input type="checkbox"/> \$246.20
Age 75 +	<input type="checkbox"/> \$94.19	<input type="checkbox"/> \$233.48	<input type="checkbox"/> \$464.95

Administered by:



Benefit Election Worksheet

Name _____ SS# _____ - ____ - ____ D.O.B. _____ - ____ - ____

Address _____

City, ST. Zip _____ Hire Date _____ - ____ - ____

Home Phone: _____ - ____ - ____ E-mail: _____

Group Name: **NAPSA** EE # _____ Emp. ID # _____

Beneficiary / Relationship _____

Dependent / Spouse _____ SS# _____ D.O.B. _____ Age _____

Dependent 2: _____ SS# _____ D.O.B. _____ Age _____

Dependent 3: _____ SS# _____ D.O.B. _____ Age _____

Effective Date	Benefit Category	Product Description	Monthly Rates		Deduction Amounts
	HEALTH	SecureCare 250 w/ 3-Tier Rx	EE: \$ 90 EE+S: \$ 129 EE+C: \$ 137 Fam: \$ 168	□ □ □ □	
	HEALTH	SecureCare 750 w/ 3-Tier Rx	EE: \$ 167 EE+S: \$ 274 EE+C: \$ 290 Fam: \$ 385	□ □ □ □	
	Prescription Buy Up	\$10 Generic Co-pay Rx Drug Card	EE: \$ 13 EE+S: \$ 26 EE+C: \$ 26 Fam: \$ 39	□ □ □ □	
	Dental	\$1,500 AWA Indemnity Dental	EE: \$ 29.50 EE+1: \$ 59.50 Fam: \$ 87.50	□ □ □	
	Disability Income Age 17-49	AWA \$1,500 STD 6 Month Benefit AWA \$3,000 STD 6 Month Benefit 0 wait Accident—7 day wait Sickness	EE \$1500 plan: \$65 EE \$3,000 plan: \$116	□ □	
	Disability Income Age 50-69	AWA \$1,500 STD 6 Month Benefit AWA \$3,000 STD 6 Month Benefit 0 wait Accident—7 day wait Sickness	EE \$1500 plan: \$82 EE \$3,000 plan: \$152	□ □	
	Optional Group Term Life	<input type="checkbox"/> \$10,000* <input type="checkbox"/> \$25,000* <input type="checkbox"/> \$50,000*	*See Monthly Life Page for Rates.		
Monthly Total					

Automatic Bank Draft (drafted on the 25th of each month)

Bank name _____ Routing number _____

Bank Acct Number _____

Applicant Signature _____ Date _____

Limitations and Exclusions

Limited Benefit Health Insurance No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self -inflicted Injury or any act of autoeroticism.
2. travel or flight in or on (including getting in or out of, or on or off of any vehicle used for aerial navigation, if the Insured Person is:
 - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - b. performing, learning to perform or instructing others to perform as a pilot or crewmember of any aircraft; or
 - c. riding as a passenger in an aircraft owned, leased or operated by the Insured Person's employer.
3. declared or undeclared war, or any act of declared or undeclared war.
4. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
5. the Insured Person's being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance.
6. the Insured Person's being under the influence of drugs unless taken under the advice of and as specified by a Physician.
7. the Insured Person's commission of or attempt to commit a felony.
8. services and supplies that are not prescribed by a Physician as necessary to treat an Injury or Sickness; are received without charge or legal obligation to pay; would not normally be paid in the absence of insurance; are received outside of the United States; or are received while incarcerated by legal authorities of any state or country for any reason.
9. dental treatment unless due to an Injury.
10. cosmetic care, except for reconstructive plastic surgery required as a result of Injury; to restore a normal bodily function; to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or for breast reconstruction following mastectomy.
11. any Injury or Sickness covered under any state or federal Workers Compensation, Employers Liability law or similar law.
12. services and supplies that are not due to an Injury or Sickness except as specifically provided.
13. mental or nervous disorders or substance abuse.
14. participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event.
15. mountaineering using ropes and/or other equipment; parachuting; or hang gliding.
16. custodial care or rest.

Frequently Asked Questions

Q: Are pre-existing conditions covered by the Limited Benefit Health Insurance?

A: Yes, pre-existing conditions are covered; however, there is a 12-month pre-existing condition limitation on the critical illness benefit only.

Q: Will I receive an ID card?

A: Yes, a personalized, "wallet-friendly" ID card are sent to each enrollee. The fulfillment kit also contains phone numbers, Web links and information on how to use all the benefits included in your SecureCare program.

Q: Can I use any doctor or hospital with the SecureCare plan?

A: Yes, you may go to any doctor or hospital. However, you can receive substantial discounts for covered medical visits when you visit a participating provider in the nationwide network included with your plan.

Q: Regarding the Limited Benefit Health Insurance benefit, is there a copayment amount? Is there a deductible?

A: There are NO copayments or deductibles associated with the Limited Benefit Health Insurance.

Q: How do I pay for doctor visits or file a claim?

A: At the time of a visit, present your ID card to the provider. The back of your ID card has all the information your provider needs to verify benefits and file claims. Your provider may require the full amount due at the time of service if you are filing your own claim. There are no claim forms necessary. You or your provider should simply send an itemized statement, detailing your medical visit, to the claims address printed on the back of your ID card.

Q: How does my prescription/vision/dental plan work? Do I need to file a claim?

A: With Homeland HealthCare Value-Added Benefits (including prescription, vision, dental, etc.) there are no claims to file. Your discount is provided at the time of service. So it is important that you present your card during your visit. (If you have not received your card, call 800.493.4240.)

Q: When can I begin using my prescription drug card and other discount benefits?

A: You may begin using your benefits on your effective date of coverage, subject to the terms and conditions of the plan you choose. The effective date of coverage always falls on the first day of the month.

Q: Is maternity covered by the Limited Benefit Health Insurance?

A: Yes, maternity is covered as any other condition.

Q: What if I need to go to the doctor and I lost my card or I haven't received it yet?

A: If your coverage is in effect and you do not have your ID card, contact Homeland HealthCare toll-free at 800.493.4240. We can provide your doctor verification of your coverage and all the information needed to process your claim.

Benefits are administered by:

2435 N. Central Expressway Suite 100
Richardson, TX 75080
1.800.493.4240

