

Membership benefits include:

- Unlimited doctor consultations by telephone or video, 24/7 at **no additional cost**
- Up to 75% savings on prescription drugs
- 15-40% discounts on eye exams, lenses, frames and contacts
- Supplemental insurance to help manage out-of-pocket expenses such as medical deductibles, coinsurance and copayments

Latitude helps protect you from unexpected medical debt.

Non-insurance association membership benefits are provided by Communicating for America, LLC. Accident Medical Expense and Accidental Death and Dismemberment benefits are underwritten by Fidelity Security Life Insurance Company, Kansas City, MO 64111. Insurance benefits are not available in all states. Some insurance benefits, exclusions and limitations may vary by state. Policy No. AC-26; Form No. M-3044

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Accidents and illness happen

Get membership benefits that help cover the cost of your medical bills and offer an extra layer of protection for services your primary health insurance plan doesn't cover.

Cash benefits can be used for:

- Medical deductible or coinsurance
- Rent or mortgage
- Car payments
- Child care
- Everyday living expenses

Latitude

Savings on everyday health care needs and cash benefits to help cover unexpected medical expenses

Latitude membership includes many benefits that help reduce everyday health care costs, and covers other expenses incurred if ill or injured. Benefits include:

*** Unlimited Doctor Consultations by Telephone or Video, 24/7 at No Additional Cost**

Skip the waiting room and connect with a physician from the comfort of your own home for no additional cost, then get prescriptions for common ailments sent directly to your pharmacy of choice.

As a member you have access to one of the leading telemedicine companies with doctors averaging 15 years of patient care experience.

- Save trips to urgent care, and cut your medical expenses with unlimited telephone or video consultations.
- U.S. board-certified doctors.
- 24 hours a day, 7 days a week, at no additional cost.

***Savings of up to 75% Off Prescription Drugs**

Members can text or email prescription drug discount deals straight to their phone or print a discount drug card.

- Use at over 66,000 pharmacies nationwide.
- Save on name brand drugs, and up to 75% off generic drugs.

***Discounts of 15%-40% Off Eye Exams, Lenses, Frames and Contacts**

With discounts on eye exams, lenses, frames and additional eyewear, members save:

- Up to 15% on eye exams, and
- 20%–40% on frames, lenses, contacts and more.

For Latitude Preferred and Ultimate Plans

***Roadside Reimbursement**

Get reimbursed for any towing and emergency roadside services for \$100-\$200; two reimbursements per year.

***Discounts on X-rays, MRIs, CT scans and More**

Get the best pricing for X-rays, MRIs, CT scans, mammograms ultrasounds, various surgeries and more. Patients can schedule online and pay cash immediately, or they can file a claim through their primary medical insurance company.

**Discounts and telemedicine are not insurance benefits.*

Supplemental Accident and Critical Illness Insurance Benefits

Latitude membership includes supplemental insurance benefits that pay in addition to any other insurance you might have.

- Plans are guaranteed issue and can have a same-day effective date. (Subject to pre-existing conditions and limitations in some states.)
- A daily hospital benefit for any covered sickness or injury is included with the plan's accident and critical illness coverage.
- The cash benefits are paid directly to you and you can use the money for whatever you choose. Or, you can assign the benefits to be sent to your provider.

Latitude

Savings on everyday health care needs and cash benefits to help cover unexpected medical expenses

The following chart outlines some of the supplemental insurance benefits included with every membership.

Benefits	Latitude Select	Latitude Preferred	Latitude Ultimate
If injured in a covered accident	Up to \$2,500 (\$250 deductible)	Up to \$5,000 (\$500 deductible)	Up to \$10,000 (\$1,000 deductible)
If diagnosed with a covered critical illness	Up to \$2,500	Up to \$5,000	Up to \$10,000
Accidental death benefits	Up to \$5,000	Up to \$5,000	Up to \$5,000
Up to 10 days of hospital benefits	Up to \$250 per day	Up to \$500 per day	Up to \$1,000 per day

Supplemental insurance benefits are not available in all states.

Benefit Descriptions

Accident Medical Expense

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

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

treatment, services, supplies, prescription drugs (excluding take home drugs) provided while Hospital Confined and any other Medically Necessary service.

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

Critical Illness

This benefit can pay when an Insured is diagnosed for the first time with a Covered Condition (Critical Illness) or receives a Major Organ Transplant that is recommended for the first time.

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

Accidental Death and Dismemberment

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

Daily In-Hospital Indemnity

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

For additional plan information, go to www.pivotohealth.com, enter your ZIP code, select plan and view "Plan Details."

Eligibility and Effective Dates

Adults under age 65 who are members in good standing of Communicating for America; their spouses under age 65; their dependent children under age 26 are eligible for supplemental accident and critical illness insurance benefits.

Coverage is effective on the date shown in the Company's records, following receipt of the insured's individual enrollment form, if any, following the date the Company receives the first premium, unless the eligible person is confined at home or in a hospital or medical institution for any condition covered by the Policy on the date coverage would otherwise begin. If the eligible person is confined as described above, then coverage will begin on the first day of the month following the date he or she is no longer confined at home or in a Hospital or medical institution.

General Insurance Benefit Exclusions



The Policy does not provide any benefits for the following:

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

Critical Illness Exclusions

In addition to the exclusions in the policy, this rider does not provide any benefits for a Critical Illness that is:

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

Critical Illness Limitations

Benefits are only payable for first occurrence of a critical illness diagnosis made while the Insured Persons is covered under this policy.

Accident Medical Expense Exclusions

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

1. Any service or charge for which the Insured Person is not legally obligated to pay;
2. Treatment, services or supplies not Medically Necessary, or in excess of the Reasonable and Customary amount;
3. Any experimental or research treatment that is considered as such by the U.S. Department of Health and Human Services or any of its agencies;
4. Sales tax or gross receipt tax, or any charges to complete a claim form;
5. Outpatient prescription drugs;
6. Transportation costs other than for Emergency ambulance services;

General Insurance Benefit Exclusions *Continued*



Hospital Indemnity Exclusions

In addition to the exclusions in the Policy this daily in-Hospital Indemnity does not provide any benefits for the following:

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

Hospital Indemnity Limitations

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

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

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