



GUARANTEED LEGACY LIFE AND ACCIDENT

Brought to you by Americas Health Options™ LIFE & ACCIDENT

GLAD Legacy Program Life - Health - Accident - Disability

GLAD is a unique benefit program designed to allow Houses of Worship to offer benefits to their members just like a corporation would offer benefits to their employees.

It was born out of the principle of drinking water from your own cisterns and allows Houses of Worship to protect their members by self-funding their benefits.

It is the only program of its type in the country exclusively offered through Houses of Worship and not available to the general public.



Table of Content



Issues Facing Houses of Worship Today	3
Guaranteed Legacy Life & Empathy Benefit	4
Why choose the GLAD Legacy T-121 Life & Empathy Benefit Policy?	5
GLAD DEFINED BENEFIT HEALTH PLAN <i>GLAD can design a wellness program to keep your members healthy and reduce claims.</i>	7
GLAD Defined Benefit simplified issue plans require no medical exams	10
Specified Disease Benefit	13
Critical Illness Benefit	13
Healthcare Liaison	14
Bill Negotiation	14
Clinic Visits	14
Laboratory Testing	15
Dermatology	15
GLAD Telemedicine	15
GLAD Behavioral Healthcare made easy	16
GLAD Behavioral Healthcare Benefit	16
GLAD HEALTH PLANS: Dental Plan	18
GLAD HEALTH PLANS: Vision Service Plan	21
GLAD ACCIDENT SHIELD PLUS	24
GLAD Life, Health, Accident & Disability Program Availability by State	25
GLAD Accident Shield Plus Benefit	25
Accident Medical Expense Coverage	26
Accidental Death and Dismemberment, Loss of Sight, Speech and Hearing Benefit	27
Guaranteed Legacy Accident SHIELD Plus Member Plan Pricing	27
Limitation on Accident Medical Expense	29
GLAD DISABILITY: When members can't work, two houses suffer simultaneously.	30
When Members Get Disabling Injuries The House of Worship Can Help	32
Exclusions	33
Agreement and Authorization	34
Exclusive Legacy Membership Benefits	36

CONTACT YOUR AGENT:

Agent name

Agent phone #

Agent email

Administrative Offices: info@GLADprogram.com
424 Church Street, Suite 2000, Nashville, Tennessee 37219, USA

© 2019 Guaranteed Legacy Life & Accident™ and the Guaranteed Legacy Life & Accident logo™ are trademarks of Americas Health Options LLC. All rights reserved worldwide.



As the moral climate of our country degenerates to an all-time low, Houses of Worship struggle to blend spiritual maturity and technical excellence as they serve their communities and the world at large.

In this post Covid-19 era they need ways to creatively raise and maintain generational funding for the preservation of their Legacy.

Benevolent funds are challenged when members pass away but, more importantly, how does a House of Worship protect its members when one of them becomes hospitalized due to injury or cannot work temporarily as a result of an injury.

Questions like what will happen to the House of Worship if they suddenly lose their membership due to poor health, death, accidents, disability or some traumatic event went unanswered. Until Now!

The GLAD benefit program offers permanent Issue cost-effective benefit plans that protect members against loss of income, loss of life, loss of health, catastrophic sickness, accidents, behavioral health counseling for traumatic events, access to doctors and clinics should they need it and much more.

GLAD understands that a house of worship's benevolent fund can only go so far, and it will take all of us to come together to turn our nation around one neighborhood at a time while preserving their legacy.

“Preserving and protecting our House’s of Worship has never been more important than now”.

C.A. Fowler CEO

GLAD Program Highlights

- *Guaranteed Acceptance Permanent Term Life Insurance to age 121 for essential personnel including their spouses, children, and grandchildren.*
- *Simplified Issue Permanent Term Life Insurance coverage to age 121 for all non-staff members.*
- *Accident medical coverage on or off the job.*
- *Short term temporary total disability due to injury.*
- *Dental / Vision Benefit.*

All T-121 Life policies include Quality of Life benefits for long term, nursing home, or home health care due to a chronic or cognitive illness. Each Policy comes with a Legacy preservation benefit that allows members to decide how much of a Tax-Free Legacy Gift to leave their House of Worship at time of death, of either **5%, 10%, or 15%.**

As a legacy partner, Guaranteed Legacy provides a matching legacy gift of 5% of the Legacy benefit above and beyond what a member bequeaths to their House of Worship to make a potential maximum total Legacy benefit of up to 20%! (This will be discussed in more detail later.)

Guaranteed Legacy Partners

Through strategic alliances which include **Americas Health Options LLC.**, **5 Star Life Insurance Company** and the **Wholesale Benefits Association**, the Guaranteed Legacy Life, Accident & Disability program (GLAD) is dedicated to bringing deeply discounted benefits and services to Houses of Worship leadership, their families, and their members all across our nation.





GLAD Legacy

Life insurance for every member,
including diabetics!



GLAD Legacy offers 8 unique benefits to Houses of Worship of all sizes:

- **GLAD Life & Empathy Benefit**
- **GLAD Legacy Protection Benefit**
- **GLAD Health Benefit**
- **GLAD Wellness Benefit**
- **GLAD Accident Benefit**
- **GLAD Disability Benefit**
- **GLAD Free Member Services Benefits**
- **GLAD Dental / Vision Benefit**



The **GLAD Legacy T-121 Life & Empathy Policy** is a Permanent Issue Term Life Insurance with quality of life, terminal illness and life insurance coverage to age 121.

Acceptance is Guaranteed, for the leaders and staff, (aged 18 to 70) up to \$75,000 with no health qualifying questions.

Spouses receive \$20,000 while children and grandchildren (14 days old to their 23rd birthday) receive \$10,000. Staff members can apply for up to \$150,000 simplified issue coverage by answering simple health questions. (The grandchild benefit is no longer available in Maryland.)

The **GLAD Legacy T-121 Life Insurance Policy** for the worship community is a Simplified Issued Permanent Term Life Insurance Policy with quality of life, terminal illness and, life insurance coverage to age 121.

With only a few qualifying YES or NO health questions acceptance is guaranteed for all who qualify, including diabetics. Members ages 18 – 50, can qualify for permanent simplified life coverage up to \$50,000 while members ages 51 – 70 can qualify for **Permanent Simplified life coverage up to \$25,000.**

The **Guaranteed Legacy T- 121 Life Policy** is not a graded policy. It is full face amount at the time the policy is issued. This means that the face amount of insurance policy chosen by the applicant at the time of the application is paid in full to the beneficiary(s) should the insured pass the very next day after the policy is issued and all due premiums are paid. However, the standard two-year contingency clause for suicide and falsifying an application will apply.

Why choose the GLAD Legacy T-121 Life & Empathy Benefit Policy?



The **Guaranteed Legacy T-121 Life Insurance Policy** has eliminated the high premiums and small face amounts, of the past. Those policies of the past were hardly enough to bury a person and definitely not enough to allow the insured's family to live on with some dignity.

Our Quality of Life Rider Possibly the best benefit of the Guaranteed Legacy T-121 Life Policy is the Quality of Life Benefit Rider.

The **Quality of Life Benefit Rider** will accelerate a portion of the death benefit (4% monthly up to 75% of the face amount) should the insured be diagnosed with a chronic illness or a cognitive impairment.



Example A **\$75,000** face amount policy would pay a monthly benefit of \$3,000 (4%) until \$56,250 (75%) has been paid out to the insured. That's almost 2 years of supplementary benefits that can be used for long-term care, nursing home care, or at-home health care payments. The balance of \$18,750 will remain in the policy to be paid out at the time of death.

Legacy Gifting Back to Your House of Worship

The **Guaranteed Legacy T-121 Life Insurance Policy** allows the insured at the time of application to determine how much of a Tax-Free Legacy Gift to give back to your House of Worship in the amount of **5%, 10%, or 15%** of the face amount of their policy at the time of death.

www.guaranteedlegacylifeandaccident.com | info@GLADprogram.com

Additionally, **GLAD** will partner with the insured by also giving back to their House of Worship. A **matching Legacy Gift of 5% of the amount determined by the member** will be gifted to their House of Worship in the name of the member **at the time of death.**

Here's an Example



If the face amount of the insured's policy is \$75,000 at time of death and the insured elects to give a Legacy Gift back to the House of Worship for **15%**. The House of Worship would receive **\$11,250** while the insured's beneficiary would receive the remaining \$63,750.

An additional **5%** or **\$562.50** of the legacy amount (\$11,250) determined by the member will be gifted to your House of Worship in the name of the insured for a total of **\$11,812.50 (\$562.50 + \$11,250)**.

The additional 5% is achieved because **GLAD will partner with you, the policy owner, by placing \$2 of the \$7 monthly recurring administrative fees into a Community Legacy Trust for all GLAD members** starting day one of their policy year.

Each month the trust grows and at times of death, a matching **5% legacy gift will be made directly from the trust to the House of Worship** and is based on the amount the member gifted to their House.

The \$2 administration fee sharing is solely at the discretion of GLAD and its partners and is not part of the policy. It is a seed sowing opportunity that GLAD has chosen to do with their House of Worship partners.

GLAD reserves the right to remove, alter or adjust the \$2 seed sharing opportunity depending on the number of lives enrolled and retained in the program.

GLAD Legacy Rate Sheet - Monthly Rates with Quality of Life Rider



Issue Age	\$10,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
18-25	\$9.90	\$13.28	\$14.98	\$16.68	\$20.07	\$23.46	\$31.94	\$40.42	\$48.89	\$57.38
26	\$9.91	\$13.34	\$15.04	\$16.75	\$20.16	\$23.59	\$32.13	\$40.66	\$49.21	\$57.75
27	\$9.98	\$13.46	\$15.20	\$16.96	\$20.44	\$23.92	\$32.62	\$41.34	\$50.04	\$58.76
28	\$10.08	\$13.66	\$15.45	\$17.26	\$20.84	\$24.42	\$33.37	\$42.34	\$51.29	\$60.26
29	\$10.23	\$13.95	\$15.82	\$17.68	\$21.40	\$25.13	\$34.44	\$43.75	\$53.07	\$62.38
30	\$10.43	\$14.35	\$16.32	\$18.28	\$22.20	\$26.12	\$35.94	\$45.75	\$55.56	\$65.38
31	\$10.64	\$14.76	\$16.84	\$18.90	\$23.04	\$27.16	\$37.50	\$47.84	\$58.16	\$68.50
32	\$10.87	\$15.23	\$17.42	\$19.61	\$23.97	\$28.34	\$39.25	\$50.17	\$61.09	\$72.01
33	\$11.11	\$15.72	\$18.02	\$20.33	\$24.93	\$29.55	\$41.06	\$52.58	\$64.11	\$75.63
34	\$11.40	\$16.30	\$18.75	\$21.20	\$26.10	\$31.00	\$43.26	\$55.50	\$67.75	\$80.00
35	\$11.72	\$16.93	\$19.54	\$22.16	\$27.37	\$32.59	\$45.63	\$58.67	\$71.71	\$84.76
36	\$12.08	\$17.65	\$20.44	\$23.23	\$28.80	\$34.37	\$48.31	\$62.25	\$76.18	\$90.13
37	\$12.46	\$18.44	\$21.41	\$24.40	\$30.36	\$36.34	\$51.25	\$66.16	\$81.09	\$96.00
38	\$12.88	\$19.25	\$22.44	\$25.63	\$32.00	\$38.38	\$54.32	\$70.25	\$86.19	\$102.13
39	\$13.33	\$20.17	\$23.59	\$27.00	\$33.83	\$40.67	\$57.76	\$74.86	\$91.92	\$109.00
40	\$13.83	\$21.15	\$24.81	\$28.48	\$35.80	\$43.13	\$61.44	\$79.75	\$98.06	\$116.38
41	\$14.38	\$22.25	\$26.19	\$30.13	\$38.00	\$45.87	\$65.57	\$85.25	\$104.94	\$124.63
42	\$14.98	\$23.46	\$27.70	\$31.96	\$40.44	\$48.92	\$70.12	\$91.34	\$112.54	\$133.76
43	\$15.60	\$24.70	\$29.25	\$33.81	\$42.90	\$52.00	\$74.75	\$97.50	\$120.25	\$143.01
44	\$16.26	\$26.02	\$30.90	\$35.78	\$45.53	\$55.30	\$79.69	\$104.08	\$128.48	\$152.88
45	\$16.93	\$27.37	\$32.58	\$37.80	\$48.23	\$58.67	\$84.75	\$110.83	\$136.92	\$163.00
46	\$17.67	\$28.83	\$34.42	\$40.00	\$51.17	\$62.33	\$90.26	\$118.17	\$146.09	\$174.00
47	\$18.43	\$30.35	\$36.31	\$42.28	\$54.20	\$66.13	\$95.94	\$125.75	\$155.56	\$185.38
48	\$19.19	\$31.88	\$38.23	\$44.58	\$57.27	\$69.96	\$101.69	\$133.42	\$165.15	\$196.88
49	\$20.02	\$33.55	\$40.31	\$47.08	\$60.60	\$74.13	\$107.94	\$141.75	\$175.57	\$209.38
50	\$20.93	\$35.36	\$42.58	\$49.81	\$64.24	\$78.67	\$114.75	\$150.84	\$186.92	\$223.01
51	\$21.94	\$37.39	\$45.11	\$52.83	\$68.26	\$83.71	\$122.32	\$160.91	\$199.52	\$238.13
52	\$23.11	\$39.74	\$48.04	\$56.35	\$72.96	\$89.59	\$131.13	\$172.66	\$214.21	\$255.75
53	\$24.42	\$42.33	\$51.29	\$60.26	\$78.17	\$96.09	\$140.87	\$185.67	\$230.46	\$275.26
54	\$25.88	\$45.27	\$54.96	\$64.65	\$84.03	\$103.42	\$151.88	\$200.33	\$248.80	\$297.25
55	\$27.44	\$48.37	\$58.84	\$69.31	\$90.23	\$111.17	\$163.50	\$215.83	\$268.17	\$320.51
56	\$29.19	\$51.87	\$63.21	\$74.56	\$97.23	\$119.92	\$176.63	\$233.33	\$290.04	\$346.76
57	\$30.99	\$55.49	\$67.73	\$79.98	\$104.46	\$128.96	\$190.19	\$251.41	\$312.64	\$373.88
58	\$32.84	\$59.19	\$72.35	\$85.53	\$111.86	\$138.21	\$204.06	\$269.91	\$335.77	\$401.63
59	\$34.74	\$62.97	\$77.09	\$91.21	\$119.43	\$147.67	\$218.25	\$288.83	\$359.42	\$430.01
60	\$36.71	\$66.94	\$82.04	\$97.15	\$127.36	\$157.59	\$233.13	\$308.66	\$384.21	\$459.75
61	\$38.77	\$71.05	\$87.19	\$103.33	\$135.60	\$167.88	\$248.57	\$329.25	\$409.94	\$490.63
62	\$40.93	\$75.37	\$92.58	\$109.80	\$144.23	\$178.67	\$264.75	\$350.83	\$436.92	\$523.00
63	\$43.22	\$79.95	\$98.31	\$116.68	\$153.40	\$190.13	\$281.94	\$373.75	\$465.56	\$557.38
64	\$45.72	\$84.93	\$104.54	\$124.16	\$163.37	\$202.59	\$300.62	\$398.67	\$496.71	\$594.76
65	\$48.50	\$90.50	\$111.50	\$132.51	\$174.50	\$216.50	\$321.50	\$426.50	\$531.50	\$636.51
66*	\$49.13	\$91.75	\$113.06	\$134.38	\$177.00	\$219.63	\$326.19	\$432.75	\$539.31	\$645.88
67*	\$52.62	\$98.73	\$121.79	\$144.85	\$190.97	\$237.08	\$352.38	\$467.67	\$582.96	\$698.25
68*	\$56.58	\$106.67	\$131.71	\$156.75	\$206.83	\$256.92	\$382.13	\$507.33	\$632.54	\$757.75
69*	\$61.09	\$115.68	\$142.98	\$170.28	\$224.87	\$279.46	\$415.94	\$552.42	\$688.90	\$825.38
70*	\$66.18	\$125.85	\$155.69	\$185.53	\$245.20	\$304.88	\$454.06	\$603.25	\$752.44	\$901.63

*Quality of Life not available to ages 66-70. Quality of Life benefits not available for children.

Child life coverage available only on children and grandchildren of staff (age on application date: 14 days through 23 years).
 \$4.98 monthly for \$10,000 coverage and \$9.97 monthly for \$20,000 coverage per child.

GLAD Offers Individual Health Plans for Members & Level Funded Group Health Plans for House of Worship Employees

GLAD Defined Benefit Health Plan

GLAD can design and implement a wellness program to keep your members healthy. This can help to reduce member claims. Ask your GLAD ambassador for details.

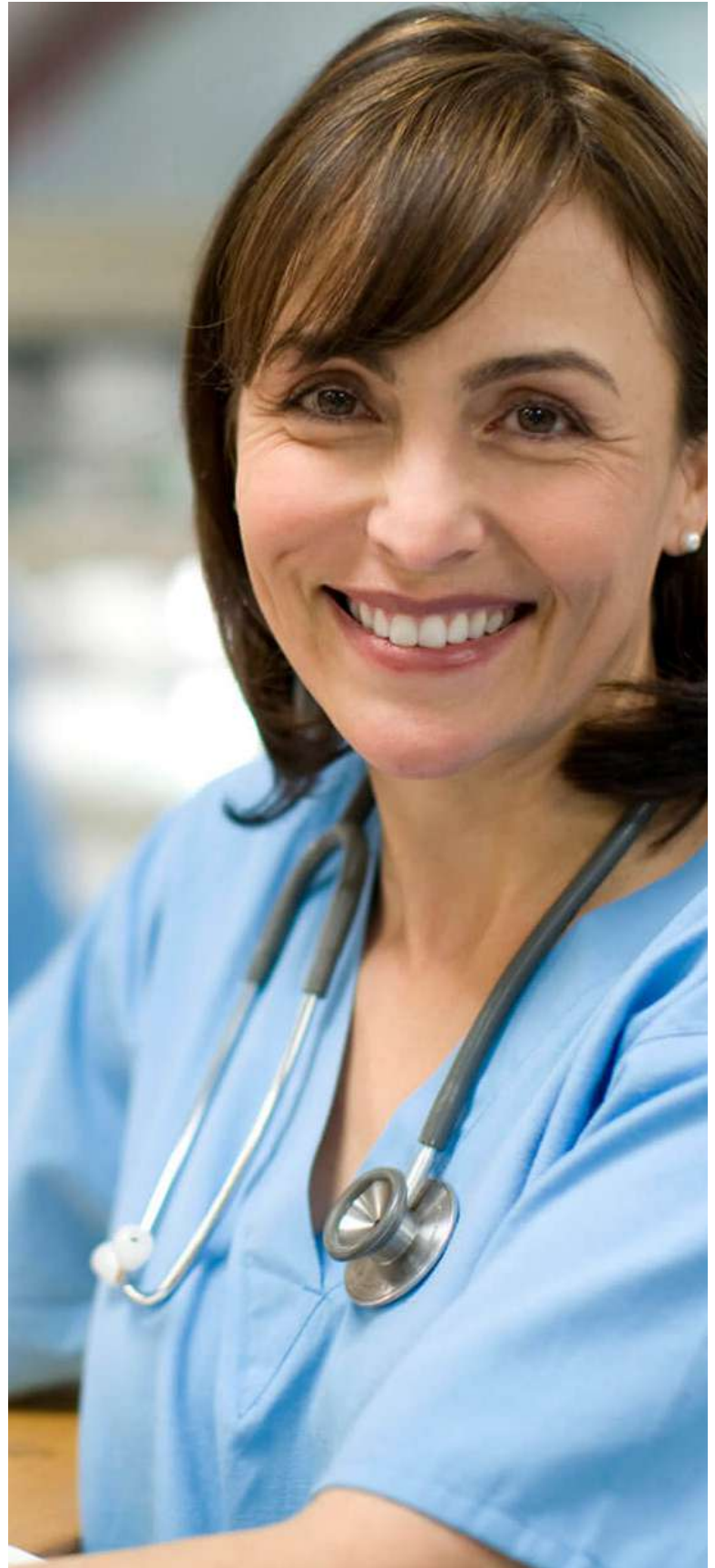




GLAD Life & Health hospital plans are built on a Lego block system. Houses of Worship are allowed to stack group benefits that are favorable to their organization as follows:



- Choose the amount of **GLAD Life & Empathy Coverage** you need. You can combine your GLAD Empathy Benefit with your GLAD health coverage to provide **long-term care, nursing home care, or home health care** should you need it.
- Determine which of the GLAD health plans suit you and your family's needs for a truly personalized experience. **Value, Plus or Preferred** options are available.
- Choose a Deductible that fits your budget.
- Choose a daily defined dollar value that you would like to receive for **Hospital Confinement and ICU benefits** from **\$1,500 to \$7,500 per day**.
- Choose the amount of **Specified Disease and Critical Illness Coverage** you want from **\$10,000 to \$500,000**.
- Choose the amount of **24-hr Accident Medical Coverage** you need for life's unforeseen issues from **\$2,500 to \$10,000**. **Accident Benefit** can be used to offset health plan deductibles. **Catastrophic Accident** is also available from **\$26,000 to \$500,000**.
- Choose what **Disability Plan** works best for you and your family's financial needs from **\$250 to \$1,000 per week for 52 weeks after 7-days, 14-days or 30-days elimination period**. (Disability benefit applies to injury only and is not applied for sickness).
- Choose the **Dental / Vision** plan that best suits you or your family's needs.



GLAD Defined Benefit Health Plan



DEFINED BENEFIT PLAN (Note: Product can be purchased individually)

DEFINED BENEFIT AVERAGE PLAN RATES

INDIVIDUAL	INDIVIDUAL +1	FAMILY
\$249.99	\$375.99	\$494.99



LIFETIME MAXIMUM

\$5,000,000 PER POLICY

CALENDAR YEAR CONFINEMENT DEDUCTIBLE (per Covered Person with a maximum of three deductibles per policy)

Hospital Admission Benefit for First Inpatient Day. One benefit per insured person per Calendar Year.	☑ \$100 Per year \$0	☑ \$500 Per year \$0	☑ \$1,000 Per year \$0	☑ \$2,500 Per year \$1,000	☑ \$5,000 Per year \$2,000	☑ \$7,500 Per year \$3,000	☑ \$10,000 Per year \$3,000
---	----------------------------	----------------------------	------------------------------	----------------------------------	----------------------------------	----------------------------------	-----------------------------------

CHOOSE YOUR CALENDAR YEAR MAXIMUM BENEFIT LEVEL

Calendar Year Maximum Benefit per Insured person ☑ \$250,000 ☑ \$500,000 ☑ \$1,000,000

HOSPITAL INDEMNITY BENEFITS - FACILITY FEES	Deductible Applies	VALUE (One Unit) Per Day	PLUS (Two Unit) Per Day	PREFERRED (Three Unit) Per Day
Confinement in a Hospital as a Result of a Covered Injury or Sickness Indemnity Benefit Includes Observation Unit stay for 24-hours or more.	☑ Sickness	\$1,500	\$3,000	\$4,500
	☑ Injury	\$2,250	\$4,500	\$6,750
Confinement in a Hospital's Intensive Care Unit (ICU) Indemnity Benefit Up to twenty (20) days per Calendar Year as a result of a covered Injury or Sickness.	☑ Sickness	\$2,250	\$4,500	\$6,750
	☑ Injury	\$2,500	\$5,000	\$7,500
Confinement in a Hospital for Mental Illness, Alcohol and / or Substance Abuse Dependency Indemnity Benefit		\$200	\$400	\$600
Confinement in a Rehabilitation Facility or a Skilled Nursing Facility Indemnity Benefit Does not include Mental Illness, Alcohol and/or Substance Abuse Dependency.		\$750	\$1,500	\$2,250
Outpatient Radiation Therapy, Chemotherapy and Immunotherapy Indemnity Benefit		\$750	\$1,500	\$2,250
Outpatient Hospital or Ambulatory Surgical Center Services When Surgery is Performed Indemnity Benefit	☑ Surgery performed under general anesthesia	\$2,000	\$3,500	\$5,000
	☑ Surgery performed not requiring general anesthesia	\$750	\$1,500	\$2,250

HOSPITAL FIXED BENEFITS - PROFESSIONAL SERVICES	VALUE (One Unit) Per Day	PLUS (Two Unit) Per Day	PREFERRED (Three Unit) Per Day
Surgery Indemnity Benefit for Covered Services When Performed in a Hospital or in an Ambulatory Surgical Center Per procedure for your provider location.	1X RBRVS ²	2X RBRVS ²	3X RBRVS ²
Inpatient Pathology/Radiology Indemnity Benefit for Covered Services Per procedure for your provider location.	1X RBRVS ²	2X RBRVS ²	3X RBRVS ²
Inpatient Physicians Care Indemnity Benefit When medical care is from a physician other than an operating surgeon.	\$50	\$100	\$150

GLAD Defined Benefit Health Plan



HOSPITAL FIXED BENEFITS - FACILITY FEES	VALUE (One Unit) Per Day	PLUS (Two Unit) Per Day	PREFERRED (Three Unit) Per Day
Assistant Surgeon Surgical Services Indemnity Benefit for Covered Services	20% of Surgical Benefits Payable		
Anesthesia Indemnity Benefit for Covered Services	25% of Surgical Benefits Payable		
OUTPATIENT BENEFITS	VALUE (One Unit) Per Year	PLUS (Two Unit) Per Year	PREFERRED (Three Unit) Per Year
Aggregate Calendar Year Maximum (per insured person)	\$4,000	\$6,000	\$8,000
ADDITIONAL OUTPATIENT BENEFITS (These benefits are payable for services performed on an outpatient basis only)	VALUE (One Unit) Per Day	PLUS (Two Unit) Per Day	PREFERRED (Three Unit) Per Day
Physician Indemnity Benefit: For each day an Insured person sees a Physician in office or at an outpatient clinic. Maximum of twenty (20) benefit days including six (6) chiropractor and two (2) Specialist Physician visits per Insured person per Calendar Year.	\$80	\$120	\$160
Specialist Physician Indemnity Benefit: Maximum of two (2) benefit days paid at the Specialist Physician rate per Insured person per Calendar Year. After the first two Specialist Physician Benefits are paid at this rate, you will be paid the Physician Indemnity Benefit amount, assuming that you have not met your maximum of twenty (20) benefit days per Insured person per Calendar Year.	\$100	\$150	\$200
Surgery Benefit in a Physicians/Specialists Office or Outpatient Clinic: Maximum of two (2) benefits per Insured person per Calendar Year.	\$100	\$200	\$300
☑ MRI, PET, CAT Scan or Nuclear Testing Indemnity Benefit	\$300	\$500	\$700
☑ X-rays or other Diagnostic Testing Indemnity Benefit	\$80	\$160	\$240
☑ Laboratory	\$40	\$80	\$120
☑ Injections	\$30	\$60	\$90
Emergency Department Indemnity Benefit Maximum of one (1) benefit per Insured person per Calendar Year. Maximum of two (2) benefits combined Emergency Department Benefit/Urgent Care Center Benefit per Insured person	☑ Facility Fee /Charges \$200	\$300	\$400
	☑ Professional Services \$200	\$300	\$400
Urgent Care Center Indemnity Benefit (Maximum of two (2) benefits per Insured person per Calendar Year. Maximum of two (2) benefits combined Emergency Department Benefit/Urgent Care Center Benefit per Insured person per Calendar Year.	\$200	\$300	\$400
Preventive Care Indemnity Benefits Coverage starts sixty (60) days after the Effective Date of each Insured person. Limit of one (1) benefit per Insured person per Calendar Year. Not subject to the Pre-Existing Conditions Exclusion.			
☑ Mammograms			\$250 per Calendar Year
☑ Colonoscopy Without Finding Any Polyps Policy Years One (1) Through Three (3)			\$500 every three years
☑ Colonoscopy Without Finding Any Polyps Beginning the 4th policy year			\$750 every three years
☑ All Other Preventive Care Services Including but not limited to pap smears, PSA tests, chest X-rays and cholesterol testing. Coverage starts sixty (60) days after the Effective Date of each Insured person.			\$250 per Calendar Year
Ambulance Indemnity Benefit Maximum of two (2) ground benefit payments and one (1) air benefit payment per Insured person per Calendar Year.			\$1,000 Ground / \$2,500 Air
Generic Prescription Indemnity Benefit Per Insured person per prescription filled.	\$10	\$20	\$30
Brand Name Prescription Indemnity Benefit Per Insured person per prescription filled.	\$20	\$40	\$60

** Regardless of the charge for the inpatient, professional, or outpatient medical services you receive, we pay the listed benefit amount for eligible services.
 ** Daily time periods are twenty-four (24) or more consecutive hours.



DEFINED BENEFIT PLAN (Note: Product can be purchased individually)

Benefit Example

Inpatient Benefit Example: You purchased an HSP Gold Plus (Two Unit) Plan with a **\$7,500** deductible. You are confined to an in-network hospital for one (1) day due to a covered Sickness.



Hospital Confinement Indemnity Benefit for Covered Sickness = \$3,000 per day

Hospital Admission Benefit for the First Inpatient Day = \$3,000

Hospital Confinement Benefit	(\$3,000 X1)
Deductible	- \$7,500
Remaining Deductible to Meet for Future Patient Stays in the Same Calendar Year	- \$4,500

Hospital Admission Benefit Paid Paid regardless of the deductible being met	\$3,000
--	----------------

GLAD Defined Benefit Health Plan



SPECIFIED DISEASE BENEFIT (must be included with defined benefit health plan)

Prepare to protect yourself from the costly medical procedures and expenses associated with fighting specified diseases and conditions.

COVERED DISEASES, CONDITIONS & PROCEDURES

- Heart Attack
- Stroke
- Cancer (Internal Cancer)
- Angioplasty
- Coronary Artery Bypass Surgery
- Pacemaker Implant or Insertion of Implantable Cardiac Defibrillator
- Heart Valve Surgery
- Amputation
- Joint Replacement
- End Stage Renal Failure
- Amyotrophic Lateral Sclerosis (ALS)
- Major Organ Failure/Major Organ Transplant (Bone marrow, heart, kidney, liver, lung, pancreas)**
- Ruptured Aneurysm (Ruptured Cerebral, Carotid or Aortic Aneurism)

****The maximum lifetime transplant benefit for all transplants is \$100,000 per insured person per policy**

With the improvement of modern medicine more Americans are surviving specified diseases than ever before. When diagnosed, many families struggle due to the high costs of treating these conditions. By enrolling in a **Specified Disease Policy**, you can proactively prepare for the costly medical expenses associated with fighting covered diseases, conditions and procedures.

LIFETIME MAXIMUM BENEFIT **\$2,000,000 PER POLICY**

CALENDAR YEAR MAXIMUM BENEFIT

Calendar Year Maximum Benefit per Insured person \$250,000 \$500,000

CALENDAR YEAR CONFINEMENT DEDUCTIBLE

Per insured person with a maximum of three (3) deductibles per Calendar Year under this policy. \$25,000 \$50,000 \$75,000 \$100,000

CRITICAL ILLNESS BENEFIT (Note: Product can be purchased individually)

You can select from \$10,000 to \$50,000 to help cover out-of-pocket medical expenses and other cost associated with a covered medical illness. Critical Illness insurance is designed to ease the financial pressure by providing a lump sum cash benefit paid directly to you upon diagnosis of a covered illness. Maximum amount of Critical Illness Insurance available is \$50,000 for any one person.

BENEFIT LEVELS

Five benefit levels to fit your needs: \$10,000 \$20,000 \$30,000 \$40,000 \$50,000

Plus a Dependent Children's Benefit of \$10,000 per child



CRITICAL ILLNESS BENEFIT (Note: Product can be purchased individually)

Covered conditions include: Cancer, Non-Invasive Carcinoma In-Situ, Heart Attack, Stroke, Coronary Artery Bypass, Angioplasty, Pacemaker Implants, End Stage Renal Failure, Organ Transplant. (For specific costs and further details of coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your agent or write to the company).

USE CRITICAL ILLNESS BENEFIT ANY WAY YOU CHOOSE

- ✔ Non-medical expenses resulting from a covered condition
- ✔ Deductibles, copays, prescriptions, experimental treatment or out of network expenses
- ✔ Treatments that are not covered by or limited by their existing medical insurance
- ✔ Extended convalescence services or for rehabilitation
- ✔ Mortgage, auto loans and credit card payments
- ✔ Expenses for child and/or nursing care
- ✔ Your lost income and your spouse's lost wages while he or she is the caregiver
- ✔ Or any other bills you may have

HEALTHCARE LIAISON

Healthcare Liaison – As GLAD / NaviGo Health expert, Healthcare Liaisons serve as member advisors and assistants; ultimately pinpointing how members can save on medical and pharmacy expenses. Healthcare Liaisons are available to schedule medical appointments, help research providers and procedures, work with physicians to lower prescription costs and advocate on the member's behalf.

BILL NEGOTIATION

Medical Bill Negotiation – Designed to ensure fair medical pricing, Medical Bill Negotiation utilizes expert medical advocates to negotiate with hospitals and providers on behalf of GLAD / NaviGo Health members directly. Advocates aim to achieve discounted bills and accommodating payment terms. When a medical bill is submitted, NaviGo Health specialists thoroughly review documents to ensure coding accuracy, scan for duplicate pricing, and identify excessive charges. Our proactive advocacy services ensure that members pay a fair price for much needed medical assistance. \$750 bill minimum.

Medical Pricing Transparency – Shop for affordable care with NaviGo Health's excellent medical pricing tool. Allows members to conveniently source qualified physicians and view medical procedure pricing information. Significantly saves members and groups on healthcare expenses. Members can use the pricing analysis tool to compare medical pricing in various geographic areas.

CLINIC VISITS

IN-NETWORK CLINIC VISITS

GLAD / NaviGo Health delivers convenient and affordable integrated access to in-network providers for chronic disease monitoring and conditions that transcend telehealth services. **Navigo Health** partners with a national network of clinics to provide members with care when it is determined that the member needs to be physically seen. An effective solution for employers and members, in-network clinic visits help reduce absenteeism, provide the appropriate level of care, encourage members to take control of their health and reduce insurance costs.

GLAD / NaviGo Health directs care to members in need beginning with telemedicine (Express Healthcare). **NaviGo Health is not insurance and does not cover hospital visits, external specialists, emergency care, Medicare or Medicaid.**



LABORATORY TESTING

GLAD / NaviGo Health offers private and discreet laboratory testing for a wide range of conditions. With over 5,000 testing locations nationwide, our physicians can seamlessly order laboratory testing for members in need to help pinpoint illnesses. After screening, members can speak with a physician if education and treatment plans are required. Consultation and laboratory fees are the responsibility of the patient.

DERMATOLOGY

Staffed with board-certified physicians and dermatologists, **GLAD Health** provides quality, convenient care that adequately treats a variety of minor skin conditions. Our telehealth solution allows members to bypass the hefty cost and wait times associated with in-person visits while receiving help in as little as 15 minutes. Medical consultations are available via telephone or bi-directional video.

Available 24/7/365, we provide members with affordable and responsive dermatological care from anywhere in the United States. Utilizing our secure portal, members can discreetly upload images to help ensure an accurate diagnosis. Follow-up medical consultations are available when necessary.

GLAD TELEMEDICINE

Express Healthcare – Avoid inconvenient, costly emergency room and urgent care center visits by connecting with a board-certified physician in as little as 15 minutes. **GLAD / NaviGo Health's user-friendly telemedicine services are available 24/7/365.** Backed by a proprietary network of board-certified physicians, members can promptly receive medical consultations within an hour. Our physicians diagnose, provide treatment plans and prescribe medication, when necessary, for a large variety of acute ailments. Medical consultations are available via phone, bi-directional video or email.

COMMONLY TREATED CONDITIONS

- | | |
|-------------------|--------------------------|
| ✔ Arthritis | ✔ Respiratory Infections |
| ✔ Sinusitis | ✔ Tonsillitis |
| ✔ Cold/Flu | ✔ Sprains and Strains |
| ✔ Minor Burns | ✔ Pink Eye |
| ✔ Insect Bites | ✔ Skin Infections |
| ✔ Gastroenteritis | ✔ and more! |

VIRTUAL URGENT CARE – AVAILABLE 24/7/365

- ✔ Successfully treats over **70%** of reported medical issues
- ✔ Dermatology – no consultation; fee included for free
- ✔ Behavioral Health – industry-leading / **first two sessions are free with master-level clinicians available for immediate care**



GLAD BEHAVIORAL HEALTH CARE MADE EASY

GLAD Health is now providing members and their families access to certified behavioral health care providers.

Research has shown that taking care of your body emotionally, physically, and mentally is related to how long you live and your happiness. **GLAD Health's Behavioral Health program** is here to help members start living their best life. Best of all, the first three sessions are at no cost to the members. Our tele-behavioral clinicians can provide assessment, diagnosis, consultation, and brief psychotherapy to address their behavioral health needs from a computer and other connected devices (e.g. smartphone).

GLAD BEHAVIORAL HEALTH BENEFIT

NaviGo Health's network of providers is made up of experienced clinicians specially trained in behavioral health to provide reliable care for common conditions such as:

- ✔ Depression
- ✔ Work-related stress
- ✔ Grief and loss
- ✔ Education
- ✔ Marriage or relationship problems
- ✔ and much more!
- ✔ Anxiety
- ✔ Alcohol or Drug problems
- ✔ Eating Disorders
- ✔ Stress Management
- ✔ Eldercare, childcare, and parenting issues

The first 3 sessions are at no cost to the member! After the first 3 sessions an evaluation is completed to identify the member's needs and if necessary, develop an ongoing treatment plan. The treatment plan will match the member with a certified counselor that has experience treating the presenting issue. This counselor can work with the member for as long as it takes to address the behavioral concerns.



GLAD Health Plans allow members to combine and stack any benefit portion of the entire GLAD program like Lego blocks to provide stronger benefits for their families' needs. This is a program that cares for every member!



DENTAL PLAN

ANNUAL MAXIMUM BENEFIT OPTIONS

\$1,500
 \$3,000
 \$3,000 + Additional **\$2000 Buy Up

MONTHLY MEMBERSHIP DUES

PLAN	MEMBER	MEMBER+SPOUSE	MEMBER+ CHILD(REN)	FAMILY
1500	\$49	\$89	\$96	\$134
3000	\$59	\$99	\$110	\$146
5000	\$69	\$114	\$125	\$180

Deductible

\$50 annual deductible for basic and major services (per person) No deductible for preventative services

PREVENTIVE CARE (100% Coverage) No Waiting Period

- | | | |
|---------------------------------|-------------------------------------|---|
| Routine Exam (1 in 6 months) | <input checked="" type="checkbox"/> | Cleaning (2 in 12 months) |
| Bitewing X-rays (1 in 6 months) | <input checked="" type="checkbox"/> | Fluoride for Children 19 & under (1 in 12 months) |

BASIC CARE (80% Coverage) No Waiting Period

- | | | |
|--|-------------------------------------|----------------------|
| Full Mouth/Panoramic X-rays (1 in 3 years) | <input checked="" type="checkbox"/> | Restorative Amalgams |
| Sealants (ages 6 through 16) | <input checked="" type="checkbox"/> | Simple Extractions |

MAJOR CARE* (50% Coverage) 12 Month Waiting Period

- | | | |
|----------------------------------|-------------------------------------|--|
| Space Maintainers | <input checked="" type="checkbox"/> | Periodontics (surgical) |
| Onlays | <input checked="" type="checkbox"/> | Denture Repair |
| Implants | <input checked="" type="checkbox"/> | Prostodontics (fixed bridge; removable complete/ partial dentures) |
| Crowns (1 in 10 years per tooth) | <input checked="" type="checkbox"/> | 1 in 10 years |
| Crown Repair | <input checked="" type="checkbox"/> | Complex Extractions |
| Endodontics (nonsurgical) | <input checked="" type="checkbox"/> | Anesthesia |
| Periodontics (nonsurgical) | | |

*Waiting period for major services may be waived with proof of prior coverage provided by the Member. Proof of prior coverage will only be accepted from the prior carrier within 30 days of effective date on National Care Dental and showing 12 months of continuous fully insured coverage with no lapse. DHMO, discount, or scheduled plan coverage will not be accepted.



DENTAL PLAN

Nationwide Is On Your Side.

We're all smiles at GLAD. These unique new dental plans will provide you so many reasons to smile **including strength and reliability!**

It provides **cash benefits, from day one of coverage**, for medical treatment received for any injuries an insured member receives from a covered accident.

- Nationwide puts Members first and protects what matters most.
- Fortune 100 company with a healthy and diverse portfolio of insurance and financial services.
- Commitment to the health benefits industry for more than 70 years.



In Network

National Care Dental – Underwritten by Nationwide Insurance offers the use of Maximum Care PPO** which includes all Dentemax, Careington and Connection Dental network providers. Maximum Care PPO provides a national, seamless, credentialed PPO dental network, ranked in the top ten for network size with over 300,000 access points for your Dental Care needs. Maximum Care dentists offer fees below normal costs.

GLAD Dental plan gives you the freedom to select any dentist you please, but if you use the Maximum Care network and you choose a dentist in the network, you may receive additional cost savings on fees to you and your family.

Out-of-Network

Out-of-Networks benefits will be paid based on MAC fees. **MAC means the Maximum Allowable Charge for your plan.** You may be responsible for the difference between the **MAC** and the actual dental charge from a Non-Participating Provider.

**Network not required in NC, MA, VA and will be paid based on MAC which is the Maximum Allowable Charge for your plan.*

Nationwide Dental Take Over Benefit/Credit for Prior Coverage

GLAD is extending the takeover benefits to new Nationwide dental members that had prior coverage with a previous dental carrier. These members may qualify to receive credit for the months they've had continuous dental coverage to go towards their 12-month waiting period for Type 3-Major Services.

Dental Plan is not available in AK, HI, ME, MA, MN, MT, NH, NY, SD, VT or WA. Underwritten by Nationwide Life Insurance Company.



The prior coverage must be a PPO or MAC plan with a minimum yearly maximum benefit amount of \$1,000 and similar coinsurance as the Nationwide plan (100/80/50).

The member will need a letter/certificate from the previous carrier that must include the following information:

- Carrier Name and Schedule of Dental Benefits.
- Start date and end date of coverage.
- Member and covered dependents:
 - ☑ Primary Member: Name, SSN & DOB
 - ☑ Spouse: Name & DOB
 - ☑ Child(ren): Name & DOB

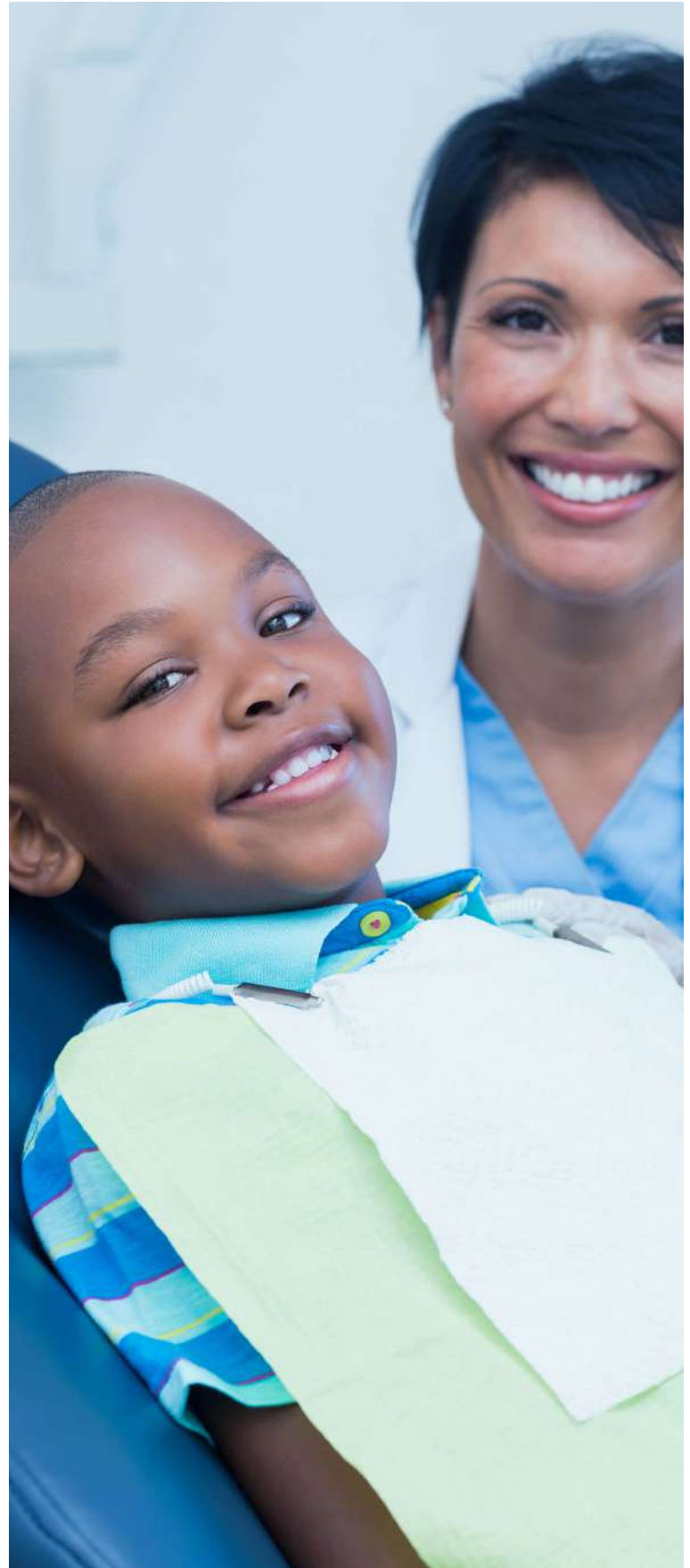
The letter must be on carrier letterhead and state the type of coverage (include annual maximum and coinsurance), list the names of all covered members and there must be a start date and end date for the coverage.

Proof will not be accepted from the following:

- Bank draft
- Screen shot
- Word document
- There cannot be more than a 30-day break in coverage for the takeover benefits to be extended to the member.
- Discount dental plans, DHMO or scheduled dental plans do not qualify for the takeover benefits.
- Takeover benefits will not be extended to members that are already active with Nationwide.

The proof of coverage letter must be emailed to info@GLADprogram.com or faxed to 1-877-705-5433. **Please include the primary member's Member ID # in the email or fax.**

Once documentation has been submitted allow 72 business hours for review. All proof of prior coverage is subject to carrier approval.





VISION SERVICE PLAN

Individual Vision Plans (VSP)

VSP® Individual Vision Plans give you access to the services and products you need to care for your eyes. You'll enjoy comprehensive vision coverage and access to the personalized care you deserve, all at low out-of-pocket costs. And, as a member, you'll get an annual average savings of more than \$200 on eye care and eyewear*.

**Comparison based on national average for comprehensive eye exams and most commonly purchased brands. This number represents typical savings for VSP members when they see a VSP network doctor.*



Best Choice For Vision Coverage

As a not-for-profit vision care company, VSP puts their members first and is dedicated to helping you maintain excellent eye health for a lifetime of good vision. And VSP guarantees your satisfaction. If you're not 100% satisfied with your eye care and eyewear, they'll make it right.

Best Access To Doctors

With more than 34,000 network doctors, you're sure to find a practice close by. Your VSP network doctor will help keep you and your eyes healthy with a comprehensive eye exam that aids in early detection of health conditions.

Best Eyewear Choices

VSP network doctors feature a wide selection of designer frames to fit your style and budget. Plus, you'll also get an extra \$20 to spend when you choose a featured frame brand.



GLAD HEALTH PLANS: Vision Service Plan



VISION SERVICE PLAN

VISION PLAN RATES

MEMBER	FAMILY	MEMBER +1
\$21.00	\$48.00	\$38.00





COPAY  \$10 Exam / \$25 Materials per Covered Person per Office Visit

BENEFIT	FREQUENCY
Exam:	 Every 12 months
Lenses:	 Every 12 months
Frame:	 Every 24 months

BENEFIT	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
WellVision Exam	Covered after \$10 Exam Copay	Up to \$45 after \$10 Exam Copay
Contact Lens Exam	15% Savings on a contact lens exam	

LENSES	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Single Vision	Covered after \$25 materials Copay	Up to \$30.00 after \$25 Materials Copay
Lined BiFocal	Covered after \$25 materials Copay	Up to \$50.00 after \$25 Materials Copay
Lined TriFocal	Covered after \$25 materials Copay	Up to \$65.00 after \$25 Materials Copay
Lenticular	Covered after \$25 materials Copay	Up to \$100.00 after \$25 Materials Copay
Impact-Resistant (polycarbonate) lenses for children	Fully covered with no Copay up to age 18	--
Frames	\$150 allowance every 24 months	Up to \$70.00 allowance every 24 months
Elective Contact Lenses*	\$150 allowance every 12 months	Up to \$105.00 allowance every 12 months
Necessary Contact Lenses*	N/A	N/A

DISCOUNTS & SAVINGS

-  Average 20% to 25% savings on other lens enhancements.
-  20% off additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of the patient's last WellVision Exam.
-  Extra \$20 to \$40 on featured frame brands. Brands and promotions subject to change.
-  Laser Vision Correction- Average 15% savings on the regular price or 5% savings on the promotional price from the contracted facilities.

*Contact Lenses are provided in lieu of all other lens once every 12 months and frames once every 24 months.

*Plans not available in HI, MA, NY or WA. Underwritten by VSP Vision Care.

GLAD HEALTH PLANS: Vision Service Plan



VISION SERVICE PLAN - States FL & OR





COPAY  **\$10 Exam / \$25 Materials per Covered Person per Office Visit**

BENEFIT	FREQUENCY
Exam:	 Every 12 months
Lenses:	 Every 12 months
Frame:	 Every 12 months

BENEFIT	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
WellVision Exam	Covered after \$10 Exam Copay	Up to \$45 after \$10 Exam Copay
Contact Lens Exam	15% Savings on a contact lens exam	--

LENSES	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Single Vision	Covered after \$25 materials Copay	Up to \$30.00 after \$25 Materials Copay
Lined BiFocal	Covered after \$25 materials Copay	Up to \$50.00 after \$25 Materials Copay
Lined TriFocal	Covered after \$25 materials Copay	Up to \$65.00 after \$25 Materials Copay
Lenticular	Covered after \$25 materials Copay	Up to \$100.00 after \$25 Materials Copay
Impact-Resistant (polycarbonate) lenses for children	Fully covered with no Copay up to age 18	--
Frames	\$120 allowance every 12 months	Up to \$70.00 allowance every 12 months
Elective Contact Lenses*	\$120 allowance every 12 months	Up to \$105.00 allowance every 12 months
Necessary Contact Lenses*	N/A	N/A

DISCOUNTS & SAVINGS

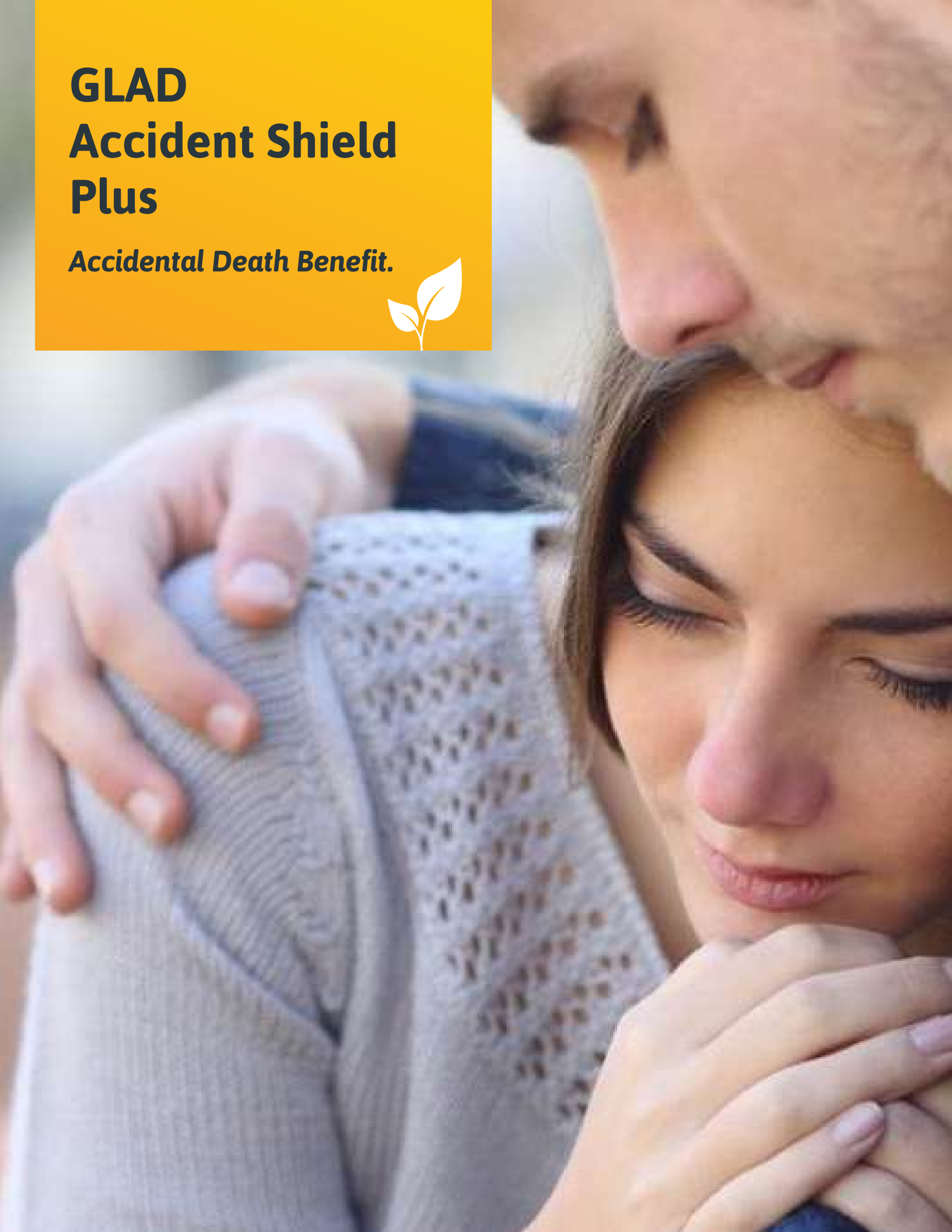
-  Average 20% to 25% savings on other lens enhancements.
-  20% off additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of the patient's last WellVision Exam.
-  Extra \$20 to \$40 on featured frame brands. Brands and promotions subject to change.
-  Laser Vision Correction- Average 15% savings on the regular price or 5% savings on the promotional price from the contracted facilities.

* Contact Lenses are provided in lieu of all other lens and frames once every 12 months.

* Only applicable to FL and OR. Underwritten by VSP Vision Care.

GLAD Accident Shield Plus

Accidental Death Benefit.



Accident Medical Expense Coverage

*A perpetual monthly partnership seed of 2% is **applied to every Region, District and Local House of Worship** for every Accident Policy Benefit enrolled in that remains in force!*

Members choose \$2,500, \$5,000, \$7,500 or 10,000 of AME coverage

Accident Medical Expense (AME) Benefit Amounts for Members and their spouses or domestic partners and their dependent children:

\$5,000 benefit subject to a deductible of \$195

WBA will pay \$95 of your deductible as a member benefit

\$7,500 or \$10,000 benefit subject to a deductible of \$275

WBA will pay \$175 of your deductible as a member benefit

*Houses of Worship will receive a 1099 at the end of the year if excess of \$600 reflecting the 2%. A W9 will be required from the House of Worship and checks will be issued when there is a minimum accumulation of \$25 or more.***

This benefit will reimburse medical expenses up to the maximum elected if accidental bodily injury causes an insured person to first incur medical expenses for care and treatment of the accidental bodily injury within 90 days after an accident.

The benefit amount for Accident Medical Expense is payable only for medical expenses incurred within 52 weeks after the date of the accident causing the accidental bodily injury.

The benefit amount is subject to a deductible. The deductible will be deducted from any benefit amount for Accident Medical Expense that the insurance company pays. This deductible applies separately to each insured person and each accident.

Excess Provision (applicable to insured persons in all states except California, Connecticut, Florida, Indiana, Maryland, Minnesota, New Jersey, New York, South Dakota, or Vermont): The Accident Medical Expense benefit is payable on an excess basis. The insurance company will determine the reasonable and customary charge for the covered medical expense. It will then reduce that amount by amounts already paid or payable by any other plan and will pay the resulting amount less the deductible.

Covered Charges

Treatment, services, or supplies incurred for, but not limited to:

- Medical care and treatment by a Physician;
- Hospital room and board, and inpatient and outpatient care;
- Prescription drugs and medicines;
- Diagnostic tests and x-rays;
- Emergency transportation;
- Dental care and treatment due to accidental bodily injury;
- Physical therapy;
- Rental of durable medical equipment;
- Artificial limbs and other prosthetic devices;
- Orthopedic appliances or braces;
- Eyeglasses, contact lenses, and other vision or hearing aids.



Accidental Death and Dismemberment, Loss of Sight, Speech and Hearing Benefit

The Principal Sum Based on Your Choice at enrollment of \$2,500, \$5,000, \$7500, or \$10,000

Accidental Loss of Life: The Principal Sum

Accidental Loss of Both Hands or Both Feet or Sight of Both eyes: The Principal Sum

Accidental Loss of One Hand and One Foot: The Principal Sum

Accidental Loss of Speech and Hearing in Both ears: The Principal Sum

Accidental Loss of One Hand or One Foot and Sight of One eye: The Principal Sum

Accidental Loss of One Hand or One Foot and Sight of One eye: The Principal Sum

Accidental Loss of Sight of One eye: 50% of The Principal Sum

Accidental Loss of Speech or Hearing in Both ears: 50% of The Principal Sum

Accidental Loss of Thumb and Index Finger of either Hand: 25% of The Principal Sum

Optional Accidental Death and Dismemberment Upgrade

Increase your Primary AD&D benefit by \$100,000 or \$250,000.

If you have dependent children, your spouse or domestic partner's benefit amount is 50% of yours. If you have no dependent children, your spouse or domestic partner's benefit amount is 60% of primary insured's.

If you have a spouse or domestic partner, each of your dependent children's benefit amount is 15% of yours. If you have no spouse or domestic partner, each of your dependent children's benefit amount is 20%.

Guaranteed Legacy Accident SHIELD Plus Member Plan Pricing

Guaranteed Legacy and WBA offers convenient affordable pricing for individuals and family upgrades to the basic Accident SHIELD membership plan. You may choose 1 of the special Accidental Death Benefits below.

Receive discounts up to 85%, with average savings of 15% on brand-name and 55% on generic drugs. This program is **NOT** insurance. It is a discount program.

Benefit Key:

AME = Accident Medical Expense: \$2500, \$5000, \$7500 or \$10,000 included in all plans.

AD&D = Accidental Death & Dismemberment: \$100,000 OR \$250,000.

Accident SHIELD - AME

Description	Single	Family
\$2,500 AME	\$24.75	\$38.75
\$5,000 AME	\$32.75	\$49.75
\$7,500 AME	\$39.75	\$59.75
\$10,000 AME	\$48.75	\$72.75

AccidentSHIELD Plus - AME Plus 1 Benefit

Description	Single	Family
Add TTD	\$18.00	\$18.00
Add STTD	\$N/A	\$36.00
Add \$100K AD&D	\$8.00	\$18.00
Add \$250K AD&D	\$21.00	\$37.00

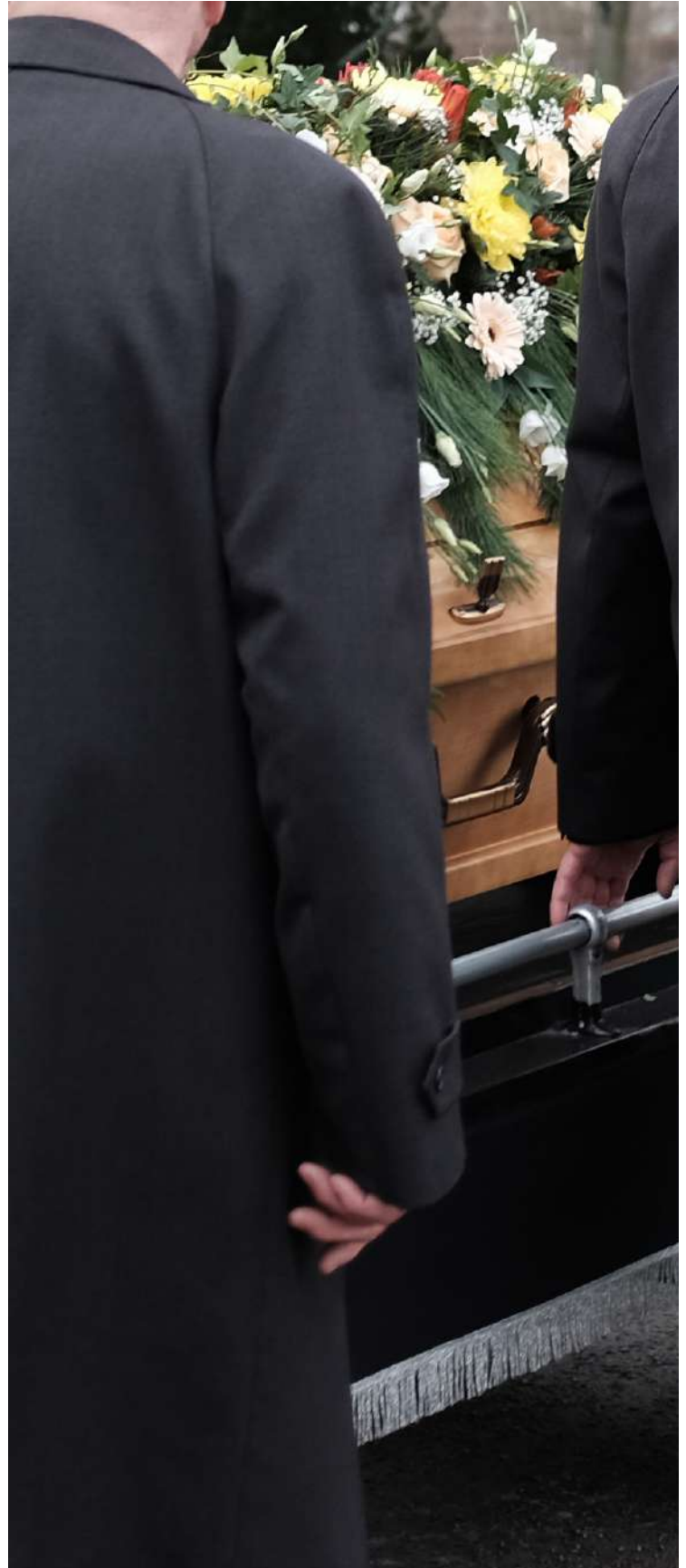


- *Benefit Key: AME = Accident Medical Expense \$2,500, \$5000, \$7500 or \$10,000 included in all plans.*
- *AD&D Accidental Death & Dismemberment, \$100,000 OR \$250,000.*



Accident Shield Enhanced – AME Plus 2 Benefits

Description	Single	Family
Add TTD + \$100K AD&D	\$26.00	\$36.00
Add STTD + \$100K AD&D	\$N/A	\$54.00
Add TTD + \$250K AD&D	\$39.00	\$55.00
Add STTD + \$250K AD&D	\$N/A	\$73.00





Limitation on Accident Medical Expense

The Benefit Amount for Excess Accident Medical Expense does not apply to charges and services:

- For which an Insured Person has no obligation to pay
- For any injury where worker's compensation benefits or occupational injury benefits are payable
- For any injury occurring while fighting, except in self-defense
- For treatment by a person employed or retained by the Policyholder
- For treatment involving conditions caused by repetitive motion injuries, or cumulative trauma and not as the result of an accidental bodily injury
- For treatment that is educational, experimental, or investigational in nature or that does not constitute accepted medical practice

This insurance applies only to medically necessary charges and services.



Exclusions

No benefits will be paid for any accident caused by or resulting from any of the following:

- An Insured Person being in, entering, or exiting any aircraft: a) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or b) operated by an employee of the Policyholder on the Policyholder's behalf.
- An Insured Person riding as a passenger in, entering, or exiting any aircraft while acting or training as a pilot or crew member. (This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.)
- An Insured Person's emotional trauma, mental, or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions, or medical or surgical treatment thereof. (This exclusion does not apply to an insured person's bacterial infection caused by an accident or by accidental consumption of a substance contaminated by bacteria.)
- An Insured Person's commission or attempted commission of any illegal act, including but not limited to any felony.
- Any accident, accidental bodily injury or loss when: 1) the United States of America has imposed any trade or economic sanctions prohibiting insurance of an accident, accidental bodily injury or loss; or 2) there is any other legal prohibition against providing insurance of any accident, accidental bodily injury or loss.
- Any occurrence while an insured person is incarcerated after conviction.
- An Insured Person being intoxicated at the time of an accident. Intoxication is defined by the laws of the jurisdiction where such accident occurs.
- An Insured Person being under the influence of any narcotic or other controlled substance at the time of an accident. (This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.)
- An Insured Person being engaged in or participating in a motorized vehicular race or speed contest.
- An Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. (This exclusion does not apply to the first 60 consecutive days of active military service with the armed forces of any country or established international authority.)
- An Insured Person traveling or flying on any aircraft engaged in Specialized Aviation Activities which includes acrobatic or stunt flying, racing, endurance tests, flight on a rocket propelled or rocket launched aircraft, any test for experimental purpose, and any flight which requires a special permit or waiver from a governmental authority having jurisdiction over civil aviation, whether or not such permit or waiver is granted.
- An Insured Person's suicide, or attempted suicide while sane or intentionally self-inflicted injury.
- A declared or undeclared War.

Accident Shield Plans are NOT AVAILABLE to residents of Arkansas, Kansas, Maine, Maryland, North Carolina, Oregon, South Dakota, Utah, or Washington.

GLAD DISABILITY

*When members can't
work, two houses suffer
simultaneously.*





Members can protect their income from as little as \$17.95 per month

A perpetual monthly partnership seed of 2% is applied to the Region, District, and Local House of Worship for every Disability Policy Benefit enrolled in that remains in force!



Accidental Temporary Total Disability (ATTD) – Accident Only

- *Elimination period: 14 or 30 days.*
- *Benefit period: Up to 52 weeks.*
- *Occupation: Regular occupation.*
- *Benefit amount: \$250 to \$1,000 per Week.*

Who is going to pay the bills and help maintain your faithful support of your House of Worship?

*In the event of a serious accidental injury, paying the medical bills may be the least of your worries. **If you can't work, how will you pay the rest of your bills?** You still need to put food on the table, pay rent or mortgage, auto loans, etc. Worse yet, **what will you do if both you and your spouse are disabled and unable to work? Who is going to pay the bills?***

The answer is simple

*The ATTD Plan could help secure your future. **Our accident only ATTD benefit is a true "Regular Occupation" plan** that pays when a disabling accident prevents you from performing the essential functions of your job. **Not another job, your current job!***

Pays regardless of any other coverage or salary continuation plans in place. Workers Compensation, SSDI or other DI will not reduce this ATTD benefit.

This benefit pays the weekly benefit amount elected, after the elimination period of either 14 days or 30 days, depending on the benefit amount, for up to 52 weeks, if an accidental bodily injury solely and directly causes disability that: a) prevents an insured person from performing the substantial and material duties of his or her regular occupation (or with respect to an insured person who is unemployed, prevents him or her from engaging in the normal and customary activities of a person of like age and sex in good health); b) causes a condition which is medically determined, by a physician, to be continuous; or c) requires the continuous care of a physician.



ATTD Coverage can help!

Pays regardless of any other coverage or salary continuation plans in place. Workers Compensation, SSDI or other DI will not reduce this ATTD benefit.

To be eligible, all persons listed on the enrollment form must be permanent residents of the listed address.

There is a one-time enrollment fee of \$10 for the Plan.

Please complete the enrollment form TODAY so that we may process your request immediately. Plan benefits will begin on the 1st day of the month following receipt of your enrollment. If today is the 1st of the month, your benefits will start TODAY.

If you have any type of medical emergency, DO NOT delay treatment. Such a delay could result in serious harm or illness, and might result in expenses that exceed any savings realized by waiting for the plan to go into effect.

Once you have completed the enrollment form, we will send you an email message as your confirmation of receipt. The confirmation will contain instructions and

telephone numbers that will allow you to make a claim if you need to before your membership packet arrives (usually in 1-2 weeks).

GLAD/WBA uses a true Secure Enrollment system powered by Benefits Management Pro (BMP) to assure the confidentiality of your personal information.

The Member Information Guide will be supplied via U.S. Postal Service. Your request authorizes Comprehensive Insurance Agency, LLC, on the behalf of WBA, to charge your credit card or debit your checking account for the initial and subsequent payments to start and continue your WBA membership. Comprehensive Insurance Agency, LLC will charge your credit card or debit card or your checking account as each modal or payment becomes due. You must provide Comprehensive Insurance Agency, LLC with 30 days written notice if you wish to cancel your WBA membership.

After the initial Guarantee Period has passed, refunds will be based on the following 1st day of the month 30 days AFTER your written request to cancel your membership. Cancellation requests must be in writing or via email. The member will be refunded the unused portion, if any, of dues paid in advance.

Enrollment FEE

A **one-time**, non-recurring **enrollment fee of \$10.00** will be added to the first modal dues charge that appears on your credit card or bank statement. The total initial charge will be your chosen plan dues PLUS \$10.00. All dues thereafter will be the chosen modal dues.

Exclusions



This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing the insurance. In addition, no benefits will be paid for any accident caused by or resulting from any of the following:

- An Insured Person being in, entering, or exiting any aircraft: a) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or b) operated by an employee of the Policyholder on the Policyholder's behalf.
- An Insured Person riding as a passenger in, entering or exiting any aircraft while acting or training as a pilot or crew member. (This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.)
- An Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. (This exclusion does

not apply to an Insured Person's bacterial infection caused by an accident or by accidental consumption of a substance contaminated by bacteria.)

- An Insured Person's commission or attempted commission of any illegal act, including but not limited to any felony.
- Any occurrence while an Insured Person is incarcerated after conviction.
- An Insured Person being intoxicated, at the time of an accident. Intoxication is defined by the laws of the jurisdiction where such accident occurs.
- An Insured Person being under the influence of any narcotic or other controlled substance at the time of an accident. (This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.)
- An Insured Person being engaged in or participating in a motorized vehicular race or speed contest.
- An Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. (This exclusion does not apply to the first 60 consecutive days of active military service with the armed forces of any country or established international authority.)
- An Insured Person traveling or flying on any aircraft engaged in Specialized Aviation Activities.
- An Insured Person's suicide, attempted, suicide, or intentionally self-inflicted injury.
- A declared or undeclared War.

Agreement and Authorization



I understand that insurance coverage and other member benefits will not become effective, active and available until the 1st day of the 1st month FOLLOWING submission of my application. The ONLY exception to this rule is that applications submitted on the 1st of the month will be effective immediately.

I understand that I am purchasing a membership in a Consumer Benefit Association.

I understand that I am not purchasing an individual insurance policy but that the membership does include some insurance coverage as part of the benefits package.

I understand that the insurance coverage in the benefits package is for accidental injury ONLY and does NOT cover illness or sickness of any type.

I understand that the insurance in the benefits package coverage does NOT cover any injury incurred prior to the effective date of my membership.

I understand that benefits are paid only for TOTAL disability as defined in the coverage certificate and confirmed by my attending physician treating the injury. Partial disability is not eligible for benefit payments.

I understand that Exclusions & Limitations Apply and that for complete information I must refer to the member coverage certificate.

I have read, understand and agree to the Terms and Conditions above. I authorize Comprehensive Insurance Agency, LLC to sign and charge my credit card or debit my checking account according to the plan and payment frequency I have chosen.

I authorize Comprehensive Insurance Agency, LLC the authority to charge my credit card or debit my checking account for all future modal renewal dues as they come due. I will notify Comprehensive Insurance Agency, LLC in writing of my wish to cancel my WBA membership at least 30 days in advance.





I authorize GLAD & BMP the authority to charge my credit card or debit my checking account for all future modal renewal dues as they come due on behalf of the Comprehensive Insurance Agency LLC. I will notify GLAD/BMP and the Comprehensive Insurance Agency, LLC in writing of my wish to cancel my WBA membership at least 30 days in advance.

14 Day Elimination - \$250 ATTD Per Week

\$250 DI Per Week; Single Monthly	\$17.95
\$250 DI Per Week; Single Annual (9% Savings)	\$197.00
\$250 DI Per Week; Joint Monthly	\$35.90
\$250 DI Per Week; Joint Annual (9% Savings)	\$394.00

14 Day Elimination - \$500 ATTD Per Week

\$500 DI Per Week; Single Monthly	\$39.95
\$500 DI Per Week; Single Annual (9% Savings)	\$439.00
\$500 DI Per Week; Joint Monthly	\$79.90
\$500 DI Per Week; Joint Annual (9% Savings)	\$878.00

30 Day Elimination – Flat \$500 ATTD Per Week

\$500 DI Per Week; Single Monthly Dues Only	\$26.50
\$500 DI Per Week; Joint Monthly Dues Only	\$53.00

30 Day Elimination – Up to \$750 ATTD Per Week

Up to \$750 DI Per Week; Single Monthly Dues Only	\$32.00
Up to \$750 DI Per Week; Joint Monthly Dues Only	\$64.00

30 Day Elimination – Up to \$1000 ATTD Per Week

Up to \$1000 DI Per Week; Single Monthly Dues Only	\$37.25
\$1000 DI Per Week; Joint Annual Dues Only	\$74.50

Exclusive Legacy Membership Benefits



GLAD Legacy members enjoy substantial savings on a variety of essential services and benefits crafted specifically for Houses of Worship.

Our purpose is to provide Houses of Worship with Legacy Preservation options by teaching them the power of self-funding through Life, Supplemental Health Insurance, Accident Disability, Dental and Wellness Benefits.

Every time members use their card for purchases their House of Worship automatically receives back a **10% Legacy Gift**.

For example, for every **\$500** spent in a month by members their House of Worship receives **\$50**. This can become significant when trying to fund schools, daycares, and building projects.

The **GLAD Travel Card** allows members to provide **perpetual legacy gifting** to their House of Worship.



RX VALET
Feel better.™

GLAD Rx Program

Opioid abuse is a concern even for Houses of Worship:

According to the American Medical Journal, the average American takes at least 3 prescribed medications daily.

GLAD / RX Alliance:

With over 395 generic prescriptions for less than \$5, The GLAD Rx program is designed to help House of Worship members not only navigate the rising cost of prescriptions drugs but to provide **safe FDA approved medication as well as all diabetic supplies** and allow them to shop and pay online at deeply discounted prices.



FREE VIP travel card

As a policy holding Legacy partner you will receive **A Renewable \$500 Guaranteed Legacy V.I.P.** travel card as a free gift with your membership. This card works well when needing hotel reservations for conventions, resorts, or general hotel travel needs.



It allows members pharmacy pick up with or without co-pay cost (depending on option chosen). They can also take advantage of our **Home Valet Delivery Program for 90-day medication or diabetic supplies**. Please go to www.guaranteedlegacylifeandaccident.com to enroll and get more information.

This benefit is helpful for senior members that are sick and shut in.



3. Caregiver is informed & alerted

Get alerted when something isn't right. Track how loved one feels, if he/she took her medication, blood pressure, & more.

*****Members will not be subjected to underwriting exams or pre-existing conditions restrictions*****

FREE Care Angel Phone App

Gives caregivers peace of mind when dealing with aging parents and loved ones and can be the difference between life and death for older members.

1. Download GLAD Caregiver App

Tell Angel who to care for, select what to ask, record a greeting & when to call. *It's easy, fast and effortless.*

2. GLAD Angel calls Loved one on her phone

Loved one simply answers ANGEL's guided questions about his/her health & wellbeing, while getting important health reminders from Angel.

GLAD Life, Health & Legacy Protection Program: A Safe & Responsible Way to offer Benefits to Houses of Worship.



This Program Guide is intended to be used as a guide only and the content, or any written or oral statement contradicting, modifying, explaining or clarifying any provision of the information contained herein, is not intended to create, or shall create, any express or implied contractual obligations that are binding upon any party. This guide is intended to provide information about available policies and benefits that may or may not be available in all states. The information contained herein is subject to change without notice. Information contained herein is not meant as, nor should it take the place of, legal advice. This brochure is a summary only. Other terms, conditions, limitations or exclusions may apply.

Email: info@GLADprogram.com | Website: www.guaranteedlegacylifeandaccident.com
Administrative Offices: 24 Church Street, Suite 2000, Nashville, Tennessee 37219, USA
Call: 1-877-545-Life (5433) | Fax: 1-877-705-5433