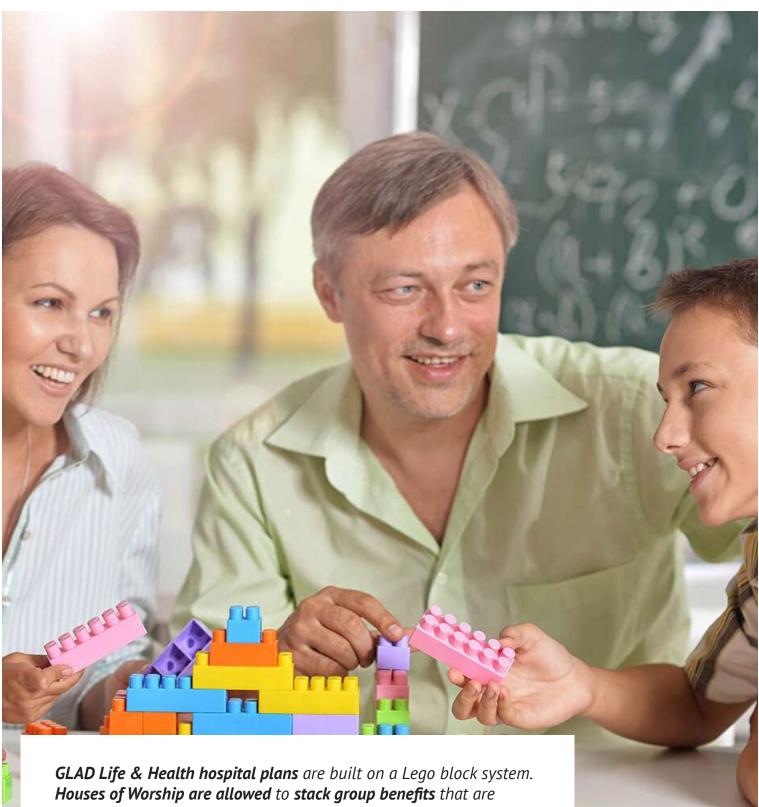
GLAD Offers Individual Health Plans for Members & Level Funded Group Health Plans for House of Worship Employees

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 HEALTH PLANS



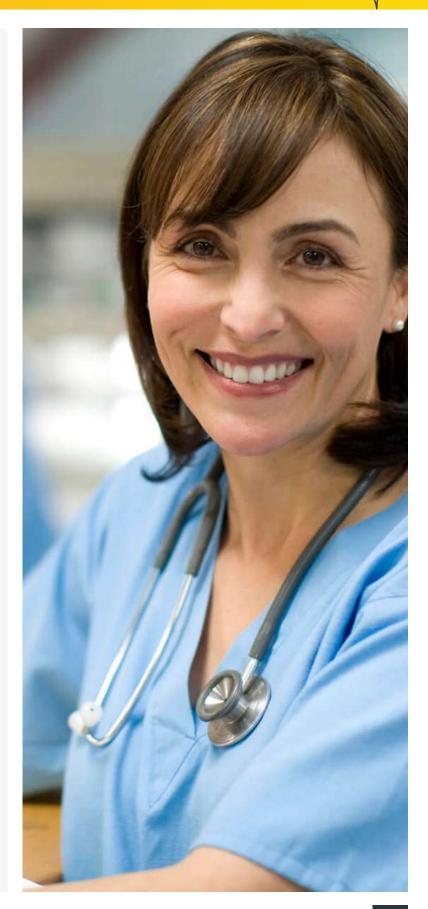


favorable to their organization as follows:



GLAD HEALTH PLANS

- 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.







(V)



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

INDIVIDUAL	INDIV	IDUAL	+1			FAMILY	
\$249.99	\$375.99				\$494.99		
						\$5,000,00	OPER POLICY
	IT DEDUCTIBLE (per	Covered	Person with	n a maximu	m of thre	ee deductible:	s per policy)
SCRIPTSAVE at NO EXTRA COST Inpatient Day. One benefit per insure person per Calendar Year.		\$500 \$ \$	⊘ \$1,000Per year \$0		Per	5,000 ⊘ \$7, year Peryo 000 \$3,00	ear Per year
CHOOSE YOUR CALENDAR YEAR MAXIMUM E	BENEFIT LEVEL						
Calendar Year Maximum Benefit per Insured person				⊘ \$250	,000	⊘ \$500,000	⊘ \$1,000,000
HOSPITAL INDEMNITY BENEFITS - FACILITY	FEES		uctible oplies	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	⊘ Sickness		~	\$1,500		\$3,000	\$4,500
Observation Unit stay for 24-hours or more.	⊘ Injury		~	\$2,250		\$4,500	\$6,750
Confinement in a Hospital's Intensive Care Unit (ICU) Indemnity Benefit Up to twenty (20) days	⊘ Sickness		~	\$2,250		\$4,500	\$6,750
per Calendar Year as a result of a covered Injury or Sickness.	⊘ Injury		~	\$2,500		\$5,000	\$7,500
Confinement in a Hospital for Mental Illness, Alcohol a Abuse Dependency Indemnity Benefit	and / or Substance			\$200		\$400	\$600
Confinement in a Rehabilitation Facility or a Skilled No Indemnity Benefit Does not include Mental Illness, Alc Substance Abuse Dependency.				\$750		\$1,500	\$2,250
Outpatient Radiation Therapy, Chemotherapy and Imn nity Benefit	nunotherapy Indem-			\$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	(One Unit) Per Day	(Two Unit) Per Day	(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





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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 2	Surgical Ben	efits Payable	
Anesthesia Indemnity Benefit for Covered Services		25% of 2	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 an outpatient basis only)	services performed on	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 off Maximum of twenty (20) benefit days including six (6) chiropractor and two (2) Sp 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.			\$150	\$200	
Surgery Benefit in a Physicians/Specialists Office or Outpatient Clinic: Maximum of two (2) benefits per Insured person per Calendar Year.			\$200	\$300	
MRI, PET, CAT Scan or Nuclear Testing Indemnity Benefit		\$300	\$500	\$700	
⊘ X-rays or other Diagnostic Testing Indemnity Benefit			\$160	\$240	
⊘ Laboratory			\$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	⊘ Facility Fee /Charges	\$200	\$300	\$400	
Emergency Department Benefit/Urgent Care Center Benefit per Insured person per Calendar Year.	⊘ 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.			\$300	\$400	
Preventive Care Indemnity Benefits Coverage starts sixty (60) days after the Efference person. Limit of one (1) benefit per Insured person per Calendar Year. Not su Conditions Exclusion.					
⊘ Mammograms		\$2!	50 per Caleno	dar Year	
Colonoscopy Without Finding Any Polyps Policy Years One (1) Through Three (3)			00 every thre	e years	
Colonoscopy Without Finding Any Polyps Beginning the 4th policy year			50 every thre	e years	
			50 per Calend	lar Year	
Ambulance Indemnity Benefit Maximum of two (2) ground benefit payments and one (1) air benefit payment per Insured person per Calendar Year.		\$1,00)0 Ground / \$	2,500 Air	
Generic Prescription Indemnity Benefit Per Insured person per prescription filled.			\$20	\$30	
Brand Name Prescription Indemnity Benefit Per Insured person per prescription f	illed.	\$20	\$40	\$60	





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

Benefit Example

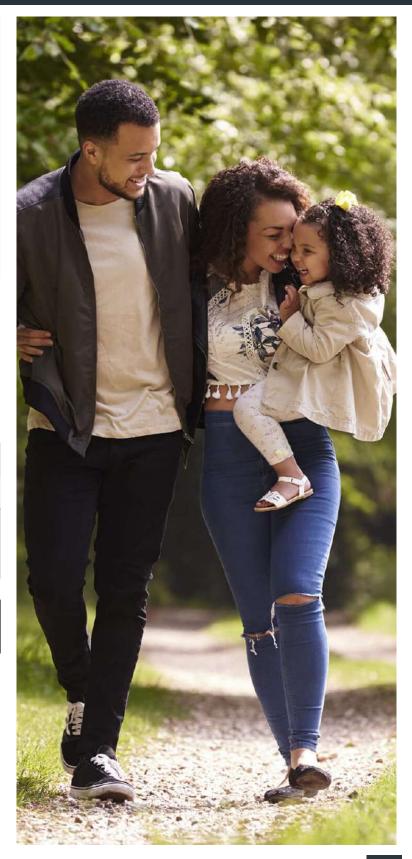
Inpatient Benefit Example: You purchased an HSP Gold Plus (Two Unit) Plan with a **\$7,500** deductible. You are confined to an in-network hospital for one (1) day due to a covered Sickness.

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	\$3,000
regardless of the deductible being met	\$ 5,000







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

⊘ Heart Valve Surgery

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

With the improvement of modern medicine more Americas 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			\$2,000,00	0 PER POLICY
CALENDAR YEAR MAXIMUM BENEFIT				
Calendar Year Maximum Benefit per Insured person	⊘\$	250,000	\odot	\$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

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



GLAD Wellness Benefits

Wellness Benefits can be added to round out your health coverage.

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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 Wellness Benefits

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, bidirectional 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
- O Dermatology no consultation; fee included for free
- Sehavioral 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 Wellness Benefits



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	⊘ Anxiety
⊘ Work-related stress	⊘ Alcohol or Drug problems
⊘ Grief and loss	⊘ Eating Disorders
⊘ Education	⊘ Stress Management
⊘ Marriage or relationship problems	⊘ 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.



[⊘] and much more!

GLAD HEALTH PLANS:





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!



GLAD HEALTH PLANS: Dental Plan



DENTAL PLAN

ANNUAL MAXIMUM BENEFIT OPTIONS					
MONTHLY MEMBERS	HIP DUES				
PLAN	MEMBER	MEMBER+SPOUSE	MEMBER+ CHILI	D(REN) FAMILY	
1500	\$49	\$89	\$96	\$134	
3000	\$59	\$99	\$110	\$146	
5000	\$69	\$114	\$125	\$180	
Deductible	Deductible Solution S				
PREVENTIVE CARE (100	% Coverage) No Waiting	Period			
Routine Exam (I in 6 months) \bigcirc Cleaning (2 in 12 months)			nonths)		
Bitewing X-rays (I in 6	Bitewing X-rays (I in 6 months) \bigcirc Fluoride for Children 19 & under (I in 12 months)			en 19 & under (I in 12 months)	
BASIC CARE (80% Coverage) No Waiting Period					
Full Mouth/Panoramic X-rays (I in 3 years)			ams		
Sealants (ages 6 thro	ugh 16)	${ \oslash }$	⊘ Simple Extractions		
MAJOR CARE* (50% Cov	verage) 12 Month Waiti	ng Period			
Space Maintainers		\otimes	Periodontics (surgi	ical)	
Onlays		${}^{\oslash}$	Denture Repair		
Implants		\odot	Prosthodontics (fix artial dentures)	ed bridge; removable complete/	
Crowns (I in 10 years p	Crowns (I in 10 years per tooth)				
Crown Repair		\odot	Complex Extractions		
Endodontics (nonsurgical)					
Periodontics (nonsurgi	ical)				

*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.



Nationwide Is On Your Side.

We're all smiles at GLAD. These unique new

dental plans will provide you so many reasons

It provides **cash benefits, from day one of coverage,** for medical treatment received for

any injuries an insured member receives from

Nationwide puts Members first and protects

Fortune 100 company with a healthy and diverse portfolio of insurance and financial

Commitment to the health benefits industry

to smile including strength and reliability!

🕅 DENTAL PLAN

a covered accident.

what matters most.

for more than 70 years.

•

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.

In Network

services.

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





GLAD HEALTH PLANS: Dental Plan

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

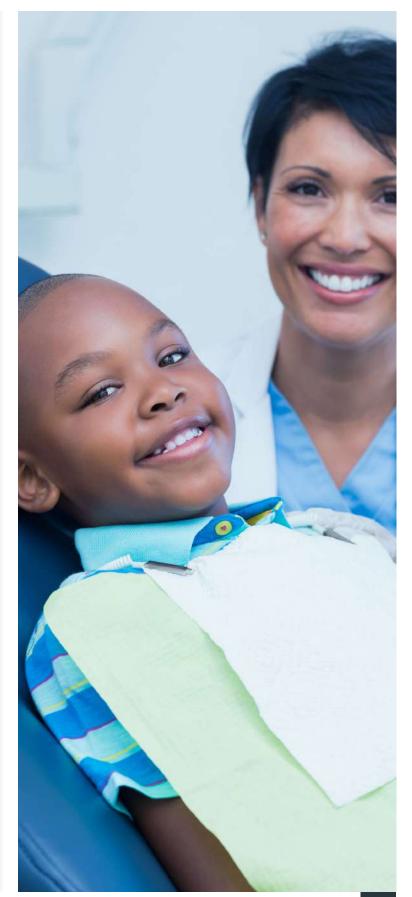
The letter must be on carrier letterhead and state the type of coverage (include annual maximum and coinsurance), list the names of all covered members and there must be a start date and end date for the coverage.

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.





LIFE AND ACCIDENT

GLAD HEALTH PLANS: Vision Service Plan



🔕 VISION SERVICE PLAN

VISION PLAN RATES			
MEMBER	FAMILY	MEMBER +1	
\$21.00	\$48.00	\$38.00	
СОРАУ	⊘ \$10 Exam / \$	25 Materials per Covered Person per Office Visit	
BENEFIT	FREQUENCY		
Exam:	⊘ Every 12 m	onths	
Lenses:	⊘ Every 12 m	onths	
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

- \odot 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.





VISION SERVICE PLAN - States FL & OR

СОРАҮ	⊘ \$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

- \bigcirc 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 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