

NCP

National Consumer Protection Plan

Powered by Platinum One LLC

Marketing Guide
Value Plan



Boosting your current benefits to the next level!

Welcome!

National Consumer Protection Plan is a nationally recognized association providing access to high quality products and services. We offer a number of valuable membership benefits, including supplemental health and life insurance that are complimentary to any existing insurance coverage you may have in force.

We seek out quality benefits, services and resources to help our members thrive by reducing costs and taking control of their personal health. With the group buying power of an Association, members receive discounts on health, travel, and consumer products and services. In addition, we strive to provide our members with valuable information relevant to your life by sharing information on wellness, lifestyle, nutrition, and more through our newsletters and website.

Questions?

Contact Customer Service

Monday - Friday

8:30 am - 4:30 pm CST

12444 Powerscourt Drive Suite 500A

St. Louis, MO 63131

(800) 992-8044



Your Benefits

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Aetna Dental Access[®] Aetna Dental Access[®]

Members can save 15% to 50%*, per visit, in most instances, on services at any of the many available dental practice locations nationwide.

Dental services include: cleanings, X-rays, fillings, root canals, and crowns. Member can also save on specialty care such as orthodontics and periodontics where available.

Sample Savings*

Product / Service	Avg. Price	You Pay	Savings
Cleaning (Prophylaxis) - Adult	\$111.00	\$67.00	\$44.00
Cleaning (Prophylaxis) - Child	\$86.00	\$52.00	\$34.00
Complete X-Rays	\$165.00	\$99.00	\$66.00
Root Canal (Anterior)	\$951.00	\$571.00	\$380.00
Complete Upper Denture	\$1,616.00	\$970.00	\$646.00

*Actual costs and savings may vary by provider, service and geographic location. We use the national average of Fair Health data to determine the average costs, as shown on the chart.



How to Save:



To select a participating provider, call customer service or log on to the website

01



Locate the dental network name on your membership card and give this network name to your provider when making your appointment.

02



At your appointment, simply present your membership card before getting treatment to be assured the proper discount is applied.

03



Payment is due at time of services. There are no forms to complete and no limit to the number of visits.

04



If you, or the provider, have any questions, contact Customer Service at the number listed on your membership card.

05

*While our provider lists are continually updated, provider status can change. We recommend that you confirm the provider you selected participates in the program when scheduling your appointment.

Disclosure: **This plan is NOT insurance.** This is not a qualified health plan under the Affordable Care Act (ACA). Some services may be covered by a qualified health plan under the ACA. The plan provides discounts at certain health care providers of medical services. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. The range of discounts for services will vary depending on the type of provider and services. The discount plan organization is Gallagher Affinity Insurance Services, Inc., at 2850 W. Golf Road, Rolling Meadows, IL 60008, 1-866-215-1376. To view a listing of participating providers visit www.findbestbenefits.com and enter promo code 725372. **The discount health benefits have been provided at no cost to you and will remain active until you cancel.**

The discount program provides access to the Aetna Dental Access® network. This network is administered by Aetna Life Insurance Company (ALIC). Neither ALIC nor any of its affiliates offers or administers the discount program. Neither ALIC nor any of its affiliates is an affiliate, agent, representative or employee of the discount program. Dental providers are independent contractors and not employees or agents of ALIC or its affiliates. ALIC does not provide dental care or treatment and is not responsible for outcomes.

This benefit is not available to residents of Vermont. **This is not Insurance.**

UNI-CARE Chiropractic

Millions of Americans rely on chiropractic care to reduce pain and stress, and to function more productively. If you are one of them, you can save **20% to 40%** on chiropractic fees at participating chiropractors across the country.

This benefit includes a free initial consultation, discounts on examinations and x-rays, as well as **40% savings on diagnostic services**, and **20% savings on all other services and follow-up treatments**.

Sample Savings

Product / Service	Avg. Price	You Pay*	Savings*	% Saved
Consultation	\$60.00	\$0	\$60.00	100%
Initial Examination	\$115.00	\$35.00	\$80.00	70%
X-Ray (Full Spine)	\$200.00	\$150.00	\$50.00	25%
Electrical Stimulation	\$27.00	\$21.60	\$5.40	20%

*Savings and pricing will vary by provider, service and geographical area.



How to Save:



To select a participating provider, call customer service or log on to the website

01



Locate the chiropractic network name on your membership card and give this network name to your provider when making your appointment.

02



Present your membership card before getting treatment to be assured the proper discount is applied.

03



Payment is due at time of services. There are no forms to complete and no limit to the number of visits.

04



If you, or the provider, have any questions, contact Customer Service at the number listed on your membership card.

05

While our provider lists are continually updated, provider status can change. We recommend that you confirm the provider you selected participates in the program when scheduling your appointment.

Disclosure: **This plan is NOT insurance.** This is not a qualified health plan under the Affordable Care Act (ACA). Some services may be covered by a qualified health plan under the ACA. The plan provides discounts at certain health care providers of medical services. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. The range of discounts for services will vary depending on the type of provider and services. The discount plan organization is Gallagher Affinity Insurance Services, Inc., at 2850 W. Golf Road, Rolling Meadows, IL 60008, 1-866-215-1376. To view a listing of participating providers visit www.findbestbenefits.com and enter promo code 725372. **The discount health benefits have been provided at no cost to you and will remain active until you cancel.**

Emergency Travel Assist



As a member, you receive the following benefits through the Travel Assistance Program when traveling more than one hundred (100) miles from your permanent place of Residence, and the trip duration is ninety (90) consecutive days or less if an accidental injury or sickness commences during the course of the covered trip. The following is a summary description only of the program's services. If you have any questions, please call the customer service number provided with your benefit information.

- **Emergency evacuation.** If a Participant incurs an accidental injury or sickness and adequate medical facilities are not available locally, the assistance company will assist, if needed, in arranging an emergency medical evacuation (under medical supervision if necessary) by whatever means necessary to the nearest facility capable of providing adequate care. Covered expenses include transportation and related medical services (including cost of medical escort) and medical supplies necessarily incurred in connection with the emergency evacuation. All transportation arrangements made for the emergency evacuation must be made by the most direct and economical route possible. Terms and Conditions Apply*
- **Medically necessary repatriation.** After initial treatment and stabilization for an accidental injury or sickness suffered by the Participant, if the attending physician deems it medically necessary, the assistance company will arrange transport for the Participant back to his or her permanent place of residence for further medical treatment or to recover. Covered expenses include transportation and related medical services (including escort if necessary) and medical supplies necessarily incurred in connection with the repatriation. All transportation cost made for repatriation must be by the most direct and economical route possible. Terms and Conditions Apply*
- **Emergency Evacuation and Medically Necessary Repatriation Total combined Limit Up to USD \$100,000.** Terms and Conditions Apply*
- **Transportation of mortal remains.** In the event of the death of a Participant, the assistance company will assist in making arrangements providing for the return of mortal remains. Covered expenses are the following: locating a sending funeral home, transportation of the body from the site of death to the sending funeral home; preparation of the remains for either burial or cremation; transportation of the remains from the funeral home to the airport; providing the minimum necessary casket or air tray for transport; consular services (in case of death overseas); procuring death certificate; transport of the remains from the airport to the receiving funeral home. Once the Participant's body has been delivered to the receiving funeral home, this coverage ends. Up to USD \$20,000. Terms and Conditions Apply*
- **Transportation of Traveling Companion.** In the event a Participant requires emergency medical evacuation by air ambulance or repatriation by commercial airlines. Air transport of the Participant's spouse or other family member or traveling companion will be provided so that person may accompany the insured in flight, subject to space availability, giving priority to medical equipment and medical personnel aboard and for the welfare and safety of the Participant receiving services. All services in connection with transportation of traveling companion must be preapproved and arranged by the assistance company. Up to USD \$5,000. Terms and Conditions Apply*

- **Family Visitation.** When a member is traveling alone and is hospitalized for more than seven (7) consecutive days, the Assistance company will arrange transportation to the place of hospitalization for a chosen person by the insured, provided repatriation is not imminent. Covered expenses include the cost of the most direct economy round trip common carrier ticket to the place of hospitalization. Up to USD \$5,000. Terms and Conditions Apply*
- **Transportation of Dependent Children.** When dependent children, traveling on a covered trip with the Participant, are left unattended as the result of a Participant's injury or sickness, the assistance company will arrange to transport such minors to the domicile of a person nominated by the Participant or next of kin. Covered expenses include a one way common carrier economy ticket by the most direct route. Attendants will be provided if necessary. Up to USD \$5,000. Terms and Conditions Apply*
- **Vehicle Return.** In the event a Participant should suffer from a certified illness, injury or death which requires emergency medical evacuation/medical necessary repatriation or transportation of mortal remains and the Participant is thereby unable to drive his/her vehicle, this assistance will provide vehicle return service for ground vehicles such as cars, trucks, vans, travel trailers or motor homes, operated by the Participant, to the Participant's permanent residence. This benefit will pay the cost, up to USD 1,000 for fuel, oil, driver and tolls to affect such return. The insured will bear the cost of any repair due to mechanical breakdown, en route, as well as cost for food and accommodations. The vehicle must be in condition capable of being safely operated on the highway. All services in connection with vehicle return must be preapproved and arranged by the assistance company. All coverage's apply only when the Participant is traveling more than 100 miles from the Participant's permanent place of residence and the trip is 90 consecutive days or less. Covered expenses are reasonable and customary expenses for necessary transportation, related medical services and medical supplies incurred in connection with the coverage's listed above. All transportation arrangements. Terms and Conditions Apply*
- **24-hour Information Service.** Should the Participant need information before and/or during travel he/she may call the Assistance Provider 24 hours a day to obtain help. The multilingual staff is prepared to assist and coordinate the management of a wide variety of travel related situations. Services include but are not limited to information on required documents, immunization requirements, State Department Travel Advisory warnings on travel to certain locations, weather and hazard information about foreign locations, suggested medical exams or treatment before departure and medical care en route. Terms and Conditions Apply*
- **Medical Monitoring.** Should the participant need to be medically monitored, the Assistance Provider will monitor the case, while liaising with the participant, the local attending physician, the family physician and the medical director of the transportation company. Terms and Conditions Apply*
- **Medical Referral.** Should the Participant need help locating a Physician or Hospital, the Assistance Provider will provide referrals to a local prequalified Physician and/or Hospital. Terms and Conditions Apply*
- **Guarantee of Medical Expenses.** Should the Participant need help for overseas medical payments the Assistance Provider will assist in the arrangement of payment or guarantee of payment to Medical Providers. Subject to the quality of the Participant's confirmed personal credit. Terms and Conditions Apply*

- **Insurance Coordination.** Should the Participant need help for overseas medical claims, the Assistance Provider will assist him/her in coordinating the claims procedure with the Participant's insurance program. Terms and Conditions Apply*
- **Lost Documentation Service.** Should the Participant need help to replace lost or stolen travel documents (i.e., passport, baggage, tickets, credit cards, etc.), the Assistance Provider will advise and assist where possible regarding their replacement. Terms and Conditions Apply*
- **Legal Assistance.** Should the Participant need help arranging local attorneys, embassies and consulates, arranging bail, or coordination of payment for legal services the Assistance Provider will provide referrals and payments, from available resources of the Participant. Terms and Conditions Apply*
- **Emergency Delivery of Prescription Items.** Should the Participant need prescription medication or lenses not available locally, the Assistance Provider will organize the delivery of the prescribed item to the Participant upon written authorization from the prescribing physician when possible and legally permissible. Terms and Conditions Apply*
- **Emergency Cash Transfer and Advances.** Should the Participant need cash as a result of loss or theft, the Assistance Provider will arrange for emergency cash transfers and advances through additional sources, including hotels, banks, Consulates and Western Union, up to a limit of \$500 per transaction. All transactions are subject to any government regulation and to the availability of the Participant's confirmed personal credit. Terms and Conditions Apply*
- **Language Assistance.** Should the Participant need help communicating in a foreign country, the Assistance Provider will provide telephone interpretation. Terms and Conditions Apply*

Limitations and Exclusions:

The following conditions represent coverage exclusions:

1. Suicide or attempted suicide;
2. Intentionally self-inflicted injuries;
3. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
4. Participation in any military maneuver or training exercise;
5. Mental or emotional disorders, unless hospitalized;
6. Being under the influence of drugs or intoxicants, unless prescribed by a Physician;
7. Commission or the attempt to commit a criminal act;
8. Participation as a professional in athletics;
9. Pregnancy and childbirth (except for complications of pregnancy);
10. Travel undertaken for the specific purpose of securing medical treatment; and
11. Bodily Injury or Sickness which can be treated locally and does not prevent the Insured from continuing his or her journey or from returning home.

YOU MUST CALL THE TRAVEL ASSIST NUMBER TO ASSIST IN THE CLAMS PROCESS AND USE CERTAIN BENEFITS.

THESE ARE REIMBURSEMENT-BASED BENEFITS, MEANING AFTER A COVERED/QUALIFIED EVENT/EXPENSE, ACTION IS REQUIRED ON YOUR PART TO CLAIM REIMBURSEMENT FOR A COVERED/QUALIFIED EVENT/EXPENSE.

IF YOU WERE A PAID AND ACTIVE TRAVEL ASSISTANCE PROGRAM PARTICIPANT AT THE TIME OF A COVERED/QUALIFIED EVENT/EXPENSE, YOU WILL BE PROVIDED WITH A CLAIM FORM AND CLAIM PROCESS INSTRUCTIONS. YOU HAVE UP TO A MAXIMUM OF NINETY (90) DAYS FROM THE DATE OF THE COVERED/QUALIFIED EVENT/EXPENSE IN WHICH TO SUBMIT YOUR COMPLETED CLAIM FORM AND REQUIRED SUPPORTING DOCUMENTATION.

T.A. Group Acquisition, LLC IS THE ASSISTANCE PROVIDER COMPANY. PROVIDED BY UNDERWRITERS AT LLOYD'S OF LONDON.

*This benefit is subject to the Terms & Conditions of the Travel Assistance program administered by T.A. Group, Acquisition, LLC. The descriptions, caps, limitations, exclusions, and notes contained herein shall constitute the Terms & Conditions." A link to the full Terms and Conditions will be provided in your membership fulfillment materials.

This Benefit is NOT Available to residents of Florida, Connecticut or New York.



Group Accident Only Insurance



- **Accident Medical Expense Benefit** - The Accident Medical Expense Benefit (AME) pays in excess of any other insurance coverage you may have for the expenses you are charged by a hospital, doctor, or certain other charges, up to a maximum of \$2,500 if you are injured in a covered accident. Subject to a \$250 deductible.
- **Accidental Death & Dismemberment Benefit** - The Accidental Death & Dismemberment Benefit (AD&D) pays the beneficiary up to \$10,000 for the member's death or loss of certain body parts (e.g. limbs, speech, eyesight, or hearing) in a covered accident.

If, within 365 days from the date of an Accident which occurs while coverage is in force, Injury from such Accident results in a loss covered by this benefit, benefits will be provided in the amount set opposite such loss, as shown on the Schedule of Benefits. If more than one such loss is sustained as the result of one Accident, only one benefit amount will be paid, the largest to which the Covered Person is entitled.

Principal Sum	\$10,000.00	Loss of Speech and Hearing	\$10,000.00
Loss of Life	\$10,000.00	Loss of One Hand or One Foot and Entire Sight of One Eye	\$10,000.00
Loss of Both Hands	\$10,000.00	Loss of One Hand or One Foot	\$5,000.00
Loss of Both Feet	\$10,000.00	Loss of Entire Sight of One Eye	\$5,000.00
Loss of the Entire Sight of Both Eyes	\$10,000.00	Loss of Speech or Hearing	\$5,000.00
Loss of One Hand and One Foot	\$10,000.00	Loss of Hearing in One Ear	\$2,500.00

Disclosures, Disclaimers, Terms and Exclusions

The Group Accident Only Insurance is issued on Policy form series MP-1300/MP-1400 and Certificate form series GC-1300/GC-1400 by Guarantee Trust Life Insurance Company (GTL), Glenview, IL. The policy is issued to National Consumer Protection Plan (NCCP) and has exclusions, limitations, reductions of benefits, and terms of renewal and termination. Subject to state availability, variability, and GTL's right to increase rates. For complete details of coverage, please contact us.

GTL does not provide nor is affiliated with the other insurance/discount programs provided as part of membership in NCCP.

The following rates apply for coverage underwritten by Guarantee Trust Life Insurance Company as part of your membership in the National Consumer Protection Plan. The rates by plan are: Individual = \$3.18, Family = \$7.63 per month.

Cancellation/Termination of Benefits/Renewability:

Coverage terminates when National Consumer Protection Plan terminates the policy, your membership ceases, insurance ceases for your class, for non-payment of premium by National Consumer Protection Plan, or the date of fraud or misrepresentation of a material fact. The group policy terminates for non-payment of a premium, if group participation requirements are not met or on any premium due date for any of the following reasons: fraud or misrepresentation of a material fact; failure of National Consumer Protection Plan to provide required information; or at GTL's option with 30 days notice. Notice of termination provided to National Consumer Protection Plan is considered notice of termination to all members and will not be sent to you individually by GTL. The policy automatically renews each policy anniversary until cancellation/termination.

GTL does not provide nor is affiliated with other insurance/discount programs provided as a part of membership in National Consumer Protection Plan.

Common Exclusions for AD&D/AME-please see your certificate for exact exclusions:

The Policy does not provide benefits for:

- Treatment, services or supplies which:
 - Are not Medically Necessary;
 - Are not prescribed by a Doctor as necessary to treat an injury;

Common Exclusions for AD&D/AME-please see your certificate for exact exclusions:

The Policy does not provide benefits for:

- Treatment, services or supplies which:
 - Are not Medically Necessary;
 - Are not prescribed by a Doctor as necessary to treat an injury;
 - Are determined to be Experimental/Investigational in nature;
 - Are received without charge or legal obligation to pay;
 - Are received from persons employed or retained by any Family Member, unless otherwise specified; or
 - Are not specifically listed as Covered Charges in the Policy.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
- Injury covered by Worker's Compensation, Employer Liability law or Occupational Disease Act or Law.
- Dental treatment, except as specifically stated.
- Injury sustained while committing or attempting to commit a felony.
- Prescription Drugs except as specifically stated.
- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted Injury.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the Injury occurs.
- Loss resulting from being under the influence of any drugs or narcotics unless administered on the advice of a Doctor.
- Injury sustained while participating in or practicing for any professional, intercollegiate or sports activity, except as specifically provided.
- Injury which occurs while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
- Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- Injury sustained while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's).
- Injury sustained where a Covered Person is the operator and does not possess a current and valid motor vehicle operator's license, except in a Driver's Education Program.
- Treatment in any Veteran's Administration or federal Hospital, except if there is a legal obligation to pay.
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Covered Charges incurred outside of the United States or its possessions.
- Competing in motor sports races or competitions;
- Competing in water sports races or competitions

- Testing cars/trucks on any racetrack or speedway;
- Handling, storing or transporting explosives;
- Scaling up cliffs or mountain walls;
- Spelunking (exploring caves);
- Handling or working with dangerous animals.
- Injury sustained while water skiing or surfboarding;
- Injury sustained while snow skiing or snowboarding;
- Injury sustained while roller blading or skateboarding;
- Injury sustained while participating in a rodeo.
- Reinjury or complications of an Injury caused or contributed to by a condition that existed before the Accident.
- Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific injury.

Pre-Existing Condition Limitation

A Pre-Existing condition is not eligible for benefits unless the Diagnosis occurs after this Rider Effective Date and the Waiting Period, if any, has expired. We will not pay benefits for a Pre-Existing Condition that is Diagnosed within the Pre-Existing Period stated in the Schedule of Benefits.

A Pre-Existing Condition is not covered unless the loss begins after the Benefit Eligibility Period for Pre-Existing Conditions has elapsed, as stated in the Schedule of Benefits.

You have the option of downloading your certificate electronically. If you choose to do so, you are consenting to accept electronic delivery of your certificate. You also have the right at any time to receive a hard copy of your certificate. If you choose this option, please call 1-(800) 992-8044.

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Log on to ncpplan.com to view certificates and claim instructions.

Group Term Life Insurance

One of the premiere benefits of your membership in the National Consumer Protection Plan is the Group Term Life Insurance. Life insurance is one of the most cost-effective ways to help safeguard your assets and assist your family when they need it most. While you could never be replaced, life insurance can help your family weather some of the financial burden resulting from your death. There is no medical exam required for the Life Insurance. Term life insurance offers effective protection for times when your family needs it the most.

The Accidental Death Benefit is paid directly to your beneficiary in a lump sum amount if you experience a covered loss resulting from an accidental injury, if the injury causes death within 90 days from the date of the accident.



Death Benefit:			
Waiting Period	12 months		
	Member Benefit	Spouse Benefit	Child Benefit
Benefit During Waiting Period	\$5,000 Accident Only	\$2,500 Accident Only	\$1,250 Accident Only
Benefit After Waiting Period For Attained Age			
18 - 64	\$5,000	\$2,500	\$1,250
65 - 69	\$2,500 + \$2,500 Accident Only	\$1,250 + \$1,250 Accident Only	\$625 + \$625 Accident Only
70 +	\$5,000 Accident Only	\$2,500 Accident Only	\$1,250 Accident Only
Note: Spouse and Child is only included on the family membership plans.			

Disclosures, Disclaimers, Terms and Exclusions

Group Term Life Insurance is issued on Form Series GLMP-3002/GLC-3002 by Guarantee Trust Life (GTL), Glenview, IL. The policy is issued to National Consumer Protection Plan and contains the following: exclusions, limitations, reductions of benefits, and terms of renewal and termination. Subject to state availability, variability, and GTL's right to increase premium rates.

The following rates apply for coverage underwritten by Guarantee Trust Life Insurance Company as part of your membership in the National Consumer Protection Plan. The rates by plan are: \$5,000 Group Term Life: Individual = \$2.80; Family = \$4.95 per month.

Suicide Exclusion

If a Covered Person dies as the result of suicide or any attempt at suicide, while sane or insane within two years of his Effective Date of coverage, the insurance company will be liable only for an amount equal to the Premium paid.

Accidental Death Benefit and Exclusions

The Accidental Death Benefit is paid directly to your beneficiary in a lump sum amount if you experience a covered loss resulting from an accidental injury, if the injury causes death within 90 days from the date of the accident.

This benefit is subject to all the terms, conditions, and exclusions of this Certificate.

Exclusions: No benefits are payable for any loss caused by:

- Suicide or intentionally self-inflicted Injury while sane or insane.
- War or any act of war, declared or undeclared.
- Travel, or flight in or descent from any kind of aircraft unless as a fare paying passenger on a regularly scheduled flight.
- As a passenger on an official flight of the Military Airlift Command of the United States or similar air transport services of other countries.
- Infections, except infections which occur simultaneously with or through a cut or wound sustained as the direct result of an Injury, independent of any other cause; and
- The non-accidental ingestion of a contaminated substance.
- Intoxication as defined in the jurisdiction where the accident occurred.
- Being under the influence of any drug unless administered and taken as prescribed by a Doctor.
- Participation in an attempt to commit an assault or felony, or participation in a riot.
- Voluntary gas inhalation or poison voluntarily taken, administered or inhaled.
- Riding or driving as a professional in any kind of race for prize money or profit.

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Cancellation/Termination of Benefits/Renewability:

Coverage terminates when National Consumer Protection Plan terminates the policy, your membership ceases, insurance ceases for your class, for non-payment of premium by National Consumer Protection Plan, or the date of fraud or misrepresentation of a material fact. The group policy terminates for non-payment of a premium, if group participation requirements are not met or on any premium due date for any of the following reasons: fraud or misrepresentation of a material fact; failure of National Consumer Protection Plan to provide required information; or at GTL's option with 30 days notice. Notice of termination provided to National Consumer Protection Plan is considered notice of termination to all members and will not be sent to you individually by GTL. The policy automatically renews each policy anniversary until cancellation/termination.

GTL does not provide nor is affiliated with other insurance/discount programs provided as a part of membership in National Consumer Protection Plan.

AAD19.2-24

Log on to ncpplan.com to view certificates and claim instructions.

Imaging Discount

A better image leads to a better diagnosis, better treatment and a better recovery. Members can access high-quality medical imaging and gastroenterology services at discounted pre-negotiated rates. Members also receive a free diabetes wellness lab test with scheduled imaging services.

Additionally, members can conveniently screen for colorectal cancer with an accurate at-home kit, avoiding the need for a doctor's visit.

Discounted and transparent rates for:

- *MRI*
- *CT*
- *Ultrasounds*
- *X-rays*
- *Colonoscopy*
- *Upper endoscopy*
- *Hemorrhoid banding*
- *GI consults*
- *Mammograms*

Members also have access to 10% off at-home colorectal cancer screening kits.

Certain services may not be available in all geographical locations.

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Lyric Virtual Urgent Care

Lyric Health offers 24/7 access to Board-certified physicians either a phone call or click away. Physicians can diagnose many common non-emergency condition symptoms, recommend treatment options and prescribe medication when medically appropriate.

Common Conditions Include:

- *Cold & Flu Symptoms*
- *Allergies*
- *Infection*
- *Dermatology Problems*
- *Bronchitis*
- *Pink Eye*
- *Respiratory*
- *Sinus Problems*

Diagnostic consultations are available by phone or video at no cost for evaluations, diagnosis and prescriptions if appropriate.

There is also a convenient Ask a Doctor option available via the portal for general medical questions at no cost.

When you're a Member of Lyric Health, you have access to your consultation history at any time, which you can download and take to your physician.



Disclosure: Lyric does not prescribe DEA controlled substances, lifestyle drugs, and certain other drugs which may be harmful because of their potential for abuse. Lyric does not guarantee that a prescription will be written. Lyric physicians reserve the right to deny care for potential misuse of services.

This is not insurance

Physician & Facilities

At discounts of 5% to 40% on medical services, you and your family can save hundreds - or even thousands - of dollars each year. ValuePoint by MultiPlan provides savings to members who do not have health coverage or to members who require services that may not be covered by their health coverage (i.e. cosmetic surgery).

Save on medical services such as:

- *Primary Care & Specialist Visits*
- *Diagnostic Services*
- *Hospital / Outpatient*
- *Quick Care / Urgent Care*

Sample Savings

Product / Service	Avg. Price	You Pay	Savings	% Saved
Routine Office Visit, Established Patient	\$187.81	\$118.32	\$69.49	37%
Routine Office Visit, New Patient	\$274.65	\$173.03	\$101.62	37%
Routine Physical	\$249.69	\$164.80	\$84.89	34%
Immunizations	\$45.38	\$26.32	\$19.06	42%
Mammogram	\$251.76	\$171.20	\$80.56	32%
Colonoscopy	\$1,634.32	\$964.25	\$670.07	41%
ER Visit	\$1,148.04	\$677.34	\$470.70	41%
MRI Lumbar	\$1,176.79	\$670.77	\$506.02	43%
Casting	\$104.09	\$68.70	\$35.39	34%

*These are examples only. Savings will vary by procedure, provider and geographical area.

How to Save

01

Make an appointment with a participating provider. Call Customer Service for the name of a provider in your area or go to the benefit website to search for a participating provider.

02

Present your membership card included in your membership materials to the receptionist when you arrive at the participating provider's office.

03

For services performed by the physician or in the hospital, you will pay the reduced fee at the time of your visit.

REMEMBER

This is not an insurance plan. There will be no reimbursement to you or to the participating provider. You are responsible for paying the provider directly for services rendered.

Attention Maryland Residents: The Hospital Plan benefit is not available in Maryland. Discounts on Hospital services are not allowed under Maryland law. Physician services are eligible for the discount program.

*While our provider lists are continually updated, provider status can change. We recommend that you confirm the provider you selected participates in the program when scheduling your appointment.

Disclosure: **This plan is NOT insurance.** This is not a qualified health plan under the Affordable Care Act (ACA). Some services may be covered by a qualified health plan under the ACA. The plan provides discounts at certain health care providers of medical services. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. The range of discounts for services will vary depending on the type of provider and services. The discount plan organization is Gallagher Affinity Insurance Services, Inc., at 2850 W. Golf Road, Rolling Meadows, IL 60008, 1-866-215-1376. To view a listing of participating providers visit www.findbestbenefits.com and enter promo code 725372. **The discount health benefits have been provided at no cost to you and will remain active until you cancel.**

Members can **save from 10% to 85% on name brand and generic prescriptions at over 65,000 select pharmacies nationwide** or while using the mail order service. The discount benefit is simple to use. The member simply shows the membership discount card and prescription at a participating pharmacy to receive the discounted rate. **There are no additional forms required.**



Prescription Pricing and Mail Order:

Members can go to the OptumRx website to price their medications using the Drug pricing tool. Members always receive the lowest price at the pharmacy that day. A mail order form can be obtained from the website as well, by printing off a mail order form. Members can also get a price quote, place an order, or request a mail order form by calling customer service.

Sample Savings

Drug Name	Avg. Price	You Pay*	Savings*	% Saved
Amlodipine Tab 10mg	\$34.43	\$17.01	\$17.42	50.58%
Amoxicillin Cap 500mg	\$12.96	\$9.06	\$3.90	30.11%
Ibuprofen Tab 800mg	\$13.62	\$8.23	\$5.39	39.56%
Amlodipine Tab 5mg	\$28.15	\$15.36	\$12.79	45.44%
Hydrochlorot Tab 25mg	\$11.10	\$6.94	\$4.16	37.46%
Cyclobenzaprine Tab 10mg	\$25.88	\$12.93	\$12.95	50.03%
Metformin Tab 1000mg	\$15.55	\$9.87	\$5.68	36.53%
Vitamin D Cap 5000unt	\$22.63	\$10.57	\$12.06	53.29%
Alprazolam Tab 2mg	\$73.84	\$19.33	\$54.51	73.83%

*Savings and pricing will vary by pharmacy, location and geographical area.


To Find a Participating Pharmacy Near You:

1. Call the Customer Service toll-free number listed on your membership card; or
2. Visit the association website and use the Personalized Provider List to obtain a list of participating pharmacies in your area**



**While our provider lists are continually updated, provider status can change. We recommend that you confirm the provider you selected participates in the program before dropping off your prescription. Drug pricing may vary based on factors including the package size dispensed, date and time dispensed, and dispensing location.

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Our commitment to membership defines us. While we believe you will be pleased with your overall association membership, we cannot, however, warrant or guarantee the performance of any discount or service. We will continue seeking out new and improved benefits so that we may remain a valued resource and valued partner for responsible Americans throughout the United States.

National Consumer Protection Plan
12444 Powerscourt Drive
Suite 500
St. Louis, MO 63131
800-992-8044

