

# INSIDE

Plan Options and Rates

Dental/Vision Plan and Rates

Optional Coverage and Rates

MyFranchise Association



Mississippi Chapter

# BENEFITS GUIDE

a look at your benefit choices



After the economy, the second major challenge to American businesses is the runaway cost of health insurance and other benefits. Many of you have asked us to help, and we believe we've found an effective partnership with MyFranchise Association.

These programs were specifically designed to give the franchise industry the ability to use our collective group purchasing power to obtain benefits that normally would not be available to an individual or small business.

The programs described here give you the ability to enroll individually and/or include your employees on a range of benefits that can be provided on either a totally voluntary employee paid basis or contributory.

In selecting the benefit portfolio, we first focused on affordability and the four Limited Benefit Medical Plans are designed to provide basic benefit coverage, but are not to replace any Comprehensive Major Medical coverage you currently have or can obtain. They can also be used to fill in gaps in current coverage that you may already have, along with dental and vision coverage.

The MyPlan Benefit Center will provide the convenience of a customized website for online shopping, enrollment and ongoing service. An added plus is that everyone will be able to speak with a live person when calling customer service whether it's for enrollment purposes, benefit questions, general inquiries or claim status.

You probably have questions about how this can work for you and your employees. The MyPlan Benefit Center welcomes your call to discuss any part of the program at all. Thank you and we certainly appreciate your interest in this important venture!



Call 800-431-1706

Or log onto:

[www.myplan.us](http://www.myplan.us)

LOGIN: MABC PASSWORD: BENEFITS





# MyFranchise Association

Group Limited HealthCare Plans  
designed to give you affordable coverage

## Limited Benefit Medical Plans

The Group Limited HealthCare Plans described are low-cost plans that have guaranteed acceptance with no requirement for medical underwriting, participation requirements or pre-existing condition exclusion (except for pregnancy).

They are designed to provide reimbursement for basic services at highly affordable rates but are **not designed** to replace any current Major Medical coverage you may have available.

MFA/AMERICAN GENERAL LIFE COMPANIES	BRONZE	SILVER
<b>Daily In-Hospital Indemnity Benefit</b>	Pays \$100 per Day 30 Days per Confinement	Pays \$100 per Day 30 Days per Confinement
<b>Doctors Office Visit</b> • Calendar Year Maximum	Pays \$50 per Visit 10 Visits per Family	Pays \$50 per Visit 10 Visits per Family
<b>Diagnostic X-Ray &amp; Lab</b> • Calendar Year Maximum	Pays \$50 per Test Maximum 3 Tests per Year	Pays \$100 per Test Maximum 5 Tests per Year
<b>Routine Child Care Physician Office Visit</b> • Calendar Year Maximum (Dependent child 18 and under)	Pays \$20 per Visit 2 Visits per Covered Child	Pays \$20 per Visit 2 Visits per Covered Child
<b>Hospital Admission Benefit</b> • Calendar Year Maximum	Pays \$250 per Confinement 1 Confinement per year	Pays \$500 per Confinement 1 Confinement per year
<b>Continuous Care</b> • Up to the lesser of the hospital confinement or 30 days	\$50 per day	\$100 per day
<b>Prescription Drugs</b> • Calendar Year Maximum	\$15 per prescription 10 prescriptions per covered	\$15 per prescription 10 prescriptions per covered
<b>Health Screening/Preventive Care</b> • Calendar Year Maximum	Pays \$50 per Visit 1 Visit per Year per Covered	Pays \$75 per Visit 1 Visit per Year per Covered
<b>Group Critical Illness</b>	Pays \$2,500 30/90 day waiting period	Pays \$2,500 30/90 day waiting period
<b>Emergency Room Sickness &amp; Accident Benefit</b> • Calendar Year Maximum	Pays \$50 per Visit per Covered 2 visits per year per occurrence	Pays \$100 per Visit per Covered 2 visits per year per occurrence
<b>Ambulance Benefit</b> • Calendar Year Maximum	Ground \$100 Air \$500 Maximum 2 Trips per Transport	Ground \$100 Air \$1000 Maximum 2 Trips per Transport
<b>Intensive Care Benefit</b> • Calendar Year Maximum	Pays \$100 per Day 30 Days per Confinement	Pays \$100 per Day 30 Days per Confinement
<b>Accidental Death &amp; Dismemberment Benefit</b> • Spouse Benefit is 50% & child is 25% of principal amount	Pays Up to \$10,000	Pays Up to \$10,000
<b>Paralysis Benefits</b> • Spouse Benefit is 50% & child is 25% of principal amount	Pays Up to \$2,500	Pays Up to \$2,500
<b>Discount Medical Services</b> The group Limited Health Care program includes a rich portfolio of discount medical products & services offered through CAREINGTON International Corporation.	Healthcare Savings with access to 2 PPO National Networks Savings on Dental & Vision Prescription Drug Discounts 24-Hour Nurse & Physician Line	Healthcare Savings with access to 2 PPO National Networks Savings on Dental & Vision Prescription Drug Discounts 24-Hour Nurse & Physician Line
<b>MONTHLY PREMIUMS</b>		
<b>Employee</b>	<b>\$56.37</b>	<b>\$77.79</b>
<b>Employee &amp; Spouse</b>	<b>\$108.07</b>	<b>\$154.90</b>
<b>Employee &amp; Child(ren)</b>	<b>\$114.13</b>	<b>\$456.06</b>
<b>Family</b>	<b>\$164.75</b>	<b>\$231.46</b>



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MFA/AMERICAN GENERAL LIFE COMPANIES	GOLD	PLATINUM
<b>Daily In-Hospital Indemnity Benefit</b>	Pays \$250 per Day 30 Days per Confinement	Pays \$1,000 per Day 30 Days per Confinement
<b>Doctors Office Visit</b> • Calendar Year Maximum	Pays \$80 per Visit 10 Visits per Family	Pays \$100 per Visit 10 Visits per Family
<b>Diagnostic X-Ray &amp; Lab</b> • Calendar Year Maximum	Pays \$150 per Test Maximum 3 Tests per Year	Pays \$200 per Test Maximum 5 Tests per Year
<b>Routine Child Care Physician Office Visit</b> • Calendar Year Maximum (Dependent child 18 and under)	Pays \$20 per Visit 2 Visits per Covered Child	Pays \$20 per Visit 2 Visits per Covered Child
<b>Surgical Inpatient/Outpatient Benefit</b> • Based off Surgical Schedule	Pays Up to \$1,090	Pays Up to \$2,180
<b>Anesthesia Benefit</b>	Pays 25% of Surgical Benefit	Pays 25% of Surgical Benefit
<b>Hospital Admission Benefit</b> • Calendar Year Maximum	Pays \$750 per Confinement 1 Confinement per year	Pays \$1,000 per Confinement 1 Confinement per year
<b>Continuous Care</b> • Up to the lesser of the hospital confinement or 30 days	\$200 per day	\$250 per day
<b>Prescription Drugs</b> • Calendar Year Maximum	\$20 per prescription 10 prescriptions per covered	\$30 per prescription 10 prescriptions per covered
<b>Health Screening/Preventive Care</b> • Calendar Year Maximum	Pays \$100 per Visit 1 Visit per Year per Covered	Pays \$100 per Visit 1 Visit per Year per Covered
<b>Group Critical Illness</b>	Pays \$5,000 30/90 day waiting period	Pays \$10,000 30/90 day waiting period
<b>Emergency Room Sickness &amp; Accident Benefit</b> • Calendar Year Maximum	Pays \$200 Accident/\$100 Sickness 2 visits per year per occurrence	Pays \$500 Accident/\$100 Sickness 2 visits per year per occurrence
<b>Ambulance Benefit</b> • Calendar Year Maximum	Ground \$200 Air \$1000 Maximum 2 Trips per Transport	Ground \$200 Air \$1000 Maximum 2 Trips per Transport
<b>Intensive Care Benefit</b> • Calendar Year Maximum	Pays \$200 per Day 30 Days per Confinement	Pays \$1,000 per Day 30 Days per Confinement
<b>Accidental Death &amp; Dismemberment Benefit</b> • Spouse Benefit is 50% & child is 25% of principal amount	Pays Up to \$15,000	Pays Up to \$20,000
<b>Paralysis Benefits</b> • Spouse Benefit is 50% & child is 25% of principal amount	Pays Up to \$2,500	Pays Up to \$2,500
<b>Discount Medical Services</b> The group Limited Health Care program includes a rich portfolio of discount medical products & services offered through CAREINGTON International Corporation.	Healthcare Savings with access to 2 PPO National Networks Savings on Dental & Vision Prescription Drug Discounts 24-Hour Nurse & Physician Line	Healthcare Savings with access to 2 PPO National Networks Savings on Dental & Vision Prescription Drug Discounts 24-Hour Nurse & Physician Line
<b>MONTHLY PREMIUMS</b>		
<b>Employee</b>	<b>\$125.97</b>	<b>\$213.76</b>
<b>Employee &amp; Spouse</b>	<b>\$255.23</b>	<b>\$436.92</b>
<b>Employee &amp; Child(ren)</b>	<b>\$253.65</b>	<b>\$413.81</b>
<b>Family</b>	<b>\$380.10</b>	<b>\$633.65</b>



# MyFranchise Association

freestanding coverage options  
plans to meet your health care needs

## AlwaysCare Dental and Vision Plan

You can choose to enroll in the AlwaysCare Dental and Vision plan even if you do not purchase a medical plan. The AlwaysCare Dental and Vision Plan is underwritten by the National Guardian Life Insurance Company of Madison, Wisconsin.

AlwaysCare Dental and Vision Plan		
<b>Annual Deductible</b> - Does not apply to class A and D services	\$50 per Person (3 per family)	
<b>Annual Maximum</b>	\$1,000	
<b>Class A Fee Schedule - Preventive Services</b> - Routine Exams, Prophylaxis, Bitewing X-rays, Fluoride Treatments, Sealants, Space Maintainers Emergency Treatment, etc.	No Waiting Period  See Fee Schedule for Benefit Amounts	
<b>Class B Fee Schedule - Basic Services</b> - Fillings, Simple Extractions, Endodontics, Periodontics, Denture and Crown Repair, Oral Surgery, etc.	No Waiting Period  See Fee Schedule for Benefit Amounts	
<b>Class C Fee Schedule - Major Services</b> - Crowns, Bridges, Dentures, etc.	12 Month Waiting Period  See Fee Schedule for Benefit Amounts	
<b>Class D Schedule - Orthodontia Services</b> - Dependent children to age 19 only - Maximum Annual Benefit: \$500 - Maximum Lifetime Benefit: \$1,000	12 Month Waiting Period  See Fee Schedule for Benefit Amounts	
<b>Vision Coverage Summary</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Materials Only</b>	\$25 Co-pay	See Below
<b>Standard Lenses</b> - Once every 12 months	Covered by Co-pay	Up to \$25
- Single Vision	Covered by Co-pay	Up to \$40
- Bifocal	Covered by Co-pay	Up to \$50
- Trifocal	\$80 Allowance	Up to \$50
- Lenticular	\$70 Allowance	Up to \$40
<b>Frames</b> - Members choose from any frame at provider locations	\$100 Retail Frame	Up to \$50
<b>Contact Lenses</b> - Once Every 12 Months - In lieu of eyeglasses		
- Elective	Up to \$100 Retail	Up to \$100
- Medically Necessary	Up to \$210 Retail	Up to \$210
<b>Monthly Rates</b>		
Employee	\$23.20	
Employee+ Spouse	\$46.40	
Employee + Child(ren)	\$51.20	
Family	\$74.40	

PPO Provider: [www.alwayscarebenefits.com](http://www.alwayscarebenefits.com)



# MyFranchise Association

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## Group EmergencyCare Insurance

Why take chances? Group EmergencyCare Insurance pays regardless of any other insurance you may have. Off-the-Job Accident Plan Designs underwritten by American General Life Companies.

Hospital-Related Benefits	Plan A	Plan B
Ambulance to/from hospital (4 per calendar year)	Ground: \$100 Air: \$500	\$100 \$500
Emergency Room (4 visits per year)	\$100	\$100
Hospital Admission	\$500	\$1000
Hospital Confinement (per day up to: A=90/B=365 days per occurrence)	\$200	\$200
ICU (per day, maximum of 30 days)	\$150	\$400
Transportation to non-local hospital (outside 100-mile radius)	\$350	\$350
Aircraft/Railroad/Bus: Actual charges up \$350 roundtrip/ up to \$1000 or six round trips per calendar year		
Surgery-Related Benefits		
Ambulatory Surgery	\$200	\$300
Anesthesia (percentage of surgery benefit)	25%	25%
Blood, Plasma & Platelets	\$200	\$200
Surgery (percentage of surgery benefit)	100%	100%
Paralysis Benefit (Spouse is 50% / Child is 25% of employee amount)		
Hemiplegia	\$2500	\$2500
Paraplegia	\$5000	\$5000
Quadriplegia	\$10,000	\$10,000
Uniplegia	\$250	\$250
Dismemberment Benefit (Spouse is 50% / Child is 25% of employee amount)		
Both hands or Both feet	\$25,000	\$25,000
Hearing in one ear	\$12,500	\$12,500
One hand and One foot	\$25,000	\$25,000
One hand and Sight of One eye	\$25,000	\$25,000
One hand or One foot	\$12,500	\$12,500
One or more fingers or toes	\$500	\$500
Sight of both eyes	\$25,000	\$25,000
Sight of one eye	\$12,500	\$12,500
Speech and hearing in both ears	\$25,000	\$25,000
Thumb or Index fingers of same hand	\$2,500	\$2,500
Dislocation & Fracture-Related Benefits (Maximum benefit \$10,000)		
Dislocation Benefit (Not paid under surgical benefits)	\$4000	\$4000
Fracture Benefit (Largest benefit amount will be paid from either this schedule or the surgical schedule)	\$500 - \$5000	\$500 - \$5000
Other Benefits (Spouse is 50% / Child is 25% of employee amount)		
Accidental Death Benefit (Spouse is 50% / Child is 25% of employee amount)	\$20,000	\$50,000
Coma	\$10,000	\$10,000
Common Carrier	\$20,000	\$25,000
Concussion	\$150	\$250
Continuous Care (the lesser of 30 days or number of days of hospital confinement)	\$30	\$30
Health Screening (1 test per calendar year)	\$50	\$100
Lodging Benefit (up to a max of 30 days/ \$3,000 year maximum)	\$100	\$150
Prosthesis	\$250	\$500
Severe Burn	\$10,000	\$10,000
MONTHLY PREMIUM		
Individual	\$9.16	\$16.61
Individual & Spouse	\$17.93	\$27.07
Individual & Child(ren)	\$24.32	\$33.58
Family	\$33.09	\$44.03



# MyFranchise Association

freestanding coverage options  
plans to meet your health care needs

Group CancerCare Designs: underwritten by American General Life Companies.  
Cancer strikes millions - one in two men and one in three women.  
These Plans provide indemnity benefits for the costs of cancer treatment & Lump Sum Benefit upon First Diagnosis

Hospital-Related Benefits	Option 1	Option 2
Ambulance to/from hospital (per trip up to \$500 maximum per period of Confinement)	\$250	\$250
Government or Charitable Hospital Confinement (maximum of 180 days)	\$200	\$200
Hospital Confinement (per day per confinement)	First 75 Days: 76 Day up to 180 Days:	\$300 \$500
Nursing Services rendered in Hospital (per day, \$10,000 lifetime maximum)	\$100	\$100
Physician Visit while Confined (per day)	\$30	\$30
Transportation to non-local Hospital	\$200 -	\$200 -
Aircraft/Railroad/Bus: Actual charges up \$200 roundtrip/ up to \$1000 lifetime limit	\$0.45	\$0.45
Private automobile: \$0.45 per mile round trip up to \$1000 lifetime limit		
Out-of-Hospital Benefits		
Hospice Care (per day, \$15,000 lifetime maximum)	First 60 Days: 61 Day Thereafter:	\$100 \$75
Nursing Services (under home health care plan, per day up to \$2,500 per year)	\$100	\$100
Skilled Nursing Facility Confinement (per day, limited to number of days of Hospitalization)	\$100	\$100
Surgery-Related Benefits		
Ambulatory Surgical Center	\$300	\$300
Anesthesia (pays percentage of Surgery Benefit)	25%	25%
Bone Marrow Transplant (\$10,000 lifetime limit)	Inpatient: Outpatient:	\$10,000 \$5,000
Second Surgical Opinion	\$250	\$250
Skin Cancer Surgery	Biopsy: Excision of Lesion w/out flap or graft: Flap or graft w/out excision: Excision of Lesion with flap or graft:	\$100 \$250 \$375 \$600
Stem Cell Transplant (lifetime limit)	\$2,500	\$2,500
Surgery (maximum amount per surgery)	\$5,000	\$5,000
Treatment-Related Benefits		
Anti-Nausea Medication	\$100	\$100
Blood and Plasma (lifetime limit)	Inpatient: Outpatient:	\$3,000 \$300
Experimental Treatment (Per day, Not payable on same day as radiation or chemotherapy payable)	\$300	\$300
Radiation and Chemotherapy (maximum amount per month)	\$1,200	\$1,200
Other Benefits		
First Diagnosis Lump Sum Benefit	\$2,500	\$5,000
Health Screening (One test per year)	\$50	\$50
Lodging (per day, maximum of 60 days)	\$75	\$75
Prosthesis (\$3,000 lifetime limit)	Surgically Implanted: Non-surgically Implanted:	\$3,000 \$300
MONTHLY PREMIUM		
Individual	\$26.28	\$28.21
Individual & Spouse	\$50.39	\$54.28
Individual & Child(ren)	\$28.48	\$30.45
Family	\$52.61	\$56.51



# MyFranchise Association

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**Group Voluntary CriticalCare:** underwritten by American General Life Companies.

If you were diagnosed with a critical illness today, would your finances be there for you tomorrow? These Plans are designed to supplement your other group medical benefits, pays a lump sum benefit to each covered person at the time of diagnosis.

BENEFIT CATEGORY	LOW OPTION	MEDIUM OPTION	HIGH OPTION
<b>Invasive Cancer</b> per covered person*	\$25,000	\$40,000	\$50,000
<b>Heart Attack</b> per covered person*	\$25,000	\$40,000	\$50,000
<b>Stroke</b> per covered person*	\$6,250	\$10,000	\$12,500
<b>Coronary artery bypass</b> per covered person*	\$25,000	\$40,000	\$50,000
<b>End Stage Renal Failure</b> per covered person*	\$25,000	\$40,000	\$50,000
<b>Major Organ Transplant</b> per covered person*	\$25,000	\$40,000	\$50,000
<b>Carcinoma in Situ</b> per covered person*	\$6,250	\$10,000	\$12,500
<b>Loss of Sight, Speech &amp; Hearing</b> per covered person*	\$6,250	\$10,000	\$12,500
<b>Coma</b> per covered person*	\$6,250	\$10,000	\$12,500
<b>ADDITIONAL BENEFITS</b>			
<b>Treatment-Related for Cancer</b>			
Anti-nausea medication	\$100 per month	\$100 per month	\$100 per month
Blood and plasma	Inpatient \$2000 lifetime limit Outpatient \$3000 lifetime limit	Inpatient \$2000 lifetime limit Outpatient \$3000 lifetime limit	Inpatient \$2000 lifetime limit Outpatient \$3000 lifetime limit
Experimental treatment	\$300 per day	\$300 per day	\$300 per day
Radiation and Chemotherapy	\$1000 per month	\$1000 per month	\$1000 per month
<b>Cancer Death Benefit</b>	\$5,000	\$5,000	\$5,000
<b>Wellness Benefit (Critical Illness Screenings)</b> per covered person	\$50 1 test per yr	\$50 1 test per yr	\$50 1 test per yr
<b>MONTHLY RATES**</b>			
<b>Employee</b>	<b>\$13.26</b>	<b>\$19.16</b>	<b>\$23.10</b>
<b>Employee &amp; Spouse</b>	<b>\$26.52</b>	<b>\$38.32</b>	<b>\$46.19</b>

\*Dependent child benefit amount is 25% of the employee amount at no additional cost

\*\* You may purchase coverage in \$5,000 increments from \$2,500 up to \$50,000 for you and each family member.

Benefits are payable after a thirty(30)day waiting period. Pre-existing condition of 12/12

Premiums are Age Banded. Premiums shown here are based of ages 18-29 Non-Smoker.

Plans available with out Additional Cancer Benefits.



# MyFranchise Association

## Membership

### MYFRANCHISE ASSOCIATION MEMBERSHIP

**MEMBERSHIP PER TAX ID #:**.....\$195.00 annually

**ADMINISTRATIVE FEE PER PARTICIPATING EMPLOYEE\*** .....\$8.50 monthly

**Membership will include:** Custom MyPlan Website, 125 Administration, Single Point Billing Services, Year Round Call Center Support & Customer Service

\*Employee will receive Identity Theft Protection by Identity Force.

**DIRECT BILLING VIA BANK DRAFTS AVAILABLE FOR \$5.00 PER TRANSACTION**

#### **IMPORTANT NOTICE**

This is a Benefit Plan highlight sheet and is not intended to be a complete or legal description of the program of benefits. Complete information is available, upon request, and will be furnished to you in the certificate of insurance or member booklets for the various programs in which you may voluntarily choose to participate in. This program is not intended to replace any comprehensive major medical plan of insurance that you are currently enrolled in or considering participation in.

<http://www.myfranchiseassociation.com>



## MyFranchise Association

### Administration and billing for franchises and associations

#### Turnkey benefits...

The mission of MyFranchise Association (MFA) is to offer programs designed for employers to better communicate benefits to its employee and to develop affordable benefit plans for working Americans who are all too often excluded from comprehensive coverage, or unable to afford it.

MyFranchise Association, by utilizing its MyPlan website, offers a unique and comprehensive approach to employee communication program.

MyPlan effectively explains and promotes benefit programs, and, through the MyPlan Benefit Center, handles enrollment, billing and administration.

We offer consolidated, single-source billing, and we can administer any company's Section 125 program. We now handle cases with as many as 7,000 employees: pre-enrollment through billing. We have the capabilities to administer benefit programs for organizations with 30,000 or more employees.

Another headline-making challenge: working Americans who cannot afford or, as part-time or 1099 employees, often do not qualify for health benefits. It is estimated that more than 48 million Americans are uninsured for these reasons. This problem will only grow as insurance premiums continue to skyrocket.

With your MFA membership fee, members gain access to group limited benefit medical and hospital indemnity insurance and a variety of other services with non of the hassles of benefits promotion, enrollment or administration. We take care of it all for you?

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