flex benefits

FLEX GAP SERIES

Improve your coverage with supplemental benefits

KEY FEATURES

- Guaranteed Issue
- No Health History
- No Tobacco Loads
- Issue Age Rates
- Non-insurance Virtual Care Benefits

Accidents

Medical Expense Benefits

Accidental Death

Benefits

Hospital Stays

Daily Sickness Benefits

Critical Illness

Benefits include Cancer, Heart, Stroke and more

Insurance products marketed by FlexBenefits.co LLC dba FlexBenefits.co Insurance Services LLC and FlexBenefits Insurance Service LLC. In most states Insurance coverage is available only to Communicating for America (CA) members. Insurance products are underwritten by Companion Life Insurance Company.
CA is not affiliated with Companion Life Insurance Company.

IMPORTANT NOTICE: You should have a comprehensive health plan before purchasing these supplemental, limited-benefit coverages.

FB-ACI-Brochure (FG) 09-30-26

FlexGap Series

FlexGap supplements your ACA plan by paying you cash. You may use this cash to pay for out-of-pocket copays, deductibles, and coinsurance. In 2027, the federal maximum for out-of-pocket expenses is $12,000 for individuals and $24,000 for families, though your plan may set a lower limit. These costs arise from copays and deductibles you pay before your health plan starts covering charges. Even after meeting your deductible, you might owe a percentage of service costs due to coinsurance.

Flex Benefits offers cash payments starting from the first dollar. You can select and adjust a FlexGap plan to fit the benefit type and coverage amounts you need to offset these expenses and more. With benefits like accident disability income, accidental death and critical illness coverage you can protect your family budget beyond basic gap coverage

		Options		
	Benefit Ranges	**FlexGap** Share	**FlexGap** Essentials	**FlexGap** Max
Flex Accident Insurance				
Accident Medical Expense Benefit	**$1,500 - $12,000**	✓	✓	✓
Accidental Death Benefit	**$25,000**	✓	✓	✓
*Accident Disability Income	**$500 - $1,500 weekly** up to 13 weeks	✓	✓	✓
*Sickness Hospitalization	**$500 - $2,000 per day** *6 days per year*		✓	✓
*Sickness Emergency Room	**$250 or $500 per visit** *twice per year*		✓	✓
*Sickness Physician Office Visit/Urgent Care	**$50 per visit** *twice per year*			✓
*Sickness Surgical	**$250, $500, $1,000 per day** *once per year*			✓
Flex Critical Illness Insurance				
*Critical Illness (cancer, heart attack, stroke, coronary artery bypass and major organ transplant)	**$5,000-$30,000** per initial occurrence		✓	✓
	Max benefit is 2X initial benefit			

*optional benefits

Because life is an unpredictable journey

Accident Medical Expense Insurance

Accident Medical Expense insurance covers bodily injury resulting directly from an accident and independently from other causes of an accident.

Benefits are available per person, per calendar year, for Covered medical expenses associated with an accidental injury of up to a maximum of 180 days after the accident occurs. Cash Reimbursement for Covered expenses are payable when they are not reimbursed by another healthcare insurance plan; and they are Medically Necessary and Usual & Customary Charges.

Covered Accident Expenses

- Hospital Room and Board
- Medical services and supplies
- Physician Services
  - Charges for surgery
  - Anesthesia services
  - Physician inpatient, and office visits
- Outpatient Surgical Charges
  - X-ray and laboratory services
- Emergency Room Care and Treatment
  - X-ray and laboratory services
- Ambulance Services
- Prescription Drugs
- Dental Services for injury to natural teeth
- Skilled Nursing Facilities
- Home Health Care
- Medical Equipment rental or purchase
- Physical Therapy
- Eyeglasses, Contact Lenses and Hearing Aids
- Rehabilitation Treatment
- Artificial Instruments for limbs, eyes, larynx or dental devices
- Ancillary Hospital Charges
- Intensive Care Services

Covered Accident (Accidental Bodily Injury) means a bodily injury resulting directly from an accident and independently of all other causes occurring while a covered person's coverage is in force under the policy. It does not include an intentional, self-inflicted injury, while sane.

Usual and Customary Fee means the usual, fair and reasonable fee for medical treatment provided to a covered person (or any other form of medical care, procedure, drug or supply).

Accidental Death & Dismemberment Benefit

If a Covered person dies or becomes dismembered as a result of a Covered accident, a lump sum benefit is paid. Loss must occur within 90 days following the accident. Benefits for Dependent Children are 50% of the Principal Sum.

This can help cover funeral expenses and other financial burdens your death might cause.

CATEGORY OF LOSS	BENEFIT PAYMENT %
Loss of Life	100%
Loss of two Covered persons/same covered accident	200%
Loss of Both Hands, or Both Feet or Sight of Both Eyes	100%
Loss of One Hand or One Foot and Sight of One Eye	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Loss of One Hand or One Foot or Sight of One Eye	50%
Loss of Speech or Hearing	50%
Loss of Thumb and Index Finger on same hand	25%

Optional Accident Weekly Total Disability Income Benefits

Accident weekly income benefit pays upon the Total Disability of primary member only (NOT A SPOUSE OR DEPENDENTS). After 14 consecutive days of total disability, weekly benefit amounts are paid for up to 13 weeks. Total disability must begin 90 days after a covered accident

Total disability is defined as accidental bodily injury from a covered accident occurring while the coverage is in force, and the primary member is not able to engage in any employment or occupation for which he or she is or becomes qualified by reason of education, training or experience, and is not engaged in any occupation for wage or profit.

The primary insured must be gainfully employed at the time of the covered accident to be eligible for benefits.

Optional Sickness Benefits

(Not available in KS, MI, MT, TN and TX)

OPTIONAL Daily In-Hospital Indemnity Benefit Rider (Sickness Only)

If a covered person is confined in a hospital because of sickness, the plan will pay the daily in-hospital cash benefit selected at the time of enrollment for each day of confinement, up to 6 days per covered person per calendar year.

OPTIONAL Physician's Office and Urgent Care Facility Visit Benefit Rider (Sickness Only)

This benefit pays the daily cash benefit amount selected at enrollment for up to 2 days per covered person per calendar year when a visit with a provider is necessary for treatment and diagnostic care of sickness.

OPTIONAL Emergency Room Benefit Rider (Sickness Only)

Pays the daily cash benefit amount selected at enrollment for each day a covered person visits an emergency room for treatment of a sickness for up to 2 days per covered person per calendar year.

OPTIONAL Daily Surgical Indemnity Benefit Rider (Sickness Only)

Pays the daily cash benefit amount selected at enrollment for any day a covered person undergoes a surgical procedure due to sickness once per covered person per calendar year.

Eligibility and Termination

In most states, FlexBenefits accident medical expense insurance with optional sickness benefits and critical illness insurance are available with membership in Communicating for America, Inc. (CA) association.

Accident medical expense insurance and optional sickness benefits are available for an active CA association member and spouse or domestic partner ages 18 through 78 and dependent children under the age of 26. The optional accident disability income benefit is only available to the primary member.

Coverage will terminate on the earlier of: the last day of the final premium payment period when the primary member turns age 85; or the date the insured is no longer a member of the association; the end of the last period for which premium is made, due subject to the grace period; or the date the policy terminates; or the date all certificates of the same plan as this coverage are non-renewed in the state in which the certificate is issued.

Exclusions and Limitations

Accident Medical Expense Plan

The following exclusions and limitations are not covered. Exclusions vary by state; check your certificate for a full listing. FlexBenefits will not pay benefits for any loss,

a. to which Sickness, disease, or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
b. caused by suicide, or intentionally self-inflicted injuries while sane;
c. caused by or resulting from war or any act of war, declared or undeclared;
d. caused by an Accident that occurs while in the armed forces of any country;
e. caused by participation in a riot or insurrection;
f. sustained during a Covered Person's commission or attempted commission of an assault or felony or engaging in any illegal occupation;
g. sustained while piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline;
h. sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed Physician;
i. sustained as a result of a Covered Person being legally intoxicated from the use of alcohol. A Covered Person is conclusively determined to be legally intoxicated by alcohol if a test, including but not limited to a chemical or breath test, administered in the jurisdiction where the Injury occurred is at or above the legal limit set by that jurisdiction;
j. caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3-wheeled motor vehicle or any other motor vehicle not designed primarily for use on public streets and highways;
k. caused by participation in or practice for interscholastic tackle football; intercollegiate sports; semi-professional sports; professional sports, ballooning, mountaineering, hang gliding, skydiving, parachuting, bungee jumping, spelunking, jet skiing, or scuba diving;
l. caused by participation in or practice for motorized racing, speed test, or stunt show;
m. for treatment of alcoholism, drug addiction or complications thereof;
n. sustained as a result of practicing for or participating in any intercollegiate sports, or semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
o. sustained as a result of a work-related Injury covered under Workers' Compensation, Employers' Liability Laws, or similar occupational benefits;
p. sustained as a result of cosmetic surgery or any other elective procedure that is not medically necessary;
q. sustained as a result of operating a taxi or any other delivery service for any kind of compensation or profit;
r. for which services are provided by Immediate Family;
s. which is received without charge or legal obligation to pay;
t. due to Accidental Bodily Injury or Sickness outside of the United States; or
u. resulting from the handling or transporting of explosives, hazardous materials, or explosive devices.

Critical Illness Insurance

If Critical Illness coverage is selected, the plan will provide benefits for first-ever diagnosis of specifically named conditions or procedures until the plan reaches the maximum lifetime benefit. The percentage of the benefit paid varies based on the illness diagnosed. There is a 30-day waiting period before a covered critical illness condition or procedure becomes eligible for benefit consideration. The plan pays 100% of the benefit amount for spouses and 50% for dependents. Not available in all states. Please review the policy certificate for complete details.

How Benefits Are Paid for Critical Illness Insurance

- If a 100% benefit is paid for a covered condition or procedure, no further benefits for that condition or procedure will be paid, except as provided under the recurrence benefit.
- If the initial payment is not a 100% benefit, subsequent benefits payable will be a percentage of the benefit amount until the total sum of all payments for covered conditions or covered procedures equals the benefit amount. No further benefits will be payable to a covered condition or covered procedure, expect as provided in the recurrence benefit.
- Once benefits are claimed for one critical illness, benefits are payable for remaining critical illnesses up to the lifetime benefit amount. Once the lifetime benefit amount has been paid for a covered person, coverage for that covered person terminates and no further benefits are payable for that covered person.

Covered Condition or Covered Procedure	BENEFIT PAYMENT %
Cancers Diagnosis after the first 30 days of in force coverage through 90 days of in force coverage: *Cancer-in-situ* *Invasive Cancer* Diagnosis more than 90 days after effective date of coverage: *Cancer-in-situ* *Invasive Cancer*	 10% 50% 20% 100%
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Coronary Artery Bypass Surgery	50%
Major Organ Transplant	100%

Critical Illness Recurrence Benefit

Builds to 50% of the lump-sum benefit

This benefit only applies to invasive cancer, cancer-in-situ, heart attack, stroke and coronary bypass diagnosis or procedure. The benefit pays for a subsequent diagnosis or procedure of critical care events. The benefit builds by 10% of the lump-sum benefit per year after the recurrence of one of these critical care diagnosis events while covered under the policy.

The benefit becomes available for payment when the covered condition is diagnosed more than 12 months after any previous diagnosis and no treatment has been required. (Treatment does not include drug therapy or routine maintenance medical encounters.)

The recurrence benefit will be paid, as shown in the certificate on the Schedule of Benefits if a Covered Person is diagnosed with an eligible critical illness for which he or she previously

received a critical illness benefit. The following conditions must be satisfied:

1. The subsequent diagnosis must be made while coverage is in force for the covered person. Worsening of a condition will not be treated as a subsequent diagnosis for purposes of this benefit;
2. The recurrence of the eligible critical illness must be diagnosed at least 365 days after the date of diagnosis of the eligible critical illness for which the benefit was previously paid; and;
3. The covered person must not have received treatment for the eligible critical illness during the 365-day period noted above. For the purposes of this benefit, treatment does not include maintenance drug therapy or routine follow-up office visits to verify that the eligible critical illness has returned.

Eligibility and Termination

In most states, FlexBenefits accident medical expense insurance with optional sickness benefits and critical illness insurance are available with membership in Communicating for America, Inc. (CA) association.

Critical Illness coverage is available for the active CA association member and spouse or domestic partner ages 18 through 78 and dependent children under the age of 26.

Coverage will terminate on the earlier of: the last day of the premium payment period in which the when the primary member turns age 85, or the date the insured is no longer a member of the CA Association; the end of the last period for which premium has been made, subject to the grace period; or the date the policy terminates; or the date you reach the maximum benefit amount payable under the policy; or the date all certificates of the same plan as this coverage are non-renewed in the state in which the certificate is issued. Critical Illness benefits for the primary member, spouse or domestic partner reduce to 50% at age 72.

Pre-Existing Condition Limitation

Pre-existing conditions are excluded from coverage for a period of 12 months following the effective date of the covered person. If the Covered Person is Diagnosed with a Covered Condition or undergoes a Covered Procedure that is determined to be a Pre-Existing Condition, no Benefit Amount is payable for that Covered Condition or Covered Procedure. We may have the Covered Person examined by a Physician of our choosing at our expense. This time period may vary by state.

A pre-existing condition means a condition for which medical advice, diagnosis, care, or treatment was recommended by or received from a physician within 12 months prior to the effective date; or which manifested itself within 12 months prior to the effective date in a manner that would have caused a reasonably prudent person to seek diagnosis, care or treatment by a physician.

Reduction of Benefits

The maximum benefit amount payable for a critical illness will be reduced by 50% at age 72.

Waiting Period

No benefits are payable during the 30 days after the effective date of coverage. This time period may vary by state.

Reinstatement

If the primary member does not pay the premium by the end of the grace period, the coverage will lapse as of the period for which the last premium has been paid. You may request reinstatement within ninety (90) days of the lapse in writing to our administrative office up to one time per calendar year and by submitting the required premium. The reinstated coverage will cover ONLY loss sustained after the effective date of reinstatement that starts more than 10 days after such date. In all other respects, you shall have the same rights under the Policy as were in effect before it lapsed, subject to the provisions of any rider which may be attached in connection with the reinstatement, including pre-existing condition limitations and benefit waiting periods.

Exclusions and Limitations

Critical Illness Plan

No Benefits will be provided if the Covered Condition or Covered Procedure is caused by, occurs during or results from:

a. Substance Use Disorder; or
b. Refusing certain types of recommended medical treatment, as follows:
    1. A Physician has recommended treatment with angioplasty or coronary artery bypass graft for coronary artery disease, the Covered Person refuses this treatment, and the Covered Person suffers a Heart Attack;
    2. A Physician has recommended treatment for a brain aneurysm or carotid artery stenosis, the Covered Person refuses treatment, and the Covered Person suffers a Stroke; or
    3. A Physician has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being cancerous, the Covered Person refuses, and the Covered Person develops Invasive Cancer or Cancer In-Situ.

We will not pay the Benefit Amount for a Covered Condition or Covered Procedure if:

a. Such Covered Condition or Covered Procedure is not covered under the Policy as described in the Schedule of Benefits and Section 3 - Benefit Provisions;
b. Such Covered Condition or Covered Procedure first occurred while the Certificate was not in force;
c. Such Covered Condition was not Diagnosed by a Physician;
d. Such Covered Condition was Diagnosed outside the United States, unless the Diagnosis was provided at a United States military base or facility, or within another United States military or government building or facility, or confirmed in the United States;
e. Such Covered Procedure was performed outside the United States, unless on a United States military base or facility, or within another United States military or government building or facility.

In addition to the above exclusions, we will not pay for any Covered Condition or Covered Procedure which is:

a. Caused by suicide, or intentionally self-inflicted injuries, while sane;
b. Caused by or resulting from war or any act of war, declared or undeclared;
c. Caused by a Critical Illness that occurs while the Covered Person is in the armed forces of any country, (any premium paid to Us for any period not covered by the Policy while a Covered Person is in the armed forces will be returned pro rata);
d. Caused by participation in a riot or insurrection;
e. Due to a Covered Person's commission or attempted commission of an assault or felony or engaging in any illegal occupation;
f. Due to voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed Physician;
g. Due to a Covered Person being legally intoxicated from the use of alcohol. A Covered Person is conclusively determined to be legally intoxicated by alcohol if a test, including but not limited to a chemical or breath test, administered in the jurisdiction where the Injury occurred is at or above the legal limit set by that jurisdiction.

Important Information

This brochure provides a very brief description of the key features of Flex Benefits Accident Insurance and Critical Illness Insurance. These supplemental insurance plans provide limited benefits.

These plans have exclusions and limitations that may affect benefits payable.

This brochure is not a certificate of coverage and only the actual certificate provisions will control. The certificate sets forth, in detail, the rights and obligations of both the certificate holder and the insurance company. It is, therefore, important that you READ THE CERTIFICATE CAREFULLY. Insurance coverages outlined in this brochure are provided under the Accident Medical Expense Insurance Group Policy Form CL-ACC-2000-GP and Critical Illness Insurance Group Policy Form CL-CI-2000-GP sitused in Arkansas and issued to the Communicating for America association (CA), the group policyholder. For complete details, refer to the Group Accident Medical Expense Insurance Certificate CL-ACC-2000-C, the following Riders CL-ACCSURG-2000-R, CL-ACCWELL-2000-R, CL-ACCSIC-2000-R, CL-ACCSHI-2000-R, and Group Critical Illness Insurance Certificate CL-CI-2000-C. Certificate and rider form numbers may vary by state. Coverage is not available in all states. Benefits and benefit amounts may vary by state.

FlexBenefits is the marketing name for the Accident and Critical Illness products issued to the CA association and underwritten by Companion Life Insurance Company.

About Companion Life Insurance Company

Companion Life Insurance Company, located in Columbia, S.C., has specialized in insurance benefits for more than 50 years. Companion Life is authorized to underwrite coverage in all states and the District of Columbia with the exception of CA, HI, NY, NJ, and CT.

About The Loomis Company

The Loomis Company (Loomis) is an administrator for Companion Life Insurance Company. Loomis has strategically invested in industry leading ERP platforms and partnered with well-respected companies to enhance and grow product offerings.

Loomis supports a wide spectrum of clients from self-funded municipalities, school districts and employer groups, to large fully insured health plans who operate on and off state and federal marketplaces. Through innovation and a progressive business model, Loomis can fully support and interface with its clients and carriers to drive maximum efficiencies required in the ever-evolving healthcare environment.

About Communicating for America

Flex Benefits Accident Insurance and Critical Illness Insurance is only available to members of Communicating for America (CA). CA is a non-profit association that promotes the health, well-being and advancement of all self-employed Americans and small business owners. CA offers access to discount programs and services. Membership dues are paid monthly.

Visit CA's website at www.communicatingforamerica.org or call 800-432-3276 for more information. CA may change or discontinue any of its membership benefits at any time. CA Non-Insurance Benefits: