

Accident and Critical Illness Insurance Plans



People differ when it comes to their needs, financial goals, and life circumstances. Flexibility respects these needs, offering opportunities for customization and adaptation. FlexBenefits believes in this approach when it comes to insurance protections, ensuring everyone can access the financial resources and support they need to excel.

FlexBenefits products help people afford the care they need when they need it. An accident, injury, medical diagnosis, or medical disability can result in a hit to many people's budgets. FlexBenefits plans allow you to grow your benefits, shrink your out-of-pocket expenses, and help protect your savings.

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

Insurance products marketed by FlexBenefits.co LLC dba FlexBenefits.co Insurance Services LLC. In the state of Illinois, FlexBenefits.co LLC dba FlexBenefits Insurance Services LLC. 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. *Please note that you will be purchasing both membership in the association and insurance coverage.*





Your needs may vary depending on whether you are an hourly worker, obtain coverage through your employer or an independent contractor. FlexBenefits plans provide options to help meet your specific needs for multiple situations, from accidents to sickness to major critical illness.

	Flex Fuel	Career Pro	Independent Pro
Accident Insurance	Benefit Amount (per calendar year unless otherwise noted)	Benefit Amount (per calendar year unless otherwise noted)	Benefit Amount (per calendar year unless otherwise noted)
Accident Medical Expense Benefit Excess Only (maximum calendar year benefit)	\$2,000 - \$10,000 <i>plus an additional \$500 in year 2 and \$500 in year 3</i>	\$5,000 – \$20,000 <i>plus an additional \$500 in year 2 and \$500 in year 3</i>	\$7,500 – \$20,000 <i>plus an additional \$500 in year 2 and \$500 in year 3</i>
<i>Deductible per calendar year</i>	\$250	\$250	\$250
Accident Weekly Total Disability Income Benefit per accident (Insured Only)	\$500 – \$1,000	\$500 – \$1,000	\$750 – \$1,000
Accidental Death and Dismemberment Benefits	\$25,000 loss of life	\$25,000 loss of life	\$25,000 loss of life
Daily In-Hospital Indemnity Benefit Rider – Sickness Only	N/A	N/A	\$500 – \$1,000 per day up to 6 days
Physician Office and Urgent Care Facility Rider – Sickness only			\$50 – \$100 per day up to 2 days
Emergency Room Benefit Rider – Sickness Only (per day)			\$100 – \$400 per day up to 2 days

Sickness riders are not available in KS, MI, MT, TN, TX.

Critical Illness Insurance	Benefit Amount	Benefit Amount	Benefit Amount
One-Time Critical Illness Benefit for initial occurrence (benefit payment is a percentage based on covered condition or procedure)	N/A	\$7,500 – \$20,000	\$10,000 – \$20,000



Your needs can change over time. You may be planning for retirement or concerned about unexpected medical bills, like outpatient recovery from an accident or an unforeseen critical illness diagnosis. FlexBenefits plans are available to fit your needs.

	Early Retiree	Senior Advantage	Critical Illness Focus
Accident Insurance	Benefit Amount (per calendar year unless otherwise noted)	Benefit Amount (per calendar year unless otherwise noted)	Benefit Amount
Accident Medical Expense Benefit Excess Only (maximum calendar year benefit)	\$7,500 – \$20,000 <i>plus an additional \$500 in year 2 and \$500 in year 3</i>	\$3,000 – \$4,000	N/A
<i>Deductible per calendar year</i>	<i>\$250</i>	<i>No deductible</i>	
Accidental Death and Dismemberment Benefits	\$25,000 loss of life	\$25,000 loss of life	N/A
Daily In-Hospital Indemnity Benefit Rider – Sickness Only	\$250 – \$1,000 per day up to 6 days	\$250 – \$500 per day up to 6 days	N/A
Physician Office and Urgent Care Facility Rider – Sickness only	\$50 – \$125 per day up to 2 days	\$50 – \$125 per day up to 2 days	
Emergency Room Benefit Rider – Sickness Only (per day)	\$100 – \$250 per day up to 2 days	\$100 – \$200 per day up to 2 days	
Daily Surgical Indemnity Benefit Rider - Sickness Only	N/A	\$250 – \$400 (maximum 1 day per calendar year)	

Sickness riders are not available in KS, MI, MT, TN, TX.

Critical Illness Insurance	Benefit Amount	Benefit Amount	Benefit Amount
One Time Critical Illness Benefit for initial occurrence (benefit payment is a percentage based on covered condition or procedure)	\$7,500 – \$20,000	\$7,500 – \$20,000	\$10,000 – \$30,000

Accident Medical Expense Insurance

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

Accident Medical Expense insurance benefit is available per person, per calendar year, for medical expenses associated with initial treatment or evaluation of an accidental injury of up to a maximum of 180 days after the accident occurs. Benefits are payable for expenses only when they are in excess of, and not reimbursed by another healthcare insurance plan, whether a claim has been made for benefits it provides or not.

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

How Benefits Are Paid for Accident Insurance

- No waiting period – we pay the Maximum Allowable Expense for Medically Necessary Covered Expenses incurred by a Covered Person resulting from a Covered Accident.
- The first treatment or service of the accidental bodily injury must be received within the first 14 days of the covered accident.
- Payment is made directly to the Insured.



Maximum Allowable Expense means the maximum charge that will be considered a Covered Expense and will be the lesser of; billed charges, the Usual and Customary Fee, the contracted rate or contracted discount, the maximum benefit, or 125% of the Medicare allowable charges for professional services and supplies and 150% of the Medical allowable charges for all other services.

Medically Necessary means the services, care, or supplies required to identify or treat a covered person's condition and are: (a) consistent with the symptom or diagnosis, and treatment is distinctly aimed at improvement of a covered person's condition; (b) in accordance with standards of good medical practice; (c) not mainly for convenience of the covered person, a physician or other provider; and (d) the most appropriate medical supply or level of care which can safely be provided.

Covered Expenses mean expenses incurred by or on behalf of a covered person for treatment, services, and supplies covered by the Policy. Coverage must remain continuously in force from the date of the covered Accident until the date treatment, services, or supplies are received. A covered expense is deemed incurred on the date such treatment, service, or supply was rendered or obtained.

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). Determining a Usual and Customary Fee may include:

- (a) one or more standard industry sources to calculate services of comparable severity and nature in the same geographical area, the cost of the goods and services reasonably required to produce and deliver such treatment and/or the charge most commonly paid for such treatment. The standard industry sources utilize cost-based formula methodology and/or pricing data (updated semi-annually) to produce replicable and consistent cost and/or pricing parameters.
- (b) the cost to the health care provider of performing or providing the medical treatment, including reasonable allowance for overhead and profit.
- (c) prevailing contracted rate schedules for same or similar services performed in the same geographical area.



Accidental Death & Dismemberment Benefit

(Included with all Accident Medical Benefit policies)

If a covered person dies as a result of a covered accident, the insurance pays a lump sum benefit to the designated beneficiary. This is often in addition to any other life insurance the covered person might have.

1. Accidental Death or Dismemberment must occur as a result of accidental bodily injuries resulting directly from a covered accident.
2. Loss must occur within 90 days following the accident.

Accidental Death & Dismemberment Benefits will be paid as a lump sum payment. This can help cover funeral expenses and other financial burdens your death might cause. Benefits for Dependent Children are 50% of the Principal Sum.

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.

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. 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.



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Optional Sickness Benefits

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

Daily In-Hospital Indemnity Benefit Rider (Sickness Only)

If a covered person, while insured, is confined in a hospital because of a sickness, the plan will pay the daily in-hospital indemnity benefit amount, as shown in the Certificate Schedule of benefits for each day of confinement, up to the maximum number of 6 days of confinement per calendar year. No benefit will be paid if the covered person is not under the regular care and attendance of a physician.

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

Pays a daily benefit amount selected at enrollment for the maximum number of 2 days per calendar year. These benefits are associated with sickness visits and diagnostic testing as defined in the policy.

Emergency Room Benefit Rider (Sickness Only)

Pays a daily amount for each day a covered person visits an emergency room for treatment of a sickness for the maximum number of 2 days per covered person per calendar year.

Daily Surgical Indemnity Benefit Rider (Sickness Only)

Pays a daily surgical benefit for any day a covered person undergoes a surgical procedure due to sickness for the maximum number of 2 days per calendar year. The procedure must be performed by a board-certified surgeon in a hospital or an ambulatory surgical center and must occur while coverage is in force.

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 85 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.



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Exclusions and Limitations

Accident Medical Expense Plan

The following list of exclusions and limitations are not covered. Exclusions vary by state; check the certificate for a full listing. In addition to any benefit or service-specific exclusion, FlexBenefits will not pay benefits for any loss, which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Certificate:

- 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, (any premium paid to Us for any period not covered by the Policy while a Covered Person is in such service will be returned pro rata);
- 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, except 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. The lifetime benefit amount reduces by 50% at age 72.



Critical Illness Benefits Covered Condition or Covered Procedure	BENEFIT PAYMENT % for Covered Person (Dependent child benefit is 50% of the % shown below)
<u>Cancer-in-situ</u> Diagnosis after the first 30 days of in force coverage through 90 days of in force coverage Diagnosis more than 90 days after effective date of coverage	10% 20%
<u>Invasive Cancer</u> Diagnosis after the first 30 days of in force coverage through 90 days of in force coverage Diagnosis more than 90 days after the effective date of coverage	50% 100%
Heart Attack (Myocardial Infarction)	100%
Kidney Failure of both kidneys requiring dialysis	50%
Stroke	100%
Coma	100%
Alzheimer's disease	100%
Coronary Artery Bypass Surgery	50%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%
Major Organ Transplant	100%
Permanent Paralysis	100%
<u>Severe Burn - Not covered for dependent children</u> 40% or more of the body surface below neck or of face, neck or head 20% or more of the body surface below neck or of face, neck or head	100% 50%
Schizophrenia	25%*
Bipolar Disorder	25%*
Amyotrophic Lateral Sclerosis (ALS)	25%
Multiple Sclerosis	25%

The date is the date a covered person is diagnosed by a physician who is board-certified as a psychiatrist, which requires hospital confinement.



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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 75 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 75, 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.



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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 and the Company 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



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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



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CL-ACC-2000-GP and Critical Illness Insurance Group Policy Form CL-CI-2000-GP situated 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:

1. Free and unlimited telemedicine virtual doctor office visits
2. Free and unlimited mental health virtual doctor office visits
3. Low-cost copay pet services through virtual doctor office visits
4. Discount prescription drug access



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