

**Alliance ACA Health Supplement** is a revolutionary supplemental health insurance plan that provides individuals with the protection they need at a cost they can afford. The plan is designed to mirror the members major medical plan and pay eligible expenses.



- Policy Pays for Pre-Existing Conditions
- Policy is Guarantee Issue
- Policy has no Waiting Period
- Healthcare Provider Files the Claim and is Paid Directly by MWG





www.ACAHealthSupplement.com

A supplemental health insurance product designed to reduce the members overall health insurance premiums and reduce the individual exposure to out-of-pocket medical expenses. The plan is designed to mirror the members major medical plan and pays based on the primary healthcare plans eligible expenses.

Policy Features:

1. Policy Pays for Pre-Existing Conditions
2. Policy is Guarantee Issue
3. Policy has no Waiting Period
4. Healthcare Provider Files the Claim and is Paid Directly by MWG
5. Annual Benefit Amounts from \$4,000 to \$6,000 Per Member



## Standard Covered Services <sup>1</sup>

- |  |   |
|--|---|
| ✓ Inpatient - Physicians & Facilities  | ✓ Labs, X-rays, Testing, Pathology                |
| ✓ Maternity Services                   | ✓ Major Diagnostic & Imaging                      |
| ✓ Emergency Room Services              | ✓ Physical Therapy                                |
| ✓ Outpatient - Physicians & Facilities | ✓ Chiropractic Services                           |
| ✓ Outpatient Surgeries                 | ✓ Ambulance Services                              |
| ✓ Home Healthcare                      | ✓ Durable Medical Equipment                       |
| ✓ Mental & Behavioral Health Services  | ✓ IV Therapies & Infusions                        |
| ✓ Substance Abuse Treatment            | ✓ Chemo & Radiation Therapy                       |
| ✓ Dependent Pregnancy                  | ✓ In-Office Physician Procedures                  |
| ✓ HSA Compatibility                    | ✓ <b>No Exclusion for Pre-Existing Conditions</b> |

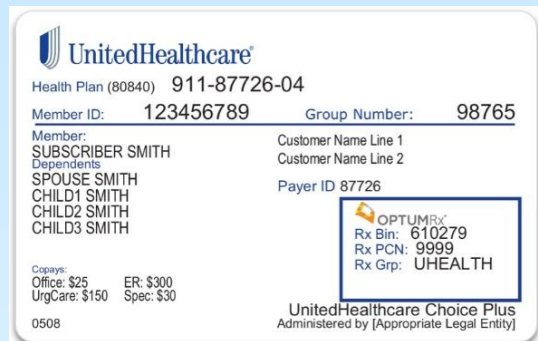
## Non-Covered Services <sup>1</sup>

- |  |   |
|--|---|
| ✗ Office Copays/Physician Consult Fees | ✗ Services Excluded from Major Medical                      |
| ✗ Rx Copays: Tier 1, 2, 3 & 4          | ✗ Preventative Wellness Services (Covered by Major Medical) |

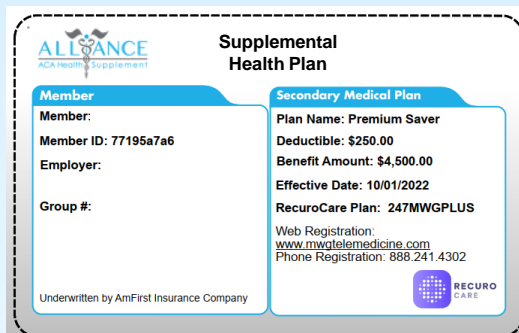
<sup>1</sup> Benefit limitation and variations may apply based on the underwriting insurance carrier and State availability. This summary is intended to highlight various plan features and benefits available across multiple insurance carriers and is not specific to any single insurance carrier and/or State. Do not use this document to understand the exact coverage for certain conditions or services. For a complete list of covered services, limitations and exclusions - please reference to the Certificate of Coverage (COC), Schedule of Benefits, Riders and/or Amendments. If this summary conflicts with said insurance carrier documents, those documents are correct and will prevail.

# Claims Process Overview

## 1) Present Both Cards at Providers Office

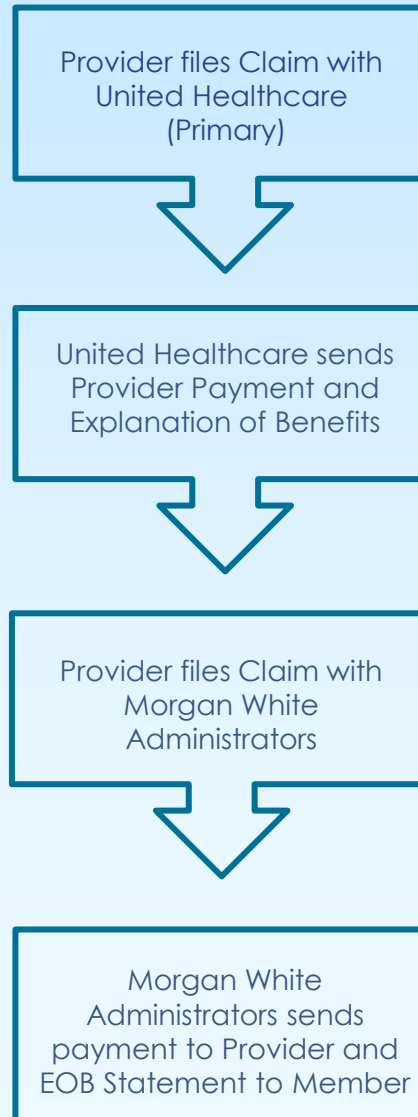


Major Medical Card



ACA Health Supplement Card

## 2) Provider Claims Process



## 3) Morgan White Member Portal

### How to Register:

Go to:  
[my.mwadmin.com/Register](http://my.mwadmin.com/Register)  
Group#

For benefits, eligibility or claims  
call 1-888-888-2519

### Step 1

1. Enter a **Username**
2. Provide a Valid **Email Address**
3. Create a **Password**

Click "Continue to Step 2" button.

### Step 2

1. Enter your **Last Name**
2. Enter your **Date of Birth**
3. Enter either the *last four* digits of your **Social Security** number, or the **Smart ID** found on your **ID Card**.

Click "Next" button to continue to the Dashboard



# AmFirst Insurance Company Pricing: Ages 18-64



Type Coverage	<u>\$1,000 CYD \$4,000 Benefit</u>	<u>\$1,500 CYD \$4,000 Benefit</u>	<u>\$2,000 CYD \$4,000 Benefit</u>	<u>\$1,000 CYD \$6,000 Benefit</u>	<u>\$1,500 CYD \$6,000 Benefit</u>	<u>\$2,000 CYD \$6,000 Benefit</u>
-	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Member	\$129.15	\$117.65	\$96.95	\$159.25	\$144.44	\$117.78
Member + Spouse	\$239.05	\$211.17	\$171.17	\$299.25	\$263.55	\$212.32
Member + Child(ren)	\$222.59	\$194.87	\$154.84	\$278.27	\$242.75	\$191.47
Family	<u>\$330.28</u>	<u>\$287.48</u>	<u>\$225.69</u>	<u>\$415.48</u>	<u>\$360.75</u>	<u>\$281.74</u>

\*Alliance ACA Health Supplement Rates Include Association Dues, Trust Fees, Telemedicine, GoodRx

\*Add 3% to Alliance ACA Health Supplement Premiums When Using A Credit Card Payment. No Additional Fee for ACH Bank Draft.

**\*Available States:**

**AL, AR, AZ, DE, FL, GA, IA, IL, LA, KS, KY, MS, MT, OK, RI, SC, WV**

**\*Pending States:**

**AK, CO, IN, MD, MI, NC, OH, TN, TX, MI, MO, NV, UT**

# Standard Life Insurance Company Pricing: Ages 18-64

Type Coverage	<u>\$1,000 CYD \$4,000 Benefit</u>	<u>\$1,500 CYD \$4,000 Benefit</u>	<u>\$2,000 CYD \$4,000 Benefit</u>	<u>\$1,000 CYD \$6,000 Benefit</u>	<u>\$1,500 CYD \$6,000 Benefit</u>	<u>\$2,000 CYD \$6,000 Benefit</u>
-	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Member	\$133.78	\$121.77	\$100.15	\$165.21	\$149.74	\$121.90
Member + Spouse	\$248.54	\$219.43	\$177.66	\$311.41	\$274.12	\$220.63
Member + Child(ren)	\$231.35	\$202.40	\$160.61	\$289.49	\$252.41	\$198.86
Family	<u>\$343.81</u>	<u>\$299.12</u>	<u>\$234.59</u>	<u>\$432.77</u>	<u>\$375.63</u>	<u>\$293.12</u>

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\*Add 3% to Alliance ACA Health Supplement Premiums When Using A Credit Card Payment. No Additional Fee for ACH Bank Draft.

**\*Available States:  
CA, CT, WI**

**\*Pending States:  
HI, MA, OR, WY**