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ENROLLMENT GUIDE

a look at your benefit choices



The Curves Franchisee Association Benefit Program

Curves Franchisee Association is pleased to offer our eligible members affordable limited benefit medical plans provided by The MyFranchise Association.

With the Curves Franchisee Association benefit plan you have the choice to enroll in one of two medical plans. These plans are designed to provide coverage for basic health care expenses and prescription drugs. You also have the ability to purchase a package of dental and vision benefits.

The first step in maintaining good health is having the ability to access medical care when it is needed. This program will allow you access to care. Please review this enrollment guide in order to decide which plan will best meet the needs of you and your family.

Eligibility Requirements

All active members of Curves Franchisee Association are eligible for the plans.

Key Features of the Plan

- Guaranteed Acceptance
- No Pre-existing Condition Limitations
- First Dollar Coverage: No Deductibles or Coinsurance
- No Network Use Required: Network Discounts Available
- No Coordination of Benefits: Pays in addition to other coverage

Enrollment Instructions

For your convenience, you will have access to The MyFranchise Association enrollment center. The enrollment center is staffed with customer service representatives who will answer questions regarding the benefits being offered or enroll you in coverage.

To Enroll Call 877-542-2072 extension 7 Today!

Enrollment center hours: 8:00 AM to 8:00 PM CST, Monday - Friday



CURVES FRANCHISEE ASSOCIATION

limited medical benefit plans
designed to give you affordable coverage

Limited Benefit Medical Plans

The curves Franchisee Association limited benefit medical plans, underwritten by Transamerica Life Insurance Company, provide first dollar coverage with no deductibles or coinsurance. Your acceptance in the plan is guaranteed with no pre-existing condition limitations. Benefits are paid directly to the provider, unless the member elects to be reimbursed by the insurance company. Please review the benefit summary to decide which plan meets the needs of you and your family.

LIMITED MEDICAL PLAN SUMMARY	BRONZE	SECURE
Doctor's Office Visits – Outpatient visit due to an illness or accident	\$300 per Person per Year, Plan Pays \$50 per Visit	\$600 per Person per Year, Plan Pays \$100 per Visit
Diagnostic Tests, X-rays and Lab Work – Outpatient visit for a diagnostic test, x-ray or lab work	\$150 per Person per Year, Plan Pays \$50 per Visit	\$800 per Person per Year, Plan Pays \$200 per Visit
Preventive Care – Outpatient visit for a routine physical exam	–	\$200 per Person per Year, Plan Pays \$200 per Visit
Emergency Room Sickness – Outpatient visit to an emergency room due to an illness	\$100 per Person per Year, Plan Pays \$50 per Visit	\$400 per Person per Year, Plan Pays \$200 per Visit
Surgical – Inpatient or outpatient procedure to repair a disease	–	Plan Pays up to \$2,000 per Surgery (According to a Schedule)
Anesthesia – Inpatient or outpatient procedure to lose feeling during surgery	–	Plan Pays 20% of Surgical Benefit
Hospital Indemnity – Inpatient hospitalization due to an illness or injury	30 Days per Person per Year, Plan Pays \$100 per Day	30 Days per Person per Year, Plan Pays \$500 per Day
Hospital Admission – Payment for the first day of an inpatient hospitalization	–	1 Confinement per Person per Year, Plan Pays \$500 per Confinement
Intensive Care Unit – Inpatient hospitalization in an intensive care unit	–	30 Days per Person per Year, Plan Pays \$500 per Day
Critical and Subsequent Critical Illness – Diagnosis for heart attack, cancer, stroke, etc.	Plan Pays \$2,500 Lump Sum	Plan Pays \$10,000 Lump Sum
Ambulance – Carrying to hospital due to an illness or injury	–	\$600 per Person per Year, Plan Pays \$200 per Occurrence
AWP Best Rx*	Included	Included
The MultiPlan Network*	Included	Included
New Benefits Health Service Discount*	Included	Included
TelaDoc*	Included	Included
Weekly Rates		
Member	\$12.52	\$36.48
Member + Spouse	\$17.62	\$61.61
Member + Child(ren)	\$15.73	\$57.20
Family	\$20.88	\$82.54

*The MultiPlan Network, AWP Best Rx program, TelaDoc and New Benefits Health Service Discounts require network use. See next page for details.

The MultiPlan Network, AWP Best Rx program, TelaDoc and New Benefits Health Service Discount program are not insured by Transamerica Life Insurance Company, but are provided by separate vendors and included in all of the limited benefit medical plans.

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prescription drugs, provider network,
TelaDoc and health service discounts



AWP Best Rx Pharmaceutical Program - Provided by Rx Options, Inc. (Included in both medical plans)

The AWP Best Rx pharmaceutical program saves you money and takes the guess work out of paying for prescription medications. This program segments brand name and generic drugs into three price classifications making it easier for members to consult with their physician to find the most effective medication at the lowest cost. Discounts also apply to drugs not listed in one of the tiers.

- Tier I: Select brand and generic drugs available for \$10 or less for the scheduled quantity and dose
- Tier II: Select brand and generic drugs available for \$20 or less for the scheduled quantity and dose
- Tier III: Select brand and generic drugs available for \$50 or less for the scheduled quantity and dose
- Non-Select brand and generic drugs receive discounts ranging from 10% to 60% depending upon the pharmacy, type and quantity of drug purchased
- Unlimited maximum annual benefit with no deductible to pay or claim forms to file
- Accepted at over 45,000 network pharmacies nationwide
- To locate a pharmacy in your area or find a drug's tier visit www.awpbestrx.com

MultiPlan Provider Network (Included in both medical plans)

The MultiPlan Network provides members access to one of the nation's largest and most respected networks. Members that use the MultiPlan providers will receive savings on Hospital and Physician services. Using the MultiPlan network can lower out-of-pocket medical expenses and stretch your benefit dollars.

- The MultiPlan network includes nearly 550,000 healthcare professionals, over 4,000 hospitals and more than 95,000 ancillary care facilities
- Average savings of nearly 39 percent on practitioner claims
- Network providers will submit re-priced medical claims on your behalf to simplify the claim process
- To find a network provider visit www.multiplan.com

Members have the ability to choose any provider they wish for treatment. The plan benefits remain the same regardless of what provider you visit for service.

New Benefits Health Service Discount Program (Included in both medical plans)

The New Benefits Health Service Discount Program saves members hundreds of dollars a year on health benefits. To find a provider in your area visit www.locateproviders.com.

- Nurse Hotline: Toll-free telephone access to experienced registered nurses, 24 hours a day, 365 days a year
- Personal Counseling Services: Confidential problem-solving services by experienced counselors
- Vision Discounts: Save 20% to 60% on prescription eyeglasses, 10% to 20% on contact lenses and 10% to 30% on eye exams and surgical procedures
- Chiropractic Discounts: Free initial consultation and up to 50% savings on services performed by over 3,000 providers nationwide
- Hearing Discounts: Free hearing screening at over 1,300 Beltone locations and 15% savings on hearing aids

TelaDoc (Included in both medical plans)

TelaDoc is a national network of licensed primary care physicians providing cross coverage consultations 24 hours a day, 365 days a year. Consulting physicians diagnose routine, non-emergency medical problems, recommend treatment and prescribe short-term medication over the telephone. Members simply make a phone call and, in most cases, speak to a doctor within three hours. For additional information on the TelaDoc program visit www.teladoc.com. TelaDoc treats patients 12 years of age and older.

- No consultation fees or unexpected charges
- Reduce the number of hours spent away from work
- Most medical issues can be resolved over the phone
- Prescriptions phoned into the member's local pharmacy



CURVES FRANCHISEE 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.

AlwaysCare Dental and Vision Plan		
Dental Coverage Summary		
Annual Deductible - Does not apply to class A and D services	\$50 per Person (3 per family)	
Annual Maximum	\$1,000	
Covered Services	Waiting Period	
Class A Fee Schedule - Preventive Services - Routine Exams, Prophylaxis, Bitewing X-rays, Fluoride Treatments, Sealants, Space Maintainers Emergency Treatment, etc.	None	
Class B Fee Schedule - Basic Services - Fillings, Simple Extractions, Endodontics, Periodontics, Denture and Crown Repair, Oral Surgery, etc.	None	
Class C Fee Schedule - Major Services - Crowns, Bridges, Dentures, etc.	12 Months	
Class D Schedule - Orthodontia Services - Dependent children to age 19 only - Maximum Annual Benefit: \$500 - Maximum Lifetime Benefit: \$1,000	12 Months	
Vision Coverage Summary	In-Network	Out-of-Network
Materials Only	\$25 Co-pay	See Below
Standard Lenses - Once every 12 months - Single Vision - Bifocal - Trifocal - Lenticular - Progressive	Covered by Co-pay Covered by Co-pay Covered by Co-pay \$80 Allowance \$70 Allowance	Up to \$25 Up to \$40 Up to \$50 Up to \$50 Up to \$40
Frames - Members choose from any frame at provider locations	\$100 Retail Frame	Up to \$50
Contact Lenses - Once Every 12 Months - In lieu of eyeglasses - Elective - Medically Necessary	Up to \$100 Retail Up to \$210 Retail	Up to \$100 Up to \$210
Weekly Rates		
Member	\$5.35	
Member + Spouse	\$10.71	
Member + Child(ren)	\$11.82	
Family	\$17.17	

Important Plan Information - Read Carefully

This enrollment guide is an overview of the benefit plans you are eligible for as a member of Curves Franchisee Association. A complete legal description for the plan is available upon request. If there is any discrepancy between this guide and the official plan documents, the plan documents govern. This plan is not major medical coverage. The plan is not intended to replace, nor do we recommend it replace any comprehensive program of insurance in which you participate, or are considering participation in.

CURVES FRANCHISEE ASSOCIATION

instructions to enroll in coverage
information you need when calling



Enrollment Instructions

Please complete the following questionnaire prior to calling 877-542-2072 extension 7 as you will be asked for this information. The enrollment center is available from 8:00 AM to 8:00 PM CST Monday through Friday.

Employer: _____ Date of Hire: _____

Name: _____ Social Security #: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Complete the following questions to enroll:

Do you want to enroll in medical coverage? Yes No

If so, which plan do you want? Bronze Secure

What level of coverage? Member Member + Spouse Member + Child(ren) Family

Do you want to enroll in the freestanding AlwaysCare Dental and Vision plan? Yes No

What level of coverage? Member Member + Spouse Member + Child(ren) Family

If you are enrolling dependents, please complete the following information:

Name: _____ SS#: _____ DOB: _____

Name: _____ SS#: _____ DOB: _____

Name: _____ SS#: _____ DOB: _____

Thank you for taking a moment to collect the requested information, Call 877-542-2072 extension 7 to enroll today!

TransChoice Plus Limitations and Exclusions

With respect to all of the benefits provided under this Certificate, no benefits will be payable as the result of:

In the event of suicide, the Company's liability may be limited to only the return of premiums paid; any intentionally self-inflicted injury or sickness; rest care or rehabilitative care and treatment (unless provided as a benefit on the Schedule of Benefits); immunization shots and routine examinations such as physical examinations, mammograms, pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings unless the Wellness Benefit is included; routine newborn care (unless covered under the Wellness Indemnity Benefit); the treatment of mental illness; functional or organic nervous disorder, regardless of cause (unless the daily Inpatient Mental and Nervous Benefit is shown on the Schedule of Benefits); alcohol abuse; and drug use, unless such drugs were taken on the advice of a physician and taken as prescribed (unless the daily inpatient Drug and Alcohol Benefit is shown on the Schedule of Benefits); participation in a riot, civil commotion, civil disobedience or unlawful assembly; committing, attempting to commit or taking part in a felony, or assault, or engaging in an illegal occupation; participation in an organized contest of speed, parachuting, parasailing, bungee jumping or hang gliding; air travel, except as a fare-paying passenger on a commercial airline on a regularly scheduled route, or as a passenger for transportation only and not as a pilot or crew member; any accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred); any procedure or treatment to change physical characteristics to those of the opposite sex and other treatment related to sex change; the reversal of tubal ligation or vasectomy; artificial insemination, in vitro fertilization and test tube fertilization, including any related testing, medications or physician's services, unless required by law; any loss incurred while on active duty status in the armed forces (if the insured notifies Transamerica of such active duty, Transamerica will refund any premiums paid for any period for which no coverage is provided as a result of this exception); accidents or sicknesses arising out of and in the course of any occupation for compensation, wage, or profit OR expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits has been made; air or ground ambulance transportation (unless the Ambulance Benefit has been included); routine eye examinations or fitting of eye glasses; hearing aids or fitting of hearing aids; dental examinations or dental care other than expenses resulting from an accident; care or treatment of an accident or sickness not specifically provided for in the plan; with respect to the Off-the-Job Accidental Injury Benefit only, charges that the insured is not legally required to pay, or charges which would not have been made if this coverage had not existed; or treatment of an accident or sickness made necessary by or arising from war, declared or undeclared, or any act of war.