



Gap Accident



15814 Champion Forest Dr #260, Spring, Tx 77379

AMEtrust.org | contact@ametrust.org

Customer Service: 877-414-5434

Introducing Protection+ A new way to get healthy!

GAP Coverage



GAP coverage bridges the divide between what your health insurance will cover and what you're expected to pay. It can reduce or even eliminate the out-of-pocket expenses you or your family might face as the result of an injury or sickness. Protection+ not only provides you with greater protection than a traditional gap coverage, but it adds unique health benefits that reward you for taking an active role in your well-being.



GAP Benefits

Inpatient

This benefit will pay you when you experience any sickness or injury that requires you to be hospitalized for at least 24 hours

Outpatient

This benefit pays you when you receive certain medical treatments that don't require a hospital stay, like an MRI or a visit to the emergency room.



Protection+ Benefits

Outpatient Screening & Diagnostic

This benefit pays you when you undergo a screening procedure like a biometric screen, cholesterol test, or health risk assessment.

Outpatient Treatment

This benefit pays you for receiving a variety of healthcare treatments. This can include consulting a qualified healthcare professional, adhering to medication refills or seeing the dentist.



Paying for your policies

Participating in health screening and treatments qualify you to receive claim payments from your Protection + Plan. These payments offset the cost of your Protection+ Plan, making excellent coverage much easier to afford

Affordable plans with the easiest claims you've ever filed.
That's the **AME Trust** Promise.

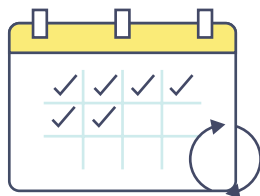


HOW Protection + WORKS



Ed has Protection+

Each month Ed can consult his personal dietitian and refills his blood pressure medication, he receives monthly payments for receiving and engaging in his Health Screening and Health Treatment Benefits.



Wellness Reimbursements are made on Ed's Check by his Employer.



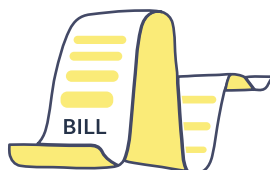
Ed also gets additional coverages.

Since he's enrolled in Protection+, Ed also gets an Accident plan without reducing his take-home pay.



One day, Ed has an accident.

He falls down a flight of stairs, and is admitted to the emergency room where he undergoes an MRI and is diagnosed with a concussion.



Ed could have to pay his maximum out-of-pocket deductible.

Since Ed hasn't met his health insurance deductible for the year, he could be expected to pay up to his maximum out-of-pocket for his treatment.



AME bridges the GAP

Ed's Protection+ GAP Plan covers him for \$2,500. On top of that, his AME Accident Plan will pay him \$300 for his emergency room treatment, \$300 for his MRI and \$450 for suffering a concussion –regardless of his medical expenses.

Affordable plans with the easiest claims you've ever filed.
That's the AME Promise.



GAP Coverage

\$2,500 Annual coverage

We will pay Hospital Inpatient Benefits equal to 100% of any deductibles or coinsurance for which You are responsible under Your Primary Medical Policy, up to the Maximum Annual Inpatient Benefit each plan/calendar year, for You or a Covered Person's Inpatient Hospital Stay covered under Your Primary Medical Policy. This benefit is subject to the Inpatient Calendar Year Deductible, if any.

HOSPITAL IN-PATIENT BENEFITS

Expenses incurred during an Inpatient Hospital Stay are covered under the Hospital Inpatient Benefit, including:

- Hospital charges for room and board
- Hospital miscellaneous charges including operating room, equipment, supplies, and drugs
- Intensive Care unit charges
- Physician charges incurred during the stay.

When filing a claim, it is necessary to submit the Explanation of Benefits provided by Your Primary Medical Policy, or other documentation showing amounts for which You are responsible for under Your Primary Medical Policy.

HOSPITAL OUTPATIENT BENEFITS

We will pay Outpatient Benefits for expenses applied to your deductibles or coinsurance as outlined below for which You are responsible under Your Primary Medical Policy and not covered under the Health Screening and Diagnostic Benefit or the Health Treatment Benefit, up to the Maximum Annual Outpatient Benefit each calendar year, for You or other Covered Person who is covered under the Primary Medical Policy.

Expenses for Outpatient Benefits include:

- Facility and Physician expenses for outpatient surgery in a Hospital or free-standing outpatient surgery center
- Facility and Physician expenses for outpatient diagnostic testing in a Hospital or free-standing imaging facility or free-standing laboratory
- Hospital and Physician expenses for treatment in an emergency room
- Hospital and Physician expenses for other outpatient treatment in a Hospital

When filing a claim, it is necessary to submit the standard Health Insurance Claim forms in addition to the Explanation of Benefits provided by Your Primary Medical Policy, or other documentation showing amounts for which You are responsible for under the Primary Medical Policy.

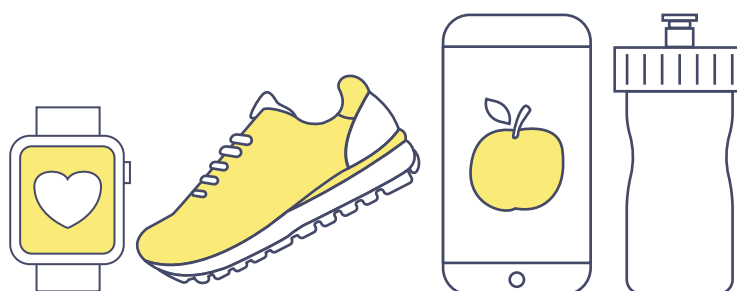


What You Get

HEALTH SCREENING & DIAGNOSTIC BENEFIT

Monthly Benefit Amount of \$1,205 reimbursed by your employer on your check for your enrollment and participation in the Protection+ Plan

- Biometric Screening monitored by trained Healthcare Professionals
 - Health Risk Assessments administered by trained Healthcare Professional
 - Health Reports for specific diagnoses from a trained Healthcare Professional
 - Data Analytics per individual's health condition
 - Blood screenings for cardiovascular and/or diabetic conditions
 - Triglycerides
 - Blood Pressure Screening
 - Fasting blood glucose test
 - Serum cholesterol test to determine HDL/ LDL
 - Stress test
 - Dental X-Rays
 - Metabolism Test
 - Ophthalmologist/Optometrlist Evaluation
 - Psychoanalysis/Psychologist/ Psychiatric Evaluation
 - Doppler screening for carotid/ peripheral vascular disease
- **Cancer Screenings**
 - Breast ultrasound
 - CEA blood test for colon or cervical cancer
 - HPV
 - Colonoscopy
 - Bone Marrow
 - PAP Test
 - Hemocult Stool Analysis
 - Mammography
 - Chest X-Ray
 - Serum Protein Electrophoresis
 - Biopsy for Skin Cancer
 - Flexible Sigmoidoscopy





What You Get

HEALTH TREATMENT BENEFITS

We will reimburse expenses, through your Allied Wellness claim payment, as outlined below up to the Maximum Annual Health Treatment Benefit each year, for You or other Covered Persons who are covered under the Primary Medical Policy for:

- Physician or Chiropractic consultation
- Chiropractic Consultation
- Licensed Healthcare Professional Initial Consultation for Specified Diagnosis
- Licensed Healthcare Professional Follow-up Consultation for Specified Diagnosis
- Registered Nurse consultation
- Dental Examination
- Prescription Medication Adherence, Including Refilling as Recommended
- Prescription Vitamin Treatment Adherence
- Treatment for Alcoholism/Addiction
- Treatment from Psychologist/Psychiatrist
- Insulin Treatment
- Acupuncture Treatment
- Vaccinations Biometric Screening monitored by trained Healthcare Professionals

DISCLAIMERS

When filing a claim, it is necessary to submit the standard Health Insurance Claim forms in addition to the Explanation of Benefits provided by Your Primary Medical Policy, or other documentation showing amounts for which You are responsible for under the Primary Medical Policy.

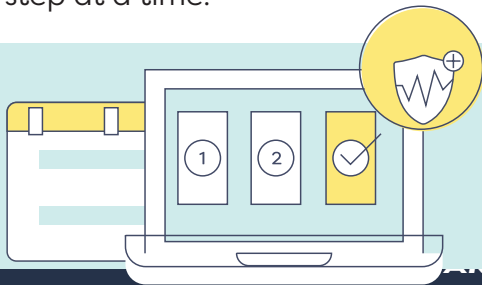
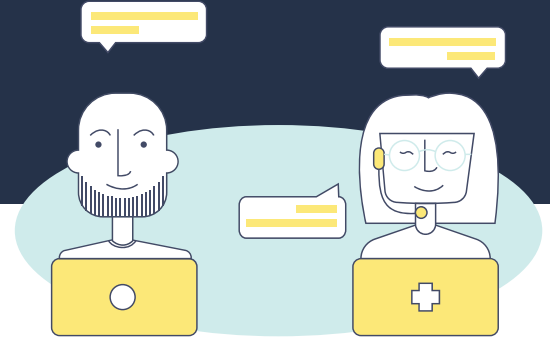
*Covered members of this plan varies based upon enrolled coverage type. Employee only coverage covers one member, employee/spouse or employee/child(ren) covers up to two times the benefits amounts and employee family covers up to three members. Any covered dependents may share in the total benefits amount allowed per plan year. However total benefits paid can not exceed each benefit limit.

This plan does not cover expenses that are not medically necessary and do not result from the treatment of an illness or an injury; physician office visit charges, pharmacy benefits, charges for well newborn care after birth; durable medical equipment, unless it was dispensed to the insured person in the hospital, pregnancy for a dependent, other than a covered dependent spouse; confinement or other covered treatment for dental or vision care that is not related to an accidental injury; expenses related to the treatment of mental or nervous disorders; expenses related to treatment of alcoholism, drug addiction, or complications thereof; *HEALTH SCREENING, DIAGNOSTIC, and TREATMENT BENEFITS are annualized benefits that are distributed equally based on your annual pay schedule with your employer.

Allied Wellness

Allied Wellness consolidates multiple services to help you improve your health. You have the freedom to engage in whatever services best fit your lifestyle. Everyone has a different path to wellness, so whether you want to sprint or stroll to better health, we've got the tools to get you there.

We can help you manage chronic conditions like diabetes or hypertension, give you an outlet to manage anxiety or stress, help you develop a meal plan and workout routine to lose weight, or even help you quit smoking. No matter what your goal is, we'll guide you towards success one step at a time.



If you are enrolled in HIP+, you can receive your monthly claim payments by engaging in any of the services offered by Allied Wellness

Health Screening

We have partnered companies like InBody®, Sudoscan® and Higi® to offer biometric screenings for members, which allows us to establish a baseline for your health. All information is kept confidential and secured in our HIPAA compliant database. The data can only be accessed by your health coach, which utilizes it to create a launching point for your journey towards better health.



Helps detect and address the root cause(s) of health issues, rather than simply treating the symptoms

Qualified Healthcare Professionals

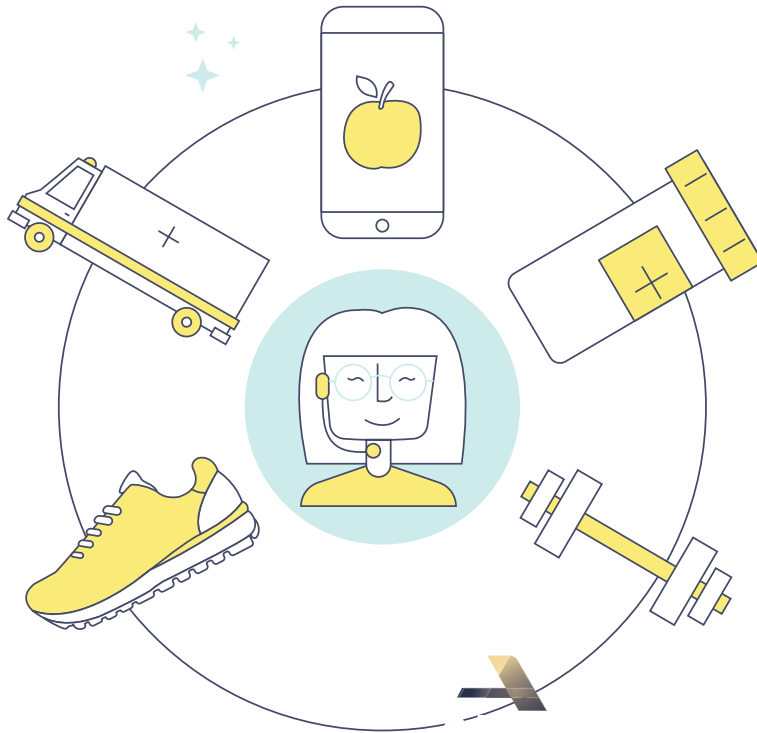
Allied Wellness provides you with unlimited access to qualified healthcare professionals such as registered dietitians, registered nurses and even therapists. Through regular consultations, these healthcare professionals will provide you with guidance, support and custom-tailored plans that fit your lifestyle.

Telemedicine

Telemedicine is a unique service that provides you with 24/7 access to doctors from your smart phone, tablet or computer. Within minutes, you can be connected to a physician that can provide consultations, prescriptions, guidance or referrals for follow-up care.

Employee Assistance Program (EAP)

EAP offers several great resources including telephonic counseling sessions with licensed mental health counselors for various topics (anxiety, depression, stress, grief, relationships, addiction, etc.), legal services, financial services, family caregiving services, and more!



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