



Southern
Consumers
Alliance

**Pearl Level
Membership Overview**

Working For You!

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An Important Message for Members

Dear Member:

The Southern Consumers Alliance serves thousands of small business owners, self-employed individuals, their employees, and families all across America. Whether you own your own small business, are an employee of a small business, or you support the idea of free enterprise, SCA applauds your entrepreneurial spirit and is committed to helping you keep more of your hard-earned money.

SCA leverages the collective purchasing power of our Membership to provide a wide range of benefits, discounts, and privileges. The benefits and privileges of SCA Membership are specially selected to meet the unique needs of our Members.

Benefits for Your Professional Life

For Members who are entrepreneurs and small business owners, SCA offers important business benefits and resources to help get the job done on time and under budget.

Benefits for Your Personal Life

For Members who are cost-conscious consumers, SCA provides money-saving discounts on everyday items to help stretch the household budget further.

Benefits for Your Health and Well-Being

For Members who are concerned about their health and well-being, SCA delivers a wide variety of medical, fitness and therapeutic resources to help every Member look and feel their best.

In addition to large group purchasing power and targeted benefits, SCA is "Working for You" for its Members to gain access to some of the most flexible, money-saving innovations for health coverage in America. In addition to the blanket coverage for all Members, SCA offers interested Members access to unique and innovative underwritten insurance plans that may not be available to the general public, such as the:

- Ability to tailor your health coverage, ensuring that you only pay for the coverage you want and need
- Ability to increase the benefits of coverage on certain plans without additional underwriting, even during a claim

SCA is focused on enhancing three key areas of your life - your career, your personal life and your general health - by removing the financial and knowledge hurdles you face every day. We encourage you to begin using your benefits today, and discover the difference SCA membership can make for you.

Sincerely,
Southern Consumers Alliance



Associations of all types have been a central part of American society since our country began.

"Americans of all ages, all stations in life, and all types of disposition are forever forming associations. There are not only commercial and industrial associations in which all take part, but others of a thousand different types - religious, moral, serious, futile, very general and very limited, immensely large and very minute At the head of any new undertaking, where in France you would find the government or in England some territorial magnate, in the United States you are sure to find an association."

Alexis de Tocqueville
Democracy in America, 1835

Membership available to the residents of the state of Florida.

SCA Advocacy

Advocacy for Small Business

As an association, we have joined forces with other small business organizations to represent you and the interests of small-business owners, the self-employed and their employees in Washington, D.C. Our top priority is increasing the voice of American business owners and their employees. We believe frank communication on a regular basis with congressional leaders helps to promote legislation targeted toward job creation, fairness in the tax code and fostering an environment which allows American small businesses to prosper. We are striving for our members to have an additional seat at the table.



Employee Talk

Answers to Employment Questions

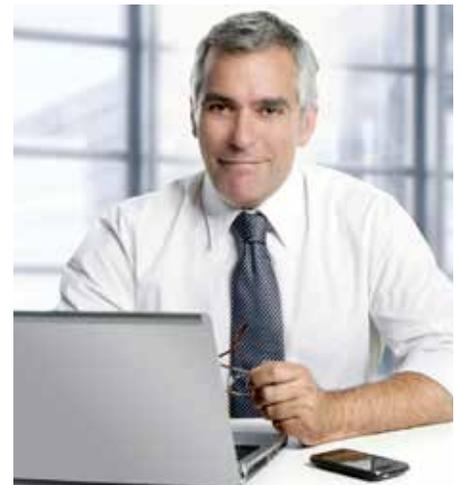


Get reliable answers to your pressing business and human resource questions. Employee Talk consultants will answer your questions via email by the next business day. The members-only Employee Talk page on the SCA website features video guidance from experts, answers to frequently asked questions, and additional helpful links for your small business employment issues.

Finance Talk

Expert Financial Advice

Should you lease your next car or should you buy it? Should you pay off your mortgage or invest in mutual funds? Are you saving enough for retirement? These are only a few of the many finance questions that you must answer every day. With SCA's Finance Talk, you are no longer alone in finding the answers. SCA provides access to a team of experienced finance professionals to help you with any finance question you might have. Simply submit your confidential question and receive a personal and specific answer by the next business day.



HRA 105

Health Reimbursement Arrangement for the Self-Employed With Only One Employee

The average married, self-employed sole proprietor with no employees, but whose spouse works in your business can **save over \$3,000** in taxes by having a Health Reimbursement Arrangement under §105 of the Internal Revenue Service Code (HRA 105).*

If you are self-employed, married, your spouse works in your business, and you have no other employees, you may already qualify for an HRA 105 if you pay for any of the following medical-related expenses:

- Essential Health Benefits Plan
- Excepted Benefit Health Plan premiums
- Over the counter medications
- Eyeglasses
- Reimbursement of Deductibles and Copayments
- Reimbursement of the following items not covered by your insurance:
 - › Chiropractic care, Podiatrist care, Dental care, Prescriptions, Eye exams and other vision care, Physician Office visits, Diagnostic Screenings, Lab and Tests, Acupuncture

The HRA 105 benefit provides the married self-employed business owner **the ability to deduct 100% of their family's health insurance premiums as well as 100% of their non-insured medical expenses** from state, federal and self-employment taxes. The SCA HRA 105 is easy to adopt, provides maximum flexibility for your business, and can help you save thousands of dollars starting right now.

If you are a married, self-employed business owner, how much could your family save with an HRA 105 plan?

	Standard Deduction	105/HRA Deduction
Health Insurance Premiums:	\$4,800.00	\$4,800.00
Out-of-Pocket Expense:	\$0.00*	\$7,500.00
Total Deduction:	\$4,800.00	\$12,300.00
Federal Tax Savings:	\$720.00	\$1,845.00
State Tax Savings:	\$0.00	\$0.00
Self-Employment Tax Savings: (Social Security & Medicare)	\$0.00	\$1,881.90
Total Tax Savings:	\$720.00	\$3,726.90
Additional HRA Tax Savings:	\$0.00	\$3,006.90
Monthly Premium:		\$400.00
Total Tax Savings Per Month Including HRA Deduction:		\$310.58
Monthly Premium After Tax Savings:		\$89.42
Above Example Assumes:		
Annual Health Insurance Premium Costs:		\$4,800.00
Annual Out-of-Pocket Medical Costs (excluding Premium):		\$7,500.00
Federal Tax Rate:		15%
State Tax Rate:		0%
Self-Employment Tax Rate:		15.3%
* Must exceed 10% AGI. Values are estimates only, your results may vary		

SCA makes starting an HRA 105 plan easy for our sole proprietor members. The set of HRA plan documents available on the SCA website is specifically designed for only a married sole proprietor with no employees, but whose spouse performs some services for the business.* This set of documents should not be used by any employer with more than one employee. If you still have questions or need additional clarification, CPAs will answer your HRA 105 questions by email within the next business day.

*New federal regulations limit the use of HRA §105 plans to an employer with only one employee, unless the employer (i) offers a coverage under a group health plan that provides “minimum essential coverage” under the Affordable Care Act (“ACA”) to all employees within the affordability standards of the ACA, or (ii) the HRA plan itself provides at the employer’s expense “minimum essential coverage” under the ACA. The set of HRA documents available on the SCA website was not designed or intended for use by any employer with more than one employee, and should not be used for such purposes by any employer with more than one employee. If you are an employer with more than one employee, you are strongly urged to seek advice from your CPA or attorney before considering adopting any HRA plan for your employees because of the limitations of these new federal regulations.

The set of HRA plan documents available on the SCA website is specifically designed for a married sole proprietor with no employees, but whose spouse performs some services for the business. This set of documents should not be used by any employer with more than one employee.

Tax Talk

Answers to Tax Questions

From Schedule C to Form 941, SCA Tax Talk consultants can answer your tax questions quickly, so you can get on with building your business. All questions are answered by a Certified Public Accountant via email by the next business day. SCA provides access to CPAs and tax professionals 24 hours a day, 7 days a week to answer your specific tax questions. You may have questions about auto deductions, the home office deduction or how to calculate depreciation. You may have questions about which entity form to choose, filing requirements and estimated taxes. If you have a tax question, you can find your answer here. Simply submit your confidential question and receive a personal and specific answer by the next business day.





1-800-Flowers Discount

Gifts & Flower Arrangements

As an association member, you can save 15%* when you order flowers and/or gifts from 1800Flowers.com, one of America's top providers of floral and specialty gifts.

You'll enjoy top-quality customer service with same-day delivery on many items. 1800Flowers.com and its gourmet food brand, 1800baskets.com, offers a wide range of gifts: flowers, plants, plush toys, and balloons, plus gourmet food, gift baskets, cookies, brownies, popcorn, fruit, wine and spa products. Whether for Get Well, New Baby, Just Because or Bereavement, 1800flowers.com has the right give for the right occasion.

*Prices & Discounts are exclusive of applicable service and shipping charges and taxes. Items may vary and are subject to availability, delivery rules and times. Offers available online and by phone. Offers cannot be combined, are not available on all products and are subject to restrictions, limitations and blackout periods. Prices and charges are subject to change without notice. Void where prohibited. © 2011 1800FLOWERS.COM, INC

Safelite® AutoGlass

Vehicle Windshield Repair & Replacement

Association members can save \$10 on rock chip repair or \$20 on glass replacement orders through Safelite AutoGlass.

Safelite has more than 70 years of experience providing windshield and auto glass service to 6 million customers each year. Not only do they have certified technicians who can get the job done quickly, their auto glass service uses innovative technology and is built for your convenience.



LifeLock Identity Theft Protection

Personal Identity Theft Protection

You could miss certain identity threats by just monitoring your credit. We will see more, like if your personal information is sold on the dark web. And if there's a problem, we'll work to fix it. Get 30 Days Free and 10% off your first year of LifeLock identity theft protection.*

**Terms Apply*



Roadside Assistance

24 Hour Emergency Roadside Assistance

The Roadside Assistance Benefit is provided by Roadside Protect Motor Club. Whenever you need roadside assistance for your vehicle, call our toll-free number at 1-888-633-2414 twenty-four (24) hours a day to request dispatch service and the Roadside Assistance Administrator will arrange to send help to your disabled vehicle from a participating facility.

All expenses covered under the Roadside Protect Program are limited to Fifty Dollars (\$50.00) for any single claim and one claim per continuous 7 day period. Any additional expenses beyond this limit will be your responsibility to pay to the Roadside Contractor.



SCA Scholarships

Educational Scholarships Program

The *America's Next Business Leaders Scholarship Program* will provide scholarships for the eligible children and grandchildren of SCA members. More details about the scholarship program will be summarized annually in the newsletter and on the SCA website.



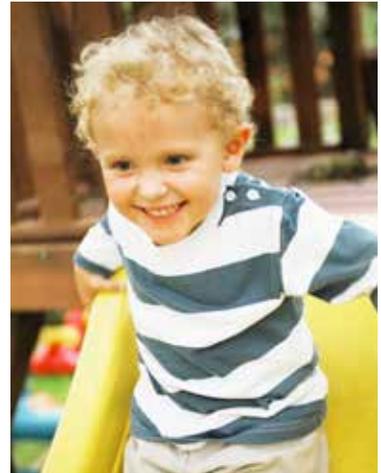
SafetyNet Child ID Card Services

Child Identification Services

You can't be with your children all the time – especially when they go to school – but you can provide additional protection for those times when they're not with you.

By registering your children with SafetyNet Child ID Card Services, authorities will be able to provide faster, more complete help to your child should he/she be missing or abducted. For each child you register, you'll receive two wallet-sized cards showing the child's photo and vital statistics, including identifying marks and special medical needs. The card also provides instructions for parents on how to quickly notify authorities if an abduction occurs.

Best of all, registration of your first two children is FREE as part of your Association membership. Registration of additional children is available for a nominal fee.



Saving Benefit Perks Program

Discounts and Exclusive Perks

Saving Benefit Perks Program provides association members with exclusive perks and over \$4,500 in savings on everything from pizza and the zoo, to movie tickets, oil changes, hotels, and car rentals!

And, with over 102,000 available discounts across 10,000 cities in the United States and Canada, you'll never be far from savings!



4 Tips To Get You Started

- 1. Easy Mobile Access:** Drop an app icon on your phone or download our iPhone app
- 2. Perks 101 Support:** Register for the next perks webinar and watch our "How To" videos
- 3. Monthly Emails:** Subscribe to our newsletters and be the first to know about new discounts and giveaways
- 4. Connect:** Share your savings stories and ideas with us at [Facebook.com/Abenity](https://www.facebook.com/Abenity) and [Twitter.com/Abenity](https://www.twitter.com/Abenity) using #LifeHasPerks



Nearby Offers

Use our show & save mobile coupons to quickly access savings on the go.



Mobile Access

Save an app icon to your phone's home screen for quick access to discounts.



Monthly Giveaways

Win cash, movie tickets, electronics and more with our monthly contests.

Abenity.

24-Hour Nurse Helpline Plan

Nurse Advice

The 24-Hour Nurse Helpline is designed to help members become more informed about their healthcare. The Nurse Helpline is a 24/7 confidential telephone service that allows members to ask questions and receive information about their health, illnesses and medications. There is no cost to use the Helpline.

Members have unlimited access to registered nurses via a toll-free number 24 hours a day, 365 days a year. These nurses are specially trained to offer prompt, confidential medical counseling to help members make informed decisions about their health and the medical care they receive. However, our nurses do not diagnose or provide treatment.

The benefits include:

- **Toll-free, confidential availability to registered nurses 24 hours a day.**
- **Explanations on what to expect during medical tests**

Help from a registered nurse who can answer questions regarding:

- **Diagnostic and surgical procedures**
- **Recently diagnosed medical conditions**
- **Prescription and over the counter medication information**

This is not insurance.



Blanket Insurance Coverage Benefits - Excess Medical Expense and Accidental Death and Dismemberment (AD&D) Coverage

Coverage commences for Members immediately following the receipt, by the association, of the Membership enrollment application and the payment by the Member of the first month's dues and continues as long as dues are paid, subject to the company's right to adjust future premiums and cancel coverage. Coverage is underwritten and administered by Freedom Life Insurance Company of America in Florida. This coverage is not available to members who are residents of any other states. Coverage is subject to the definitions, terms, limitations and exclusions contracted in the blanket policy.

Benefits*	Pearl
Lifetime Policy Maximum Benefit per Membership	\$5,000

Accidental Death & Dismemberment (AD&D) Benefits	Pearl
Accidental Death & Dismemberment (AD&D) Maximum Benefits* Primary Member	\$5,000
Spouse of Primary Member (if listed on the Membership Enrollment Application or later added, recorded and acknowledged by the association)	\$2,500
Eligible Dependent Children of Primary Member** (if listed on the Membership Enrollment Application or later added, recorded and acknowledged by the association)	\$1,250 per child

LOSS

Percentage of Maximum Benefit

Loss of Life.....	100%	Loss of Hearing (<i>both ears</i>)	50%
Loss of two or more Limbs.....	100%	Loss of Sight (<i>one eye</i>)	50%
Loss of Speech and Loss of Hearing (<i>both ears</i>)	100%	Loss of one Hand	50%
Loss of Sight (<i>both eyes</i>)	100%	Loss of one Foot	50%
Loss of one Limb	50%	Loss of Hearing (<i>one ear</i>)	25%
Loss of Speech	50%	Loss of Thumb and Index Finger (<i>same hand</i>)	25%

Excess Medical Expense Coverage Benefit	Pearl
Benefit per accident for each Covered Member	\$1,000
Deductible per accident per Covered Member	\$100

*The Maximum Benefit reduces by fifty percent (50%) at age sixty-five (65).

**Eligible Dependent Children of Primary Member means an unmarried dependent child of the Primary Insured who is under the age of nineteen (19) years (twenty-four (24) if enrolled as a Full-Time Student).

Coverage is subject to the definitions, terms, limitations, and exclusions as contracted in the Blanket Group Policy form BACC-2012-P-FLIC.

SCA Health & Well-Being Benefits

Note: The Excess Medical Expense Coverage Benefit is payable for expenses under this plan in excess of coverage under any other valid insurance coverage, accident medical expense benefits or health benefit plan coverage, including but not limited to coverage or benefit entitlement under or pursuant to an uninsured/underinsured motorist coverage, personal injury protection coverage under any automobile policy, comprehensive major medical insurance, hospital/medical surgical insurance, other indemnity health insurance, health coverage under an HMO or PPO plan, workers compensation medical expense benefits, FELA medical expense benefits, Jones Act medical expense benefits and Medicare.

Claims for benefits shall be administered based on the Blanket Group Policy issued to Southern Consumers Alliance. A copy of the Blanket Group Policy is available from the association upon request. For Claim Assistance, contact:

Freedom Life Insurance Company of America
Southern Consumers Alliance
Blanket Coverage Claims Unit
P.O. Box 1719 Fort Worth, TX 76101 1-800-387-9027

BLANKET GROUP EXCESS MEDICAL EXPENSE AND AD&D LIMITATIONS AT A GLANCE

In addition to any other provisions of the Blanket Group Policy Benefits and coverage are limited as follows:

- Coverage for AD&D and Excess Medical Expense commences on the Primary Insured Effective Date for each Primary Insured;
- The Lifetime Policy Maximum Benefit is as shown on the preceding page;
- The AD&D Maximum Benefit for the Primary Insured is as shown on the preceding page;
- The AD&D Maximum Benefit for the Spouse of Primary Insured is as shown on the preceding page;
- The AD&D Maximum Benefit for the Children of Primary Insured is as shown on the preceding page;
- The Excess Medical Expense Coverage Maximum Benefit is as selected in writing by the Blanket Group Policyholder prior to the Issue Date;
- The maximum dollar amount recoverable by an Insured for AD&D is the applicable AD&D Maximum Benefit, regardless of the number of Accidents or Bodily Injuries sustained by an Insured; and
- The applicable AD&D Maximum Benefit and the Excess Medical Expense Coverage Maximum Benefit automatically reduce by fifty percent (50%) on the sixty-fifth (65th) birthday of the Primary Insured and Spouse of Primary Insured.

BLANKET GROUP EXCESS MEDICAL EXPENSE AND AD&D NON-COVERED ITEMS AT A GLANCE

The Blanket Group Policy does not provide any Benefit, coverage or payment for any loss caused by, in whole or in part, contributed to or resulting from, directly or indirectly, any of the following incidents, events, occurrences or activities involving such Insured Member:

- war, or any act of war, regardless of whether war is actually declared;
- serving in one of the branches of the armed forces of any foreign country or any international authority;
- such Insured Member being intoxicated or under the influence of alcohol or any drug, narcotic or hallucinogens, unless administered via a prescription and on the advice of a Provider, and taken in accordance with the limits of such advice;
- intentionally self-inflicted Bodily Injury;
- suicide or any attempt thereof, while sane;
- Sickness;
- travel by or participation in aviation, except as a fare-paying passenger traveling on a regular scheduled commercial airline flight;
- engaging in and being charged with any felony criminal offense;
- a Bodily Injury occurring outside the borders of the United States of America or its territories;
- the unintended or accidental results of any surgery or operation performed either for cosmetic purposes or in an attempt to surgically treat any Sickness;
- intentional inhalation or ingestion of any poison, gas or fumes;
- expenses Incurred for the diagnosis, care or treatment of Mental and Emotional Disorders, Alcoholism, and Drug Addiction/Abuse;
- participating, as driver or passenger, in any competition, race or speed contest, including sanctioned practice thereof, of any land or water vehicle;
- expenses Incurred as a result of a Bodily Injury that are in excess of the Usual and Customary expenses Incurred for Medically Necessary treatment of such Bodily Injury;
- expenses Incurred for the Medically Necessary treatment of a Bodily Injury for which the Insured Member has no legal liability and responsibility for payment;
- expenses Incurred for the Medically Necessary treatment of a Bodily Injury that are covered under any other valid insurance coverage, accident medical expense benefits or health benefit plan coverage (e.g. uninsured/underinsured motorist coverage, personal injury protection coverage under any automobile policy, comprehensive major medical insurance, hospital/medical surgical insurance, other indemnity health insurance, health coverage under an HMO or PPO plan, workers compensation medical expense benefits, FELA medical expense benefits, Jones Act medical expense benefits and Medicare);
- a scheduled Benefit under Accidental Death & Dismemberment Coverage or an expense under Excess Medical Expense Coverage that exceeds the amount of the Lifetime Policy Maximum Benefit;
- the operation by such Insured Member of any motor vehicle without the permission/consent of the owner of such vehicle;
- the operation by such Insured Member of any motor vehicle without a valid operator's license/permit; and
- bacterial or viral infection, except such infection occurring with or through a cut or wound in the skin sustained in an Accident or the accidental ingestion of contaminated material.

Blanket Group Specified Disease/Illness & Accident Insurance

Blanket Group Specified Disease/Illness and Accident Insurance is available to paid Members of SCA for the Primary Member, Spouse of the Primary Member, and Eligible Dependent Children* of the Primary Member. Coverage commences for Members immediately following the receipt, by the association, of the Membership enrollment application and the payment by the Member of the first month's dues and continues as long as dues are paid, subject to the Company's rights to adjust future premiums and cancel coverage. Coverage is underwritten and administered by Freedom Life Insurance Company of America in Florida. This coverage is not available to members who are residents of any other states. Coverage is subject to the definitions, terms, limitations and exclusions contracted in the Blanket Group Policy.

SCA Blanket Group Specified Disease/Illness Insurance Benefits & Blanket Group Accident Insurance Benefits

Specified Disease/Illness Plan	Accident Plan	Benefit Description	Pearl
✓	✓	Hospital Room & Board Expenses Incurred	
		Daily Max Up To 30 days	\$100
✓	✓	Elimination Period	1 day
✓	✓	Lifetime Policy Maximum Per Insured	\$1,000,000

Benefits also include:

Outpatient Medical Foods - Inherited Metabolic Disorders Benefit - 50% of expenses incurred daily for Medical Foods received on an Outpatient basis, Up to \$5,000

Outpatient Diabetes - Membership Year Maximum up to \$15 for each of the following: Outpatient Diabetes Equipment, Outpatient Diabetes Self-Management Training, and Outpatient Diabetes Supplies

**Eligible Dependent Children of Primary Member means an unmarried dependent child of the Primary Member who is under the age of nineteen (19) years (twenty-four (24) if enrolled as a Full-Time Student). A Full-Time Student means an individual, under the age of twenty-four (24), who is enrolled in at least twelve (12) credit hours per semester at an accredited college or university.*

The Blanket Group Specified Disease/Illness and Accident Insurance forms BLKACCUP2-2014-P-FLIC; and BLKSDUP2-2014-P-FLIC are underwritten and issued by Freedom Life Insurance Company of America and issued to SCA. The Blanket Group coverage is available to each individual enrolled member of SCA who has timely and properly paid their monthly dues to SCA and who has been identified by SCA to Freedom Life Insurance Company of America as an authorized and enrolled member of SCA. The Blanket Group Specified Disease/Illness and Accident Insurance is subject to the definitions, terms, conditions, limitations, and exclusions set forth in the master group policy, issued to SCA, which is summarized and provided in your membership materials and terminates at the end of the policy period of the master group policy issued to SCA unless renewed by the mutual agreement of SCA and Freedom Life Insurance Company of America. THE COVERAGE UNDER THE BLANKET GROUP SPECIFIED DISEASE/ILLNESS & ACCIDENT INSURANCE POLICIES DOES NOT PROVIDE MAJOR MEDICAL INSURANCE COVERAGE, AND IS NEITHER MINIMUM ESSENTIAL COVERAGE UNDER FEDERAL LAW NOR WORKERS' COMPENSATION INSURANCE UNDER STATE LAW. THESE POLICIES PROVIDE ONLY SPECIFIED DISEASE/ILLNESS AND ACCIDENT-ONLY INSURANCE COVERAGE THAT PAYS IN ADDITION TO ANY OTHER IN-FORCE COVERAGE. IF INSURED DO NOT HAVE MINIMUM ESSENTIAL COVERAGE UNDER FEDERAL LAW, AN ADDITIONAL PAYMENT WITH THEIR TAXES MAY BE REQUIRED UNDER FEDERAL LAW.

Mandatory Dispute Resolution

The Blanket Specified Disease/Illness and Accident plans contain a Mandatory Dispute Resolution Procedures for the prompt, fair, and efficient resolution of a dispute. This provision provides for the parties to first attempt to achieve resolution of any Dispute through negotiation. If the parties cannot reach an agreement through negotiation, the provision provides for resolution to be then attempted through non-binding mediation. Finally, if the parties cannot reach an agreement through mediation, this provision provides for a neutral arbitrator to assist the parties with resolution through mandatory, binding arbitration.

SCA Health & Well-Being Benefits

Claims for benefits shall be administered based on the Blanket Group Policies issued to Southern Consumers Alliance. A copy of the Blanket Group Policies is available from the association upon request.

For Claim Assistance, contact:

Freedom Life Insurance Company of America
Southern Consumers Alliance
Blanket Coverage Claims Unit
P.O. Box 1719 Fort Worth, TX 76101 **1-800-387-9027**

Specified Disease/Illness Limitations At A Glance

Coverage under the Blanket Group Specified Disease/Illness Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of the Blanket Group Specified Disease/Illness Insurance Policy, as well as the following limitations and waiting periods:

- Any treatment, medical service, surgery, medication, equipment, claim, loss or expense received, purchased, leased or otherwise incurred as a result of an Insured's Pre-existing Condition is not covered under the Blanket Group Specified Disease/Illness Insurance Policy unless such treatment, medical service, surgery, medication, equipment, claim, loss or expense constitutes Covered Expenses incurred by such Insured more than twelve (12) months after the Issue Date, and such treatment, medical service, surgery, medication, equipment, claim, loss or expense are not otherwise limited or excluded by the Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to the Blanket Group Specified Disease/Illness Insurance Policy;
- Covered Medical Services Benefits under the Blanket Group Specified Disease/Illness Insurance Policy for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, regardless of whether such Insured is enrolled in Medicare shall be limited to only the Usual and Customary Expenses for services, supplies, care or treatment covered under the Blanket Group Specified Disease/Illness Insurance Policy that are not or would not have been payable or reimbursable by Medicare and/or its amendments (assuming such enrollment), subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in the Blanket Group Specified Disease/Illness Insurance Policy;
- Any Covered Medical Services payable under the Blanket Group Specified Disease/Illness Insurance Policy will be reduced by fifty percent (50%) when the applicable Insured is age sixty-five (65) or older, based on the Insured's most recent birthday, on the date the Benefit becomes payable; and
- In no event will the total amount of benefits payable for any one Insured exceed the Lifetime Policy Maximum Per Insured.

Specified Disease/Illness Non-Covered Items At A Glance

Coverage under the Blanket Group Specified Disease/Illness Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of the Blanket Group Specified Disease/Illness Insurance Policy. In addition, the Blanket Group Specified Disease/Illness Insurance Policy does not provide coverage for the amount of any professional fees or other medical expenses or charges for treatments, care, procedures, services or supplies incurred for the diagnosis, care or treatment charged to an Insured or any payment obligation for Us under the Blanket Group Specified Disease/Illness Insurance Policy for any of the following, all of which are excluded from coverage:

- any cost item, charge or expense which does not constitute Covered Expenses;
- any Bodily Injuries suffered by an Insured;
- any disease, ailment, illness or sickness that is not a Specified Disease/Illness;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Blanket Group Specified Disease/Illness Insurance Policy Issue Date and the Primary Insured Effective Date;
- any treatments, care, procedures, services or supplies which are not specifically enumerated in the SPECIFIED DISEASE/ILLNESS BENEFITS AND CLAIM PROCEDURES section of the Blanket Group Specified Disease/Illness Insurance Policy;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under the Blanket Group Specified Disease/Illness Insurance Policy terminates, regardless of when the sickness or disease occurred;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which exceed the Lifetime Insurance Policy Maximum Per Insured;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
- Specified Diseases/Illnesses due to any act of war (whether declared or undeclared);
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services, except for Medicaid;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;

SCA Health & Well-Being Benefits

Specified Disease/Illness Non-Covered Items At A Glance cont'd

- administration of experimental drugs or substances or investigational use or experimental use of Prescription Drugs except for any Prescription Drug prescribed to treat a covered chronic, disabling, life-threatening Specified Disease/Illness, but only if the investigational or experimental drug in question: (a) has been approved by the FDA for at least one indication; and (b) is recognized for treatment of the indication for which the drug is prescribed in: (1) a standard drug reference compendia; or (2) substantially accepted peer-reviewed medical literature. (c) drugs labeled "Caution – limited by Federal law to investigational use";
- any professional and medical services Provided an Insured in treatment of a Specified Disease/Illness caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
- any Cochlear implants;
- Specified Disease/Illness while serving in one of the branches of the armed forces of the United States of America;
- Specified Disease/Illness while in a foreign country and serving on active duty in one of the branches of the armed services of the United States of America;
- Specified Disease/Illness while serving on active duty in the armed forces of any foreign country or any international authority;
- any voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- any medical condition excluded by name or specific description by either the Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to the Blanket Group Specified Disease/Illness Insurance Policy;
- any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from Bacterial Infection or Viral Infection, (ii) to correct a normal bodily function in connection with the treatment of a covered Specified Disease/Illness, or (iii) such cosmetic surgery constitutes Breast Reconstruction that is incident to a Mastectomy; provided any of the above occurred while the Insured was covered under the Blanket Group Specified Disease/Illness Insurance Policy;
- Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
- Outpatient Prescription Drugs that are dispensed by a Provider, Hospital or other state-licensed facility;
- Prescription Drugs produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products, or immunization agents, biological or allergy sera, hematins, blood or blood products administered on an Outpatient basis;
- Prescription Drugs that are classified as anabolic steroids or growth hormones;
- allergy kits intended for future emergency treatment of possible future allergic reactions;
- replacement of a prior filled Prescription for Prescription Drugs that was covered and is replaced because the original Prescription was lost, stolen or damaged;
- Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
- any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
- any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
- any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- any treatment, care, procedures, services or supplies (including Prescription Drugs) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism spectrum disorder;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
- any contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
- any fluoride products;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- any programs, treatment or procedures for tobacco use cessation;
- any charges for blood, blood plasma, or derivatives that has been replaced;
- compounded Prescription Drugs;
- level one controlled substances;
- any treatment, care, procedures, services or supplies of Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- any treatment received outside of the United States;
- any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the Blanket Group Specified Disease/Illness Insurance Policy; and
- any spinal manipulations.

SCA Health & Well-Being Benefits

Accident Limitations At A Glance

Coverage under the Blanket Group Accident Only Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of the Blanket Group Accident Only Insurance Policy, as well as the following limitations and waiting periods:

- Any treatment, medical service, surgery, medication, equipment, claim, loss or expense received, purchased, leased or otherwise incurred as a result of an Insured's Pre-existing Condition is not covered under the Blanket Group Accident Only Insurance Policy unless such treatment, medical service, surgery, medication, equipment, claim, loss or expense constitutes Covered Expenses incurred by such Insured more than twelve (12) months after the Effective Date, and such treatment, medical service, surgery, medication, equipment, claim, loss or expense are not otherwise limited or excluded by the Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to the Policy;
- Covered Medical Services Benefits under the Blanket Group Accident Only Insurance Policy for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, regardless of whether such Insured is enrolled in Medicare shall be limited to only the Usual and Customary Expenses for services, supplies, care or treatment covered under the Policy that are not or would not have been payable or reimbursable by Medicare and/or its amendments (assuming such enrollment), subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in the Policy;
- Any Covered Medical Services payable under the Blanket Group Accident Only Insurance Policy will be reduced by fifty percent (50%) when the applicable Insured is age sixty-five (65) or older, based on the Insured's most recent birthday, on the date the Benefit becomes payable; and
- In no event will the total amount of benefits payable for any one Insured exceed the Lifetime Policy Maximum Per Insured.

Accident Non-Covered Items At A Glance

Coverage under the Blanket Group Accident Only Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of the Blanket Group Accident Only Insurance Policy. In addition, the Blanket Group Accident Only Insurance Policy does not provide coverage for the amount of any professional fees or other medical expenses or charges for treatments, care, procedures, services or supplies incurred for the diagnosis, care or treatment charged to an Insured or any payment obligation for Us under the Blanket Group Accident Only Insurance Policy for any of the following, all of which are excluded from coverage:

- any cost item, charge or expense which does not constitute Covered Expenses;
- any disease, ailment, illness or sickness suffered by an Insured, except a covered Bacterial Infection;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Blanket Group Accident Only Insurance Policy Issue Date and the Primary Insured Effective Date;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under the Blanket Group Accident Only Insurance Policy terminates, regardless of when the Bodily Injury occurred;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which exceed the Lifetime Insurance Policy Maximum Per Insured;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services, except for Medicaid;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- Bodily Injury due to any act of war (whether declared or undeclared);
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
- administration of experimental drugs or substances or investigational use or experimental use of Prescription Drugs except for any Prescription Drug prescribed to treat a covered chronic, disabling, life-threatening Bodily Injury, but only if the investigational or experimental drug in question: (a) has been approved by the FDA for at least one indication; and (b) is recognized for treatment of the indication for which the drug is prescribed in: (1) a standard drug reference compendia; or (2) substantially accepted peer-reviewed medical literature. (c) drugs labeled "Caution – limited by Federal law to investigational use";
- intentionally self-inflicted Bodily Injury, suicide or any suicide attempt while sane or insane;
- Bodily Injury while serving in one of the branches of the armed forces of the United States of America;
- Bodily Injury while in a foreign country and serving on active duty in the United States Army, Navy, Marine Corps or Air Force Reserves or the National Guard;
- Bodily Injury while serving on active duty in the armed forces of any foreign country or any international authority;
- voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;

SCA Health & Well-Being Benefits

Accident Non-Covered Items At A Glance cont'd

- any medical condition excluded by name or specific description by either the Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to the Blanket Group Accident Only Insurance Policy;
- any loss to which a contributing cause was the Insured's being engaged in an illegal occupation or illegal activity;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- any Injury which was caused or contributed by an Insured racing any land or water vehicle;
- Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
- Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
- Outpatient Prescription Drugs that are dispensed by a Provider, Hospital or other state-licensed facility;
- Prescription Drugs produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products, or immunization agents, biological or allergy sera, hematinics, blood or blood products administered on an Outpatient basis;
- level one controlled substances;
- Prescription Drugs that are classified as anabolic steroids or growth hormones;
- compounded Prescription Drugs;
- allergy kits intended for future emergency treatment of possible future allergic reactions;
- replacement of a prior filled Prescription for Prescription Drugs that was covered and is replaced because the original Prescription was lost, stolen or damaged;
- any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
- any Cochlear implants;
- any medical condition excluded by name or specific description by either the Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to the Blanket Group Accident Only Insurance Policy;
- any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from Bacterial Infection or (ii) to correct a normal bodily function in connection with the treatment of a covered Bodily Injury;
- any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
- any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
- any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any treatment, care, procedures, services or supplies (including Prescriptions) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
- any contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
- any fluoride products;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- any programs, treatment or procedures for tobacco use cessation;
- any charges for blood, blood plasma, or derivatives that has been replaced;
- any treatment, care, procedures, services or supplies of Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- any treatment received outside of the United States; and
- any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the Blanket Group Accident Only Insurance Policy.

MDLIVE

Your anytime, anywhere doctor's office.

Now visiting the doctor is easier than ever. Avoid waiting rooms and the inconvenience of going to the doctor's office. Visit a doctor by phone, secure video or MDLIVE App.

Doctors are available 24/7, and family members are also eligible.



How much does it cost?

- Pay \$0 Out of Pocket for Medical consultations.
- 3 FREE Talk Therapy consultations per person, per calendar year and then \$90 per hour.
- Dermatology consultations are \$59 per video consult.

Skip the Waiting Room

Speak to a Doctor 24/7, Anytime, Anywhere.

Feel Better Fast

MDLIVE Doctors can send prescriptions right to your nearest pharmacy.

Great Doctors, Great Results

U.S. Board Certified doctors & pediatricians with an average 15 years of experience.

How it works:

1 Activate
your
Account

2 Choose
your
Doctor

3 Get the
Care you
Need

Common conditions treated:

General Health

- Common cold / Flu
- Cough
- Fever
- Insect bites
- Allergies
- Diarrhea
- Nausea / Vomiting
- Pink eye
- Sore throat
- Constipation
- Ear problems
- Headache

Behavioral Health

- Addictions
- Stress
- Bipolar disorders
- Depression
- Eating disorders
- Grief and loss
- Life changes
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Trauma and PTSD

Dermatology

- Acne
- Rashes
- Eczema
- Rosacea
- Psoriasis
- Alopecia
- Cold Sores
- Inflamed or enlarged hair follicles
- Warts and other abnormal bumps
- Suspicious spots and moles



Consultations per member/per calendar year	1	2	3	4	5 or more
Medical*	\$0	\$0	\$0	\$0	\$0
Behavioral**	\$0	\$0	\$0	\$90	\$90
Dermatology***	\$59	\$59	\$59	\$59	\$59

* \$0 Out of Pocket per calendar year

**Three free per person, per calendar year then \$90 per hour

***\$59 per video consultation

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The following services are offered to each Member by MDLIVE:

Physician Consultations for Non-Emergency Medical Conditions

The MDLIVE services available to members include MDLIVE's telephone, mobile app and web based medical consultations for non-emergency medical conditions. This allows members 24/7 access to physicians licensed in their state in the MDLIVE network. Members have the option to consult these physicians via telephone, mobile app or desktop/laptop computer. MDLIVE provides Members with this optional healthcare solution for those times when it may not be convenient or even possible to schedule an appointment with their doctor's office.



- There is no limit on the number of telephone or online medical consultations that members may receive during the calendar year and each medical consultation is provided as a benefit of membership in the Association without any requirement that the Member make a fee or a co-payment to the physician.
- The MDLIVE's network of physicians will prescribe applicable medicine for the member's with certain non-emergency medical conditions when deemed medically necessary.
- See the Association's website for more details on the MDLIVE medical consultation services.

Behavioral Health Consultations for Non-Emergency Behavioral Health Conditions

The MDLIVE services include up to 3 FREE telephone/online visits per member per calendar year applicable Behavioral Health counseling/therapy specialists for conditions such as stress, depression, grief and alcohol use/abuse, addictions, and other behavioral health issues and disorders.

- After the first 3 consultations in a calendar year, the MDLIVE Behavioral Health Consultations services include a \$90 per hour/per person/per calendar year expense.
- See the Association's website for more details on the MDLIVE Behavioral Health consultation services.

Dermatology Consultations for Non-Emergency Dermatology Conditions

The MDLIVE services include Member access to telephone/online Dermatology Consultations.

- The Dermatology Consultations are \$59 per person, per video consult with board-certified dermatologists for dermatology conditions such as acne, rash, eczema, rosacea, psoriasis, cold sores and many other skin conditions.
- See the Association's website for more details on the MDLIVE Dermatology consultation services.

Gateway Emergency Personal Health History Medicard

Medical Identification Cards

In an emergency, getting vital health information to medical personnel quickly could be critical. Your Gateway Medicard keeps your personal medical profile handy at all times. Carry it with you at work, on vacation, or just walking in your neighborhood.

As a member, you may order one free medical card per account each year. It's important to review your card annually to ensure your data is current. You may also order cards for your spouse, children, and other family members for only \$5 each. Similar cards cost \$8 to \$20 from other sources.



Clever RX

Never overpay for prescriptions again!

Download the FREE Clever RX App. From your app store search "Clever RX" and hit download.

Find where you can save on your medication. Using your zip code, when you search for your medication, Clever RX checks which pharmacies near you offer the lowest price. Savings can be up to 80% compared to what you are currently paying.





The association pays fees to certain insurance companies or their affiliates to collect dues in addition to premium. The association has agreed to pay certain member enrollees a fee in exchange for their services.

From time to time the Southern Consumers Alliance's board evaluates service and discount proposals from various companies. Services and discounts may be enhanced or reduced based on the board's evaluation. Structure and dues are subject to change based upon the membership size and changes in the services and discounts.

The Southern Consumers Alliance continually looks for privileges that maximize your consumer dollars and improve the well being of your business and household. Although the SCA investigates each of the service providers, it cannot warrant or guarantee their performance. If you have any comments about the providers or their services, please call the toll-free SCA Membership Services Office @ 1-800-992-8044.

Southern Consumers Alliance

Membership Services Inquiries & Claims:

12444 Powerscourt Drive, Ste. 500A • St. Louis, MO 63131

Membership Services: 800-992-8044

1076 Highland Colony Pkwy., Suite 300 • Ridgeland, MS 39157

www.southernconsumers.org