

Cancer Insurance

EMPLOYEE GUIDE

Policy features and
benefits specially
prepared for Hy-Vee



Help when you need it most

When you or a loved one is diagnosed with cancer, the financial burden can be overwhelming. While primary health insurance is there to cover the medical bills, many patients face challenges due to time away from work and expenses that may not be covered by other insurance.

Stay focused on getting well

A MedMutual Protect Cancer insurance policy gives you an extra layer of financial security during these tough times—providing benefits that you can use to help keep the bills paid and protect your savings. That way, your focus can be on getting better.

How it Works

1. Select one of two policy options.
2. The policy pays a one-time, lump-sum first cancer diagnosis benefit.
3. As treatment begins, the policy pays additional benefits including:
 - Radiation/chemotherapy/immunotherapy
 - New or experimental treatment
 - Second and third surgical opinions, drugs and medicines, lodging and transportation, and other expenses

Benefits are paid directly to the insured with no restrictions on how the funds can be used.

*MedMutual Protect is the brand name for insurance products issued by subsidiary insurance companies controlled by Medical Mutual of Ohio. Each subsidiary of Medical Mutual of Ohio is solely responsible for the insurance products it underwrites and issues. The underwriting company for the worksite voluntary Cancer policy is **Reserve National Insurance Company**.

Our cancer insurance provides fixed benefits for early detection and treatment of certain types of cancer. It also includes benefits for other related expenses such as drugs and medicine, new or experimental treatment, hair pieces, hospital confinement, radiation, surgery and an evaluation / consultation at a National Cancer Institute Designated Comprehensive Cancer Treatment Center. There are no restrictions on how you spend the money. You can use it to pay monthly bills, loss of income, child care or anything else you need.

Financial help when you need it most:

- Benefits will be paid directly to you, not the hospital
- Coverage can be purchased for you and your entire family
- Waiver of premium after 60 days of disability due to cancer for as long as your disability lasts¹
- Portable coverage if you leave your current job, at the same premium
- Includes coverage for 32 other specified diseases

MedMutual Protect Cancer insurance policy highlights:

- First diagnosis benefit with Second and Third opinions covered
- Drugs and Medicine, including outpatient anti-nausea drugs
- Private nursing services
- National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit
- Breast Prosthesis
- New or experimental therapy
- Hospice care
- Hairpieces and rental of durable goods
- Specified disease coverage
- Radiation/chemotherapy/immunotherapy
- Surgery
- Wellness
- At home nursing

PRODUCT FEATURES AND BENEFITS			
Covered Benefits		Low Policy	High Policy
Diagnosis and Related Benefits			
	First Diagnosis Benefit	\$2,500	\$5,000
	Positive Diagnosis Test²	\$300	\$300
	Non-Melanoma Skin Cancer Diagnosis Benefit (yearly)	\$100	\$100
	National Comprehensive Cancer Treatment Center Evaluation/Consultation²	\$750	\$750
Hospital and Related Benefits			
	Hospital Confinement Benefit (daily)	\$200	\$300
	Extended Benefits (daily)	\$600	\$900
	Government or Charity Hospital (daily)²	\$200	\$300
	Physician's Attendance (daily)²	\$50	\$50
	Private Duty Nursing Services (daily)²	\$200	\$300
	Extended Care Facility (daily)²	\$200	\$300
	At Home Nursing (daily)²	\$200	\$300
	Hospice Care (daily)²	\$200	\$300

¹Disability of primary insured only
²Benefits pays for charges up to amount listed

PRODUCT FEATURES AND BENEFITS

Radiation, Chemotherapy and Related Benefits		
Radiation/Chemotherapy/Immunotherapy (yearly)	\$10,000	\$20,000
Blood, Plasma and Platelets (yearly) ¹	\$10,000	\$20,000
Surgery and Related Benefits		
Surgical ¹	\$4,500	\$6,000
Second and Third Surgical Opinions	Expenses Incurred	Expenses Incurred
Bone Marrow and Peripheral Stem Cell Transplant (lifetime) ^{2,4}	\$15,000	\$15,000
Anesthesia (% of surgery)	25%	25%
Ambulatory Surgical Center (daily) ¹	\$500	\$750
Donor Benefit Bone Marrow and Stem Cell Transplant (daily) ¹	\$50	\$50
- Medical Expenses	\$400	\$600
- Round Trip Coach Fare	Charges	Charges
- Transportation Personal Vehicle	\$.50/mile	\$.50/mile
- Donor Lodging and Meals	Charges	Charges
Miscellaneous Benefits		
Drugs and Medicine (daily) ^{1,3}	\$25	\$25
Outpatient Anti-Nausea Drugs (yearly) ^{1,3}	\$250	\$250
Self-Administering Drugs (monthly) ¹	\$2,000	\$2,000
New or Experimental Treatment (yearly) ^{1,3}	\$7,500	\$7,500
Miscellaneous Therapy Charges (lifetime) ^{1,4}	\$10,000	\$10,000
Physical Therapy or Speech Therapy (per session) ¹	\$50	\$50
Ambulance	Expenses Incurred	Expenses Incurred
Non-Local Transportation	Coach Fare or \$.50/mile	Coach Fare or \$.50/mile
Adult Companion Lodging (daily) ¹	\$ 75/day	\$ 75/day
Adult Companion Transportation	Coach Fare or \$.50/mile	Coach Fare or \$.50/mile
Outpatient Lodging (daily) ¹	\$50/day	\$50/day
Artificial Limb or Prosthesis (lifetime) ^{1,4}	\$2,000	\$2,000
Breast Prosthesis	Expenses Incurred	Expenses Incurred
Hair Piece (lifetime) ^{1,4}	\$150	\$150
Rental or Purchase of Durable Goods (yearly) ^{1,3}	\$1,500	\$1,500
Additional Benefits		
Wellness (yearly) ^{1,3}	\$50	\$50
Intensive Care Unit (daily)		
- ICU confinement for treatment other than cancer or a specified disease	\$325	\$625
- For confinement in a step down unit	\$162.50	\$312.50
- For confinement in an ICU for treatment of cancer or specified disease	\$650	\$ 1,300
- For confinement in an ICU for treatment of common carrier	\$650	\$ 1,300
- Ambulance - any illness or injury	Expenses Incurred	Expenses Incurred

¹Benefits pays for charges up to amount listed

²Based on procedure up to maximum shown

³Subject to a calendar year maximum

⁴Subject to a lifetime maximum

See the certificate and any attached rider(s) for details on benefit requirements, provisions, terms, conditions, limitations and exclusions.

Cancer Insurance Policy – Benefits*

The following is a summary of the benefits included in the MedMutual Protect Cancer insurance policy. This is a brief description and does not replace or modify the comprehensive description of all benefits, limitations and exclusions contained in the policy/certificate and riders that are subject to the laws of the state having jurisdiction. Benefits, limitations, exclusions and rates may vary by state; policies not available in all states.

First Diagnosis Benefit

Pays a one-time benefit per insured when first diagnosed with cancer (or specified disease, if selected). The first diagnosis must occur after the certificate effective date.

Positive Diagnosis Test

Pays a one-time benefit per insured person for one diagnostic test that leads to positive diagnosis of cancer (or a specified disease) up to a maximum of \$300 per calendar year. This benefit is not payable if the same cancer (or specified disease, if selected) recurs.

Second and Third Surgical Opinions

Pays an insured's expense incurred for a written second or third surgical opinion as to the need for a surgical procedure.

Non-Local Transportation

Pays an insured's expenses for non-local travel to a hospital (inpatient or outpatient); radiation therapy center; chemotherapy or oncology clinic; or any other specialized treatment either at a common carrier fare; or 50 cents per mile for up to 700 miles per treatment for round-trip personal vehicle transportation for round trips over 60 miles. This benefit is payable if the insured's treatment is not available locally and is available non-locally.

Adult Companion Lodging and Transportation

Pays for the insured's one adult companion lodging and transportation expenses if the insured is confined in a non-local hospital for cancer (or specified disease) treatment. This benefit is payable for up to \$75 per day for a single room in a motel, hotel or other accommodations up to a maximum stay of 60 days. This benefit is not payable for lodging expenses incurred more than 24 hours before the treatment nor for lodging expenses incurred more than 24 hours following treatment. This benefit pays a common carrier fare or 50 cents per mile round-trip personal vehicle transportation for round trips over 60 miles up to 700 miles per hospital stay for treatment. If we pay for personal vehicle mileage under the non-local transportation benefit we will pay personal vehicle mileage under this benefit only if the adult companion lives in another town other than where the insured lives.

Ambulance

Pays an insured's expenses for ambulance service if the insured is taken to the hospital by a licensed or hospital-owned ambulance and is admitted as an inpatient.

Bone Marrow and Peripheral Stem Cell Transplant

Pays for an insured's expenses for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant up to a combined lifetime maximum of \$15,000.

Anesthesia

Pays an insured's expenses incurred for the services of an anesthesiologist in connection with surgery up to 25% of the amount paid for such surgery. For anesthesia in connection with the treatment of skin cancer, the benefit is limited to \$100.

*Some provisions and benefits may not be available in all states or may vary by state. See each state's policy/certificate for details.

Cancer Insurance Policy – Benefits (continued)*

Ambulatory Surgical Center

Pays an Insured's expenses incurred for surgery performed at an ambulatory surgical center up to a maximum of \$500 or \$750 per day.

Drugs and Medicines

Pays an insured's expenses for drugs and medicine while confined in a hospital up to a maximum of \$25 for each day of confinement.

Outpatient Anti-Nausea Drugs

Pays an insured's expenses for drugs prescribed by a physician and used for suppressing nausea during cancer (or specified disease, if selected) treatment up to a maximum of \$250 per calendar year.

Miscellaneous Therapy Charges

Pays an insured's expenses up to a lifetime maximum of \$10,000 for laboratory work and its interpretation and routine or diagnostic x-rays and their interpretations. Service must be performed while receiving treatment(s) in radiation therapy, radioactive isotopes therapy; chemotherapy or immunotherapy or within 30 days following a covered treatment.

Self-Administering Drugs

Pays an insured's expenses up to \$2,000 per month for self-administered chemotherapy, including hormone therapy, or immunotherapy agents.

Blood, Plasma and Platelets

Pays for an insured person's expenses incurred up to a maximum of \$10,000 or \$20,000 per year for:

1. Blood, plasma and platelets;
2. Transfusions;
3. The administration of 1 and 2 above;
4. Processing and procurement costs; and
5. Cross matching.

Will not pay for blood replaced by donors.

Physician's Attendance

Pays an insured's expenses up to a maximum of \$50 per day for one visit per day by a physician while the insured is confined in a hospital.

Private Duty Nursing Services

Pays an insured's expenses up to a maximum of \$200 or \$300 per day for private nursing care by a nurse required and ordered by the attending physician, and while the insured is confined in a hospital.

National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit

Pays an insured's expenses up to a lifetime maximum of \$750 for evaluation if diagnosed with cancer and seeking evaluation or consultation from a National Cancer Institute Designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the insured's place of residence, it also pays for transportation and lodging expenses up to a lifetime maximum of up to \$350.

This benefit is not payable on the same day a second or third surgical opinion benefit is payable and is in lieu of the non-local transportation benefits of the policy.

*Some provisions and benefits may not be available in all states or may vary by state. See each state's policy/certificate for details.

Cancer Insurance Policy – Benefits (continued)*

Breast Prosthesis

Pays an insured's expenses for a breast prosthesis to restore body contour lost due to breast cancer and the implantation of the prosthesis.

Artificial Limb or Prosthesis

Pays an insured's expenses incurred when an amputation is performed up to a maximum of \$2,000 per insured person for amputation per an artificial limb or prosthesis and the procedure to affix or implant it.

Physical Therapy or Speech Therapy

Pays an insured's expenses up to \$50 per therapy session for physical or speech therapy for restoration of normal bodily function.

New or Experimental Treatment

Pays an insured's expenses up to a maximum of \$7,500 per calendar year for new or experimental treatment, which is judged necessary by the attending physician and received in the United States or in its territories.

Hospice Care

Pays an insured's expenses up to \$200 or \$300 per day for care received in a free standing hospice care center or at home if diagnosed as terminally ill. The attending physician must approve the stay or care, and the stay or care must begin within 14 days after a hospital stay. Admission or benefits payable for hospice centers that are designated areas of hospitals will be paid the same as inpatient hospital stays. We will not pay for food services or meals other than dietary counseling; services related to well-baby care; services provided by volunteers; or support for the family after the death of the Insured Person.

Government or Charity Hospital

Pays an insured up to \$200 or \$300 per day for confinement in a hospital operated by or for the United States Government (including the Veteran's Administration) or a hospital that does not charge for the services it provides (charity). The daily benefit is paid in lieu of all other benefits provided in the policy.

Hairpiece

Pays for an insured's expenses up to a lifetime maximum of \$150 for a hairpiece when hair loss is the result of cancer treatment.

Rental or Purchase of Durable Goods

Pays for an insured's expenses up to \$1,500 per calendar year for the rental or purchase of the following pieces of durable medical equipment:

1. A respirator or similar mechanical device;
2. Brace;
3. Crutches;
4. Hospital bed; and
5. Wheelchair.

Waiver of Premium

Premiums are waived following a 60-day period of disability due to cancer (or specified disease, if selected). An insured must be receiving treatment for such cancer (or specified disease, if selected) for which benefits are payable under the policy and remain disabled for 60 consecutive days. Premiums are waived for the period of disability.

*Some provisions and benefits may not be available in all states or may vary by state. See each state's policy/certificate for details.

Cancer Insurance Policy – Benefits (continued)*

Specified Disease

Specified disease means any of the following: Addison's Disease, Amyotrophic Lateral Sclerosis, Cystic Fibrosis, Diphtheria, Encephalitis, Epilepsy, Hansen's Disease, Legionnaire's Disease, Lupus Erythematosus, Lyme Disease, Malaria, Meningitis (epidemic cerebrospinal), Multiple Sclerosis, Muscular Dystrophy, Myasthenia Gravis, Niemann-Pick Disease, Osteomyelitis, Poliomyelitis, Rabies, Reye's Syndrome, Rheumatic Fever, Rocky Mountain Spotted Fever, Scarlet Fever, Sickle Cell Anemia, Tay-Sachs Disease, Tetanus, Toxic Epidermal Necrolysis, Tuberculosis, Tularemia, Typhoid Fever, Undulant Fever, Whipple's Disease.

Hospital Confinement Benefit

Pays a daily benefit for each day an insured is charged the daily room rate by a hospital. This benefit is payable up to 60 days for one period of continuous stay. For covered dependent child(ren) under the age of 21, the benefit is two times the daily benefit for Hospital Confinement shown in the policy's Schedule of Benefits.

Colony Stimulating Factors

Pays the insured's expense incurred up to the selected monthly maximum benefit for the cost of chemical substances and their administration to stimulate the production of blood cells.

Radiation/Chemotherapy/Immunotherapy

Pays a calendar year benefit for expenses incurred for covered treatment to modify or destroy cancerous tissue.

Surgery

Pays the insured's expense incurred for a surgeon's fee up to the amount shown in the policy's Surgical Schedule for an operation and for care by the surgeon after the operation. Payment will not include charges by an assistant or co-surgeons. Benefits for surgery performed on an outpatient basis will be 150% of the scheduled amount shown on the surgical schedule not to exceed the actual surgeon's fees for the surgery.

Non-Melanoma Skin Cancer Diagnosis Benefit

Pays an annual benefit per insured when diagnosed with non-melanoma skin cancer. This benefit is not payable for a diagnosis of malignant melanoma or any other type of cancer. No other benefits are payable for the diagnosis or treatment of any non-melanoma skin cancer.

Extended Benefits

This benefit is only available if the Hospital Confinement Benefit is included. It pays a benefit of three times the Hospital Confinement Benefit if the insured is confined in a hospital for more than 60 continuous days. Payment will begin on the 61st day of continuous hospital confinement. This benefit is payable in lieu of the Hospital Confinement Benefit.

Extended Care Facility

This benefit is only available if the Hospital Confinement Benefit is included. It pays an insured's expenses incurred for confinement in an extended care facility for a maximum of \$200 or \$300 per day, up to the number of days that the Hospital Confinement Benefit was paid. The confinement in the extended care facility must be at the direction of the attending physician and must begin within 14 days after a hospital confinement.

At Home Nursing

This benefit is only available if the Hospital Confinement Benefit is included. It pays an insured's expenses incurred for a private duty nurse at home up to \$200 or \$300 per day and up to the number of days that the Hospital Confinement Benefit was paid. The nursing services must be required and authorized by the attending physician and must begin immediately following a hospital confinement.

*Some provisions and benefits may not be available in all states or may vary by state. See each state's policy/certificate for details.

Cancer Insurance Policy – Benefits (continued)*

Donor Benefit Bone Marrow and Stem Cell Transplant

This benefit is only available if the Hospital Confinement Benefit is included. It pays for the expenses incurred, up to \$50 per day, by an insured and his or her live donor. Also pays: (a) two times the Hospital Confinement Benefit for medical expenses, (b) charges for round trip coach fare on a common carrier to the city where the transplant is performed, (c) 50 cents per mile personal vehicle transportation from the insured's or donor's home to the hospital in which the insured is staying up to 700 miles per hospital stay and (d) for lodging and meals expenses for donor to remain near hospital.

Wellness

Pays an insured's expenses incurred up to the selected benefit amount for cancer screening, including, but not limited to, the following:

Abdominal aortic aneurysm ultrasound	EKG
Blood test for triglycerides	Double contrast barium enema
Bone marrow testing	Fasting blood glucose test
Bone density screening	Flexible sigmoidoscopy
Breast ultrasound	Hemoccult stool analysis
Cancer Antigen 125 blood test	Mammography
Cancer Antigen 15-3 blood test	Pap test
Carcinoembryonic antigen (CEA) blood test	Prostate Specific Antigen (PSA) blood test
Carotid ultrasound	Serum cholesterol test to determine HDL/LDL level
CEA (blood test for colon cancer)	Serum Protein Electrophoresis (SPEP) blood test
Chest X-ray	Stress test
Colonoscopy	Thermography
CT Angiography	

Intensive Care Unit (ICU) Benefit

Pays a daily benefit per insured's period of confinement in an intensive care unit (ICU). The period of confinement must be due to sickness or injury. Benefits are payable from the first day of intensive care unit (ICU) confinement. A day is defined as a 24-hour period. If an Insured is confined to an intensive care unit (ICU) for only part of a day, a pro-rata portion of the daily benefit will be paid.

INTENSIVE CARE UNIT BENEFITS	CONFINEMENT AMOUNTS
For confinement in an intensive care unit (ICU) for treatment other than for cancer (or specified disease, if selected) or common carrier injury	Low Policy \$325
	High Policy \$625
For confinement in a step down unit	One-half the daily benefit amount elected for intensive care unit (ICU) confinement
For confinement in an intensive care unit (ICU) for treatment of cancer or specified disease	2 times the daily benefit amount elected for intensive care unit (ICU) confinement
For confinement in an intensive care unit (ICU) for treatment of common carrier injury	2 times the daily benefit amount elected for intensive care unit (ICU) confinement
Maximum payment period	45 days per period of confinement
Ambulance Trip to ICU - any illness or accident	Expenses Incurred

Cancer Insurance Policy Limitations and Exclusions

Limitations

During the first 12 months, following the effective date of coverage for an insured person, losses incurred for pre-existing conditions are not covered. After this 12 month period, benefits for such conditions will be payable unless specifically excluded from coverage. We will give credit for any time the insured person was covered under a similar policy immediately prior to the certificate effective date.

This pre-existing condition limitation does not apply to the Wellness Benefit.

Pre-Existing Conditions means Cancer or a specified disease for which an insured person has received medical consultation, treatment, care, services, or for which diagnostic test(s) have been recommended for which medication has been prescribed during the 12 months immediately preceding the effective date of coverage for the insured person.

Exclusions

Benefits under the policy and any attached rider(s) will only be payable for diagnosis resulting from cancer (or specified diseases, if included). Benefits are not payable for any loss caused in whole or in part by or resulting in whole or part from the following:

1. Any other disease or sickness;
2. Injuries;
3. Any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
 - a. Specified disease or specified disease treatment (if included); or
 - b. Cancer or cancer treatment, or unless otherwise defined in the policy;
4. Care and treatment received outside the United States or its territories; or
5. New and experimental treatment by any program that does not qualify as new and experimental treatment under the Policy.

Some provisions, exclusions or limitations may vary by state. See the certificate for details.

Policy Form Series KB-EC-POL-0117 and KB-MC-0117

Intensive Care Unit (ICU) Rider Exclusions

Exclusions

This rider does not cover intensive care unit (ICU) or step down unit confinements that occur during a period of confinement that began before the rider effective date or resulting from intentionally self-inflicted injury or suicide attempt.

This rider does not cover any loss as a result of the insured person's being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered on the advice of a physician and taken according to the physician's advice. The term "intoxicated" refers to that condition as defined by law or the legal decisions of the jurisdiction in which the accident or the cause of the loss or losses occurred.

Eligibility: Coverage may include you, your spouse or domestic partner, and children under age 26.*

Portability: If the Insured's coverage under the Policy terminates, the Insured may have the right to apply to continue coverage under the Policy. If the Insured elects to continue coverage under this Portability provision, the Insured may elect to include his or her Insured Spouse and/or Insured Dependent Child(ren), if any, covered under a Spouse Rider and/or Dependent Child(ren) Rider attached to the Policy/Certificate.

Some provisions, exclusions or limitations may vary by state. See the certificate for details.

Rider Form Series KB-EC-ICU-0117 and KB-MC-ICU-0117

*Eligible employee also includes each employee who satisfies all of the following requirements: (1) was covered under the Cancer policy that was in effect immediately prior to the effective date of the MedMutual Protect Cancer policy; (2) such previous coverage terminated immediately prior to the effective date of the MedMutual Protect Cancer policy for reasons other than the employee's nonpayment of premiums; and (3) is considered by the employer in its books and records to be an active employee

Affordable protection in an ever-changing world.



At MedMutual Protect, we understand the changes that affect our customers' lives and their need for affordable insurance. Our voluntary benefits play a critical role in employees' financial well-being by helping supplement their current insurance and providing financial protection from the unexpected.

MedMutualProtect.com/Group

MedMutual Protect is the brand name for insurance products issued by subsidiary insurance companies controlled by Medical Mutual of Ohio. Each subsidiary of Medical Mutual of Ohio is solely responsible for the insurance products it underwrites and issues.

The underwriting company for the worksite voluntary Accident Expense, Accident Indemnity, Cancer, Critical Illness, Dental, GAP, Short Term Disability and Whole Life Insurance Products is **Reserve National Insurance Company**, which is responsible for the underwriting risks, financial and contractual obligations and support functions associated with the products it issues. The underwriting company for the worksite voluntary Hospital Indemnity, Signature Gap, Indemnity Outpatient Prescription Drug, Limited Medical, and Vision Insurance Products is **Fidelity Security Life Insurance Company® (FSL)**. FSL is not financially affiliated with Medical Mutual of Ohio. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Product availability may vary by state. FSL is located in Kansas City, Missouri, and has been rated "A" (Excellent) based on an analysis of financial position and operating performance by A.M. Best Company, an independent analyst of the insurance industry. For the latest rating, access www.ambest.com.

Neither **Reserve National Insurance Company, FSL**, nor their agents, representatives, associates or employees render legal or tax advice. The employer should seek the expert assistance of its own legal or tax adviser.

The MedMutual Protect voluntary insurance products, either alone or in combination with each other, are not "minimum essential coverage" under the federal Affordable Care Act.

IMPORTANT: If an individual is insured under one or more MedMutual Protect voluntary insurance products and is also covered by Medicaid or a state variation of Medicaid, most non-disability benefits are automatically assigned according to state regulations. This means that instead of paying the benefits to the insured individual, we must pay the benefits to Medicaid or the medical provider to reduce the charges billed to Medicaid. Proposed insureds should consider their circumstances before enrolling in MedMutual Protect coverage.

If you are an employer offering one or more of these insurance products to your employees, the product(s) may constitute a part of an employee benefit plan under the Employee Retirement Income Security Act of 1974 ("ERISA"). An employer offering an ERISA employee benefit plan will be responsible for a number of obligations applicable under ERISA, including, without limitation, the obligation to make required disclosures to employees and file reports with the federal government. MedMutual Protect acts solely as the issuer and underwriter of these insurance products and as such, neither MedMutual Protect nor any of its affiliates or agents assume any fiduciary or administrative responsibility or duties with respect to any employee benefit plan under which the products are made available. You should consult with an experienced attorney concerning the requirements for compliance with ERISA.

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