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Woller-Anger Company, & LLC, MFA & IMG 7

2009



ENROLLMENT GUIDE

a look at your benefit choices



Dear Member,

After the economy, the second major challenge to American businesses, including child care, is the runaway cost of health insurance and other benefits. Many of you have asked us to help, and we believe we've found an effective partnership with Woller-Anger & Company, LLC & MyFranchise Association.

These programs were specifically designed to give our membership agency the ability to use our collective group purchasing power to obtain benefits that normally would not be available to an individual or small business.

The programs described here give you the ability to enroll individually in a range of benefits. In selecting the benefit portfolio, we first focused on affordability, the three Limited Benefit Medical Plans are designed to provide basic benefit coverage, but are not to replace any Comprehensive Major Medical coverage you currently have or can obtain. They can also be used to fill in gaps in current coverage that you may already have, along with dental and vision coverage.

The MyPlan Benefit Center will provide the convenience of a Registry customized website for online shopping, enrollment and ongoing service. An added plus is that everyone will be able to speak with a live person when calling customer service whether it's for enrollment purposes, benefit questions, general inquiries or claim status.

Thank you and we are happy we can bring this benefit to you, our members.

Sincerely,

Jere Wallden
The Registry



Call 877-542-2072 ext. 7 to enroll

<http://www.the-registry.org>



MyFranchise Association

Limited Medical Benefit

designed to give you affordable coverage

Limited Benefit Medical Plans

The Limited Benefit Medical Plans described are low-cost plans that have guaranteed acceptance with no requirement for medical underwriting, participation requirements or any preexisting conditions or limitations.

They are designed to provide reimbursement for basic services at highly affordable rates but are not designed to replace any current Major Medical coverage you have available.

MFA/TRANSAMERICA	STANDARD	GUARDIAN	GUARDIAN PLUS
Daily In-Hospital Indemnity Benefit	Pays \$300 per Day 30 Days per Confinement	Pays \$300 per Day 30 Days per Confinement	Pays \$500 per Day 30 Days per Confinement
Doctors Office Visit • Calendar Year Maximum	Pays \$75 per Visit 5 visits per year	Pays \$50 per Visit 5 visits per year	Pays \$75 per Visit 5 visits per year
Diagnostic X-Ray & Lab • Calendar Year Maximum	Pays \$75 per day up to 3 days of testing	Pays \$50 per Test up to 3 days of testing	Pays \$75 per Test up to 3 days of testing
Surgical Benefit	Pays amount shown in \$1,000 Surgical Schedule	Pays amount shown in \$1,500 Surgical Schedule	Pays amount shown in \$2,000 Surgical Schedule
Anesthesia Benefit	Pays 20% of Surgical Benefit	Pays 20% of Surgical Benefit	Pays 20% of Surgical Benefit
Additional In-Hospital & In-Patient Surgical Benefit	————	Pays up to \$1,000 1 Confinement per year	Pays up to 2,000 1 Confinement per year
Off-The-Job Accident Benefit • Calendar Year Maximum	Pays up to \$300 in Expenses Up to 5 Accidents per Year Per Covered Person	Pays up to \$500 in Expenses Up to 5 Accidents per Year Per Covered Person	Pays up to \$800 in Expenses Up to 5 Accidents per Year Per Covered Person
Prescription Drug •Calendar Year Maximum	Pays \$20 per Prescription 12 Prescriptions per year	Pays \$20 per Prescription 12 Prescriptions per year	Pays \$20 per Prescription 12 Prescriptions per year
Wellness/Preventive Care • Calendar Year Maximum	Pays \$100 per Visit 1 Visit per Year	Pays \$50 per Visit 1 Visit per Year	Pays \$75 per Visit 1 Visit per Year
Critical Illness & Subsequent Critical Illness	Pays \$2,500 for Cover Critical Illness & Separate Subsequent Critical Illness	Pays \$2,500 for Cover Critical Illness & Separate Subsequent Critical Illness	Pays \$5,000 for Cover Critical Illness & Separate Subsequent Critical Illness
Member Discount Card	Provides access to a discount Vision Plan, a Nurses Hotline, Counseling Services and discounts for Hearing Aids.	Provides access to a discount Vision Plan, a Nurses Hotline, Counseling Services and discounts for Hearing Aids.	Provides access to a discount Vision Plan, a Nurses Hotline, Counseling Services and discounts for Hearing Aids.
PPO Network - The MultiPlan Network	Discounts from Network Physicians, Hospitals, Outpatient X-ray and Lab Service Providers	Discount from Network Physicians, Hospitals, Outpatient X-ray and Lab Service Providers	Discount from network physicians, Hospitals, Outpatient X-ray and Lab Service Providers
WEEKLY PREMIUMS			
Member	\$16.61	\$18.94	\$27.72
Member & Spouse	\$30.11	\$34.59	\$51.20
Member & Child(ren)	\$30.69	\$35.20	\$50.69
Family	\$44.19	\$50.83	\$74.17

The insured benefits described on this page are fully insured and backed by the financial strength of Transamerica, an AEGON Company. Transamerica has A.M. Best Rating of A+ Superior. AEGON is one of the world's leading life insurance and financial services organization. The MultiPlan PPO Network are not insured benefits and are not covered by Transamerica, but are separate vendor service.



MyFranchise Association

freestanding coverage options
plans to meet your health care needs

AlwaysCare Dental and Vision Plan

You can choose to enroll in the AlwaysCare Dental and Vision plan even if you do not purchase a medical plan. The AlwaysCare Dental and Vision Plan is underwritten by the National Guardian Life Insurance Company of Madison, Wisconsin.

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



MyFranchise Association

freestanding coverage options
plans to meet your health care needs

The Family Protection Plan (policy FPP-TI) offers a **guaranteed** level premium to **age 100*** and a guaranteed level death benefit for the first 10 years. After 10 years the death benefit is projected to remain level to age 100 and we do not anticipate a reduction. The coverage amount cannot be individually decreased on a particular insured due to a change in age, health or employment status.

*State variations apply. Not approved in all states

Weekly Premium Amounts & Initial Coverage Amounts

	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00
Age on App. Date	Initial Coverage Amount	Initial Coverage Amount	Initial Coverage Amount	Initial Coverage Amount	Initial Coverage Amount	Initial Coverage Amount
18-20	47,273	70,909	94,545	118,182	141,818	165,455
21	47,059	70,588	94,118	117,647	141,176	164,706
22	46,847	70,270	93,694	117,117	140,541	163,964
23	46,637	69,955	93,274	116,592	139,910	163,229
24	46,429	69,643	92,857	116,071	139,286	162,500
25	46,222	69,333	92,444	115,556	138,667	161,778
26	43,154	64,730	86,307	107,884	129,461	151,037
27	40,467	60,700	80,934	101,167	121,401	141,634
28	38,095	57,143	76,190	95,238	114,286	133,333
29	35,986	53,979	71,972	89,965	107,958	125,952
30	34,098	51,148	68,197	85,246	102,295	119,344
31	31,325	46,988	62,651	78,313	93,976	109,639
32	28,969	43,454	57,939	72,423	86,908	101,393
33	26,943	40,415	53,886	67,358	80,829	94,301
34	25,182	37,772	50,363	62,954	75,545	88,136
35	23,636	35,455	47,273	59,091	70,909	82,727
36	21,622	32,432	43,243	54,054	64,865	75,676
37	19,923	29,885	39,847	49,808	59,770	69,732
38	18,472	27,709	36,945	46,181	55,417	64,654
39	17,219	25,828	34,437	43,046	51,656	60,265
40	16,124	24,186	32,248	40,310	48,372	56,434
41	14,689	22,034	29,379	36,723	44,068	51,412
42	13,489	20,233	26,978	33,722	40,467	47,211
43	12,470	18,705	24,940	31,175	37,410	43,645

Coverage amounts available up to age 70

Available only on dependent children or grandchildren of employee:

Employees age 18-23 are not eligible for \$1-2 premium.

	\$1.00	\$2.00
Age on App. Date	Coverage Amount	Coverage Amount
Full-Term		
Newborn to 23 Years	\$10,000	\$20,000

Underwritten by



Note: Initial coverage amounts are based on age at application. The coverage amounts shown above are guaranteed for an initial period of not less than ten (10) policy years. Coverage amounts beyond the initial ten (10) years are listed in the Minimum Coverage Amount Table in your policy. The underwriter may enhance the Minimum Coverage Amount if future experience permits such an enhancement. Refer to policy for more details.

