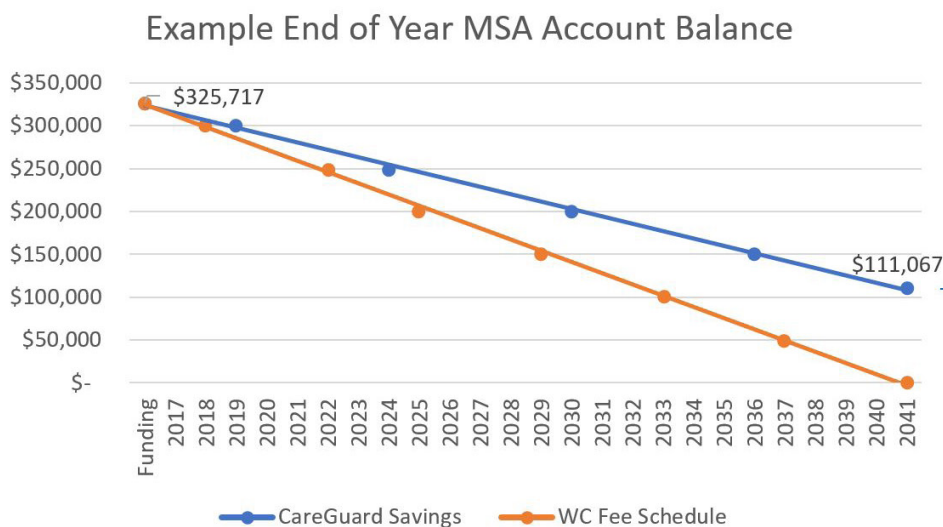


Reduce Your Risk of Running Out of Settlement Funds with CareGuard



Over time, savings with CareGuard remain in your account

As a CareGuard member, you have access to an average savings of 28% on your healthcare spending. These savings help you reduce the risk of running out of funds. If you deplete your funds, our team will work closely with you to ensure a seamless transition in which Medicare will step in as the payer.

In order to be covered by Medicare in the event you run out of your MSA funds, you first need to be enrolled in Medicare plans Parts A, B, and D, or a Medicare Advantage Plan.

As you spend your MSA funds, our proprietary system reviews claims to make sure all claims are Medicare-covered and related to the initial injury.

Ametros files annual reporting with Medicare that details how your funds were spent, keeping you 100% compliant with Medicare. When an account runs out of money, we send an exhaustion report to Medicare. In the case of an annuity, our team also sends re-funding letters to Medicare when the MSA account is replenished.

If your account balance reaches \$1,000, our team notifies you. We work closely with you and Medicare to coordinate reporting showing that the funds were exhausted properly, related to the injury.

At that point, as long as you are enrolled in Medicare and have no outstanding liens, Medicare steps in as the primary payer. Our team makes sure the hand-off happens as simply as possible.