



PremierChoice

A Smart Approach to Coverage - Now & Later

Insurance underwritten by:
Freedom Life Insurance Company of America



Historically, Increasing Healthcare Costs are the **#1** concern of **Small Business Owners**¹ & Their Employees

As a member of the American Independent Business Coalition, You have the right to apply for coverage under one of Freedom Life's underwritten medical plans issued to the Association for the benefit of interested members. This includes the PremierChoice Specified Disease/Sickness Plans, PremierChoice Accident Plans, and PremierChoice Health & Wellness Plans. Choose from three levels of sickness, bodily injury and health and wellness coverage, which are designed to meet Your individual needs and budget.

When You choose us You're choosing...

Experience

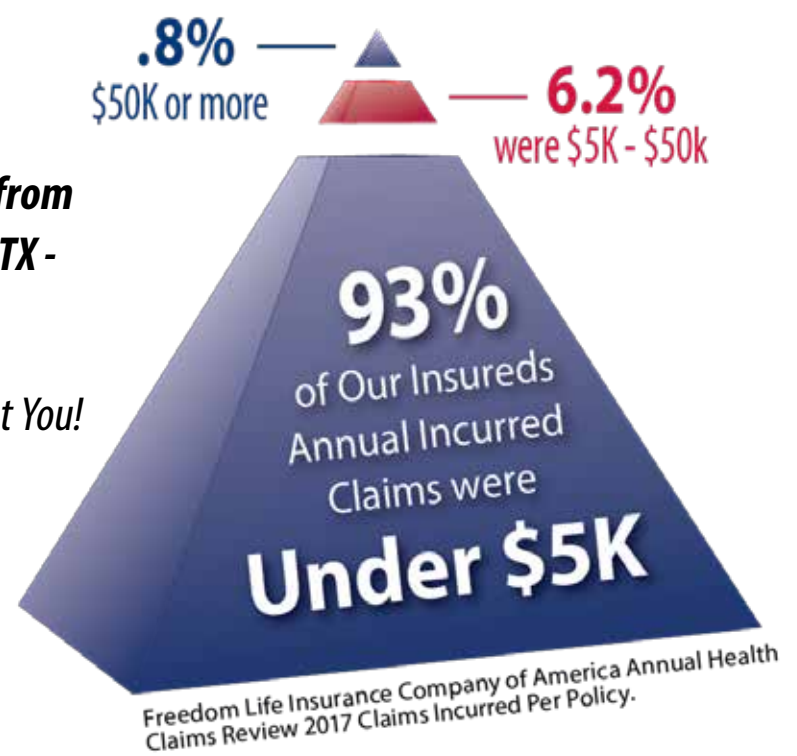
- Over **100 collective years** of insurance experience
- Over **15 million** customers served

Convenience

- **Person to Person LIVE Customer Service from our U.S. based call center in Fort Worth, TX - You don't have to talk to a machine!**
- **Dedicated LICENSED insurance agents to assist You!**

Dependability

- Over **1 billion dollars in CLAIMS PAID!**
- **91% of claims paid in FIVE DAYS OR LESS**²



¹National Federation of Independent Business website, 2016.

²2017 analysis of claims processing time by insurance company subsidiaries of USHEALTH Group.

PremierChoice Specified Disease/Sickness Plans

PremierChoice Accident Plans

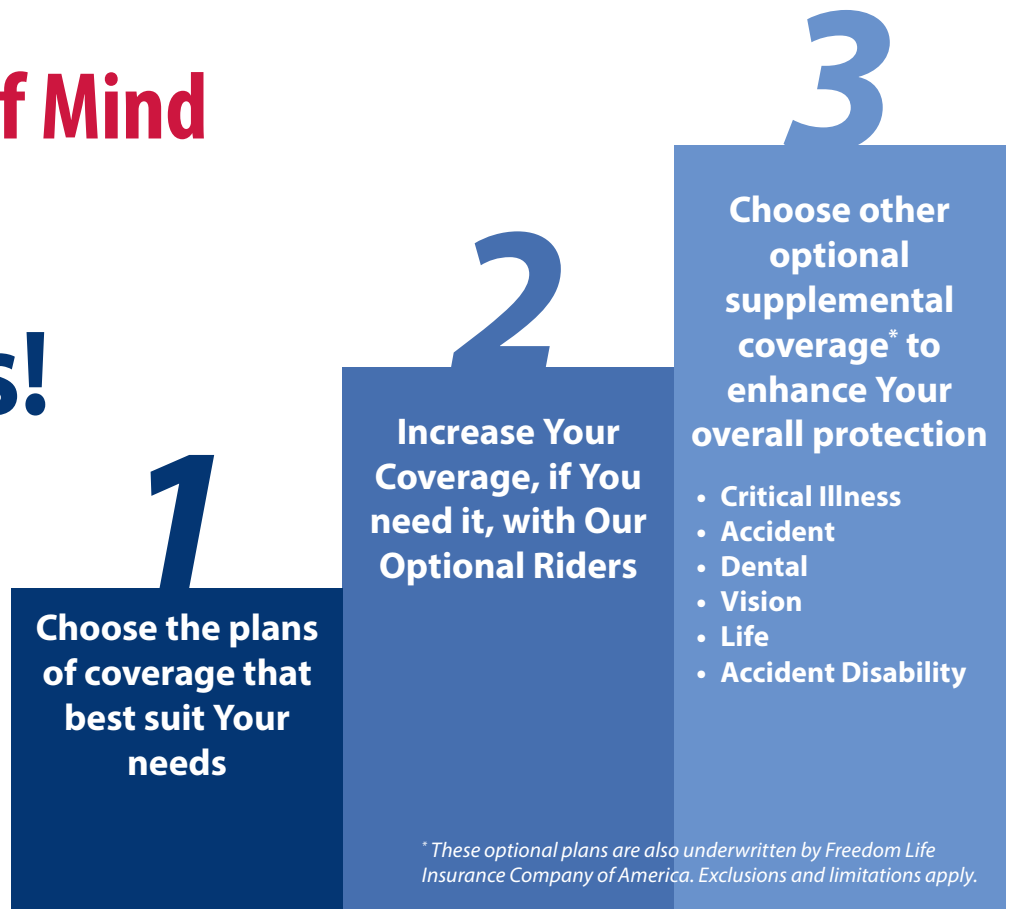
PremierChoice Health & Wellness Plans¹

The PremierChoice Plans Difference

- With the PremierChoice Specified Disease/Sickness Plans, the PremierChoice Accident Plans, and the PremierChoice Health & Wellness Plans **You select a PPO network²** that is available for Your state.
- **Choose Any Doctor, Any Hospital!** But You can stretch Your dollars further by choosing an In-Network Provider².
- **No Calendar Year Deductibles to Satisfy!**
- Each Plan pays *in addition* to any coverage You have in force.
- **Your initial rate is guaranteed for 15 months** at no extra charge!³
- **24-Hour coverage, on or off the job.**
- **Portable coverage You can take with You** even if You move or change jobs.
- The **PremierChoice** Specified Disease/Sickness Plans, PremierChoice Accident Plans, and PremierChoice Health & Wellness Plans are not essential health benefit plans under the Affordable Care Act (“ACA”). Instead, they will supplement an essential health benefit plan under which You must first satisfy a deductible every year before You are eligible to receive benefit payments.⁴

Gain Peace of Mind

In **3** Easy Steps!



¹The Plans are underwritten by Freedom Life Insurance Company of America.

²For PremierChoice Health & Wellness Plans, rather than a PPO Network, the Insureds are entitled to a Noninsurance Network Discount Benefit. The Noninsurance Network Discount Benefit allows the Insureds access to a network of providers that could help reduce the overall out of pocket cost for Insureds.

³The Premium Rate Guarantee Period does not apply to any rate change due to: change of address; addition of Insureds; change of benefits or options; change of Mode Of Premium Payment; group policy coverage, benefits, limitation or exclusion changes; or any future requirements of any federal or state law.

⁴The ACA generally requires individuals to maintain “minimum essential coverage” or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA “minimum essential coverage” during 2019 or any year thereafter. (See page 33 of this brochure for details). The PremierChoice Specified Disease/Sickness Plans, PremierChoice Accident Plans and PremierChoice Health & Wellness Plans provide benefits for covered medical services but are neither traditional major medical plans nor Workers Compensation plans under state law. The PremierChoice Specified Disease/Sickness Plans, PremierChoice Accident Plans and PremierChoice Health & Wellness Plans are considered “excepted benefit plans” under the ACA and are not “minimum essential coverage” plans under the ACA.

PremierChoice Specified Disease/Sickness Plans¹

With Over 900,000 Bankruptcies Each Year Caused by Medical Bills²...

You Need to KNOW You are Covered for Sickness from Head to Toe.³



Heart Disease

28.1 million Americans diagnosed with Heart Disease

~U.S. CDC National Health Interview Survey, 2016

Cancers

22.9 million Americans diagnosed with Cancer

~U.S. CDC National Health Interview Survey, 2016

Strokes

A Stroke occurs **Every 40 seconds** in the US

~American Heart Association Heart disease and stroke statistics 2017

¹The Plans are underwritten by Freedom Life Insurance Company of America.

²CNN Health, Study by the American Journal of Medicine

³Subject to Exclusions and Limitations of the Plan (see page 8-9).

The PremierChoice Specified Disease/Sickness Plans provide benefits for covered sicknesses. They do not cover accidental bodily injuries or wellness exams and health screenings which are covered under a traditional ACA metal plan. If accident or wellness and health screening coverage is appropriate for You and/or Your family, please ask Your agent for details on the PremierChoice Accident Plans and the PremierChoice Health & Wellness Plans. The ACA generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter. (See page 33 of this brochure for details). The PremierChoice Specified Disease/Sickness Plans provide benefits for covered medical services but are neither traditional major medical plans nor Workers Compensation plans under state law. The PremierChoice Specified Disease/Sickness Plans are considered "excepted benefit plans" under the ACA and are not "minimum essential coverage" plans under the ACA.

PremierChoice Specified Disease/Sickness Plans

The following benefits apply to the Specified Disease/Sickness Plan. Benefits for covered Specified Diseases/Sicknesses are payable based on expenses incurred, up to the amount shown below.

Outpatient Benefits <small>Maximum Benefits Paid Per Insured</small>	PLAN 1 Specified Disease/Sickness	PLAN 2 Specified Disease/Sickness	PLAN 3 Specified Disease/Sickness
Doctor Office Visit Benefit			
Maximum Per Visit	\$75	\$100	\$100
Policy Year Maximum	3	4	4
Unused Doctor Office Visits Rollover to the Next Policy Year	Yes	Yes	Yes
Outpatient Spinal Manipulation Office Visit			
Daily Maximum	\$75	\$100	\$100
Policy Year Maximum	\$225	\$400	\$400
Outpatient Urgent Care Facility Benefit			
Daily / Policy Year Maximum	\$75	\$100	\$100
Outpatient X-Ray			
Daily Maximum	\$50	\$50	\$50
Policy Year Maximum	\$100	\$150	\$200
Outpatient Laboratory			
Daily Maximum	\$30	\$30	\$30
Policy Year Maximum	\$120	\$120	\$120
Prescription Drug Benefit			
Maximum Per Generic Drug	\$10	\$10	\$10
Maximum Per Brand Name Drug	\$30	\$30	\$30
Policy Year Maximum for all Prescriptions	\$400	\$500	\$600
Emergency Room Benefit			
Daily / Policy Year Maximum	\$250	\$250	\$250
Emergency Ambulance Benefit			
Ground - Daily / Policy Year Maximum	\$100	\$100	\$100
Air - Daily / Policy Year Maximum	\$2,500	\$2,500	\$2,500
Specialty Radiology Benefit			
Outpatient CAT Scan - Daily / Policy Year Maximum	\$150	\$175	\$200
Outpatient PET Scan - Daily / Policy Year Maximum	\$150	\$200	\$300
Outpatient MRI - Daily / Policy Year Maximum	\$300	\$400	\$500
Outpatient Surgery Facility			
Maximum per Policy Year	-	\$400	\$1,200
Outpatient Surgeon			
Benefit varies by procedure, maximum range is - Surgeries per Insured per Policy Year	- -	\$40-\$4,000 1	\$80-\$8,000 1
Radiation/Chemotherapy Benefit			
Outpatient Oral Chemotherapy - Monthly Maximum	\$1,500	\$2,000	\$2,000
Outpatient Oral Chemotherapy - Policy Year Maximum	\$4,500	\$6,000	\$6,000
Outpatient Intravenous Chemotherapy - Daily Maximum	\$300	\$400	\$500
Outpatient Intravenous Chemotherapy - Policy Year Maximum	\$9,000	\$24,000	\$30,000
Outpatient Radiation Therapy - Daily Maximum	\$300	\$400	\$500
Outpatient Radiation Therapy - Policy Year Maximum	\$9,000	\$24,000	\$30,000
Outpatient Kidney Dialysis Benefit			
Daily Max Up To	\$500	\$500	\$500
Kidney Dialysis Benefit - Policy Year Maximum Up To	\$5,000	\$15,000	\$30,000

Coverage also included under the Specified Disease/Sickness Plan: Outpatient Diabetes Equipment, Outpatient Diabetes Self-Management Training, and Outpatient Diabetes Supplies with a Daily/Policy Year Maximum up to \$15 and Outpatient Medical Foods (50% of expenses incurred for Inherited Metabolic Disorder, up to \$5,000 per Policy Year).

PremierChoice Specified Disease/Sickness Plans

The following benefits apply to the Specified Disease/Sickness Plan. Benefits for covered Specified Diseases/Sicknesses are payable based on expenses incurred, up to the amount shown below.

Inpatient Benefits <i>Maximum Benefits Paid Per Insured</i>	PLAN 1	PLAN 2	PLAN 3
	Specified Disease/Sickness	Specified Disease/Sickness	Specified Disease/Sickness
Inpatient Surgeon			
Benefit varies by procedure, maximum range is - Surgeries per Insured per Policy Year	- -	- -	\$80-\$8,000 1
Hospital Room & Board Benefit			
Daily Max up to 365 days	\$400	\$600	\$700
Hospital Miscellaneous Expense Benefit			
Daily Max up to 365 days	\$400	\$600	\$700
Hospital ICU Room & Board Benefit <i>(in lieu of Hospital Room & Board Benefits)</i>			
Daily Maximum	\$800	\$1,200	\$1,400
Policy Year Maximum	\$24,000	\$36,000	\$42,000

If Confinement is due to one of the Specified Diseases/Sicknesses below, the following Hospital Miscellaneous Expense Daily Benefits Apply.

Hospital Misc. Expense Benefit <i>(in lieu of Hospital Miscellaneous Expense Daily Benefit)</i>	PLAN 1	PLAN 2	PLAN 3
	Specified Disease/Sickness	Specified Disease/Sickness	Specified Disease/Sickness
Heart Attack Benefit			
Daily Maximum	\$2,400	\$3,600	\$4,200
Policy Year Maximum	\$72,000	\$108,000	\$126,000
Life Threatening Cancer Benefit			
Daily Maximum	\$2,400	\$3,600	\$4,200
Policy Year Maximum	\$72,000	\$108,000	\$126,000
Stroke Benefit			
Daily Maximum	\$2,400	\$3,600	\$4,200
Policy Year Maximum	\$72,000	\$108,000	\$126,000
Coronary Artery By-pass Benefit			
Daily Maximum	\$2,400	\$3,600	\$4,200
Policy Year Maximum	\$72,000	\$108,000	\$126,000
Coma Benefit			
Daily Maximum	\$2,400	\$3,600	\$4,200
Policy Year Maximum	\$72,000	\$108,000	\$126,000

Benefit Maximums	PLAN 1	PLAN 2	PLAN 3
	Specified Disease/Sickness	Specified Disease/Sickness	Specified Disease/Sickness
Policy Year Maximum Per Insured	\$150,000	\$250,000	\$300,000
Lifetime Certificate Maximum Per Insured	\$5,000,000	\$5,000,000	\$5,000,000

PremierChoice Specified Disease/Sickness Optional Riders

The Optional MIGI Rider, Optional 1 Step Rider, and Optional 2 Step Rider on the PremierChoice Specified Disease/Sickness Plans have all been designed to increase Your coverage and to fit *Your* needs and *Your* budget.

Optional MIGI Rider¹ (SMIGIST-2015-R-TX-FLIC, available for an additional premium)

At the time of application, You must lock in Your MIGI Rider options. If You are not already covered under an ACA essential health benefits plan, this rider allows You to obtain additional coverage under Our PremierMed Short Term Medical-Surgical Expense Plan if You are still a resident of this state without evidence of insurability, on a guaranteed issue basis and with a waiver of the pre-existing condition benefit limitation contained in the PremierMed Short Term Medical-Surgical Expense Plan, which would otherwise have applied to any medical condition of such Insured, if such medical condition Manifested after the effective date of coverage for such Insured under the Certificate to which the rider is attached. The right of each Insured to obtain additional coverage under Our PremierMed Short Term Medical-Surgical Expense Plan under this rider, on a guaranteed issue basis, and without evidence of insurability is a one-time right per Insured while coverage under the Certificate and the rider are in full force and effect for such Insured.

This unique option is intended to help You bridge the gap between the PremierChoice Specified Disease/Sickness and Accident Plans and the earliest of the following dates: (i) the earliest possible effective date of coverage for an ACA “qualified health plan” that could be purchased by You through a state or federal administered health insurance exchange in Your state of residence, (ii) the effective date of Your coverage under any health plan that constitutes “minimum essential coverage” under federal law, and (iii) the date coverage under the PremierMed Short Term Medical-Surgical Expense Plan otherwise terminates under the termination of coverage section of such plan. The MIGI Rider is subject to all the terms, conditions, limitations, exclusions and definitions contained in the Certificate. Under the MIGI Rider, all of the Benefit amounts in the PremierChoice Specified Disease/Sickness Plan will increase by 5 percent annually, on a compounded basis. At the beginning of Your second Policy Year, all of the Benefit amounts under the PremierChoice Specified Disease/Sickness Plan will increase by 5 percent of their amount on the Issue Date. At the beginning of Your third Policy Year, all of the Benefit amounts under the PremierChoice Specified Disease/Sickness Plan will increase by 5 percent of their amount as of the beginning of Your second Policy Year. The Benefit amounts under the PremierChoice Specified Disease/Sickness Plan will continue to increase by 5 percent each consecutive Policy Year until Your sixth Policy Year begins. After the beginning of Your sixth Policy Year, all Benefit amounts under the PremierChoice Specified Disease/Sickness Plan will remain the same, so long as coverage under the PremierChoice Specified Disease/Sickness Plan and the MIGI Rider remain in force. If at any time coverage under the MIGI Rider lapses, but coverage under the PremierChoice Specified Disease/Sickness Plan remains in full force and effect, all Benefit amounts under the PremierChoice Specified Disease/Sickness Plan will be reduced to their original amounts on the Issue Date.

Here’s how the **PremierChoice Specified Disease/Sickness Plan Level 2** with the MIGI Rider in force could increase Your applicable benefit limits:

At time of issue	1st Anniversary	2nd Anniversary	3rd Anniversary	4th Anniversary	5th Anniversary
Doctor Office Visit - Daily / Policy Year Maximum, up to	Benefit amount at time of issue + 5% increase, up to:	Benefit amount at 1st Anniversary + 5% increase, up to:	Benefit amount at 2nd Anniversary + 5% increase, up to:	Benefit amount at 3rd Anniversary + 5% increase, up to:	Benefit amount at 4th Anniversary + 5% increase, up to:
\$100	\$105*	\$110*	\$115*	\$120*	\$126*

*All dollar amounts have been rounded down to the closest whole number.

THIS COVERAGE IS NOT REQUIRED TO COMPLY WITH CERTAIN FEDERAL MARKET REQUIREMENTS FOR HEALTH INSURANCE, PRINCIPALLY THOSE CONTAINED IN THE AFFORDABLE CARE ACT. BE SURE TO CHECK YOUR POLICY CAREFULLY TO MAKE SURE YOU ARE AWARE OF ANY EXCLUSIONS OR LIMITATIONS REGARDING COVERAGE OF PREEXISTING CONDITIONS OR HEALTH BENEFITS (SUCH AS HOSPITALIZATION, EMERGENCY SERVICES, MATERNITY CARE, PREVENTIVE CARE, PRESCRIPTION DRUGS, AND MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES). YOUR POLICY MIGHT ALSO HAVE LIFETIME AND/OR ANNUAL DOLLAR LIMITS ON HEALTH BENEFITS. IF THIS COVERAGE EXPIRES OR YOU LOSE ELIGIBILITY FOR THIS COVERAGE, YOU MIGHT HAVE TO WAIT UNTIL AN OPEN ENROLLMENT PERIOD TO GET OTHER HEALTH INSURANCE COVERAGE.

¹With the purchase of one of the PremierChoice Specified Disease/Sickness Plans and this rider, You have the right, at any time, to purchase Our PremierMed Short Term Medical-Surgical Expense Plan approved for sale to residents of this state without medical underwriting. The PremierMed Short Term Medical-Surgical Expense Plan may not be available in other states. Prior to moving, please check with the insurance company to determine whether the PremierMed Short Term Medical-Surgical Expense Plan is available in Your new state of residence.

PremierChoice Specified Disease/Sickness Optional Riders

Optional 1 Step Rider *(SDUP2STEPUPNP1-2018-R-FLIC, available for PremierChoice Specified Disease/Sickness Plans 1 or 2, for an additional premium)*

At the time of application, You must lock in Your one-time option to Step-Up Your PremierChoice Specified Disease/Sickness coverage at any time to the next Plan level with no additional underwriting. All You have to do to utilize the Optional 1 Step Rider is notify the Company in writing that You would like to step up Your coverage. Premiums paid as of the effective date of Your Step-Up option will be at the new upgraded Plan amount. Any claims submitted to the Company as of the effective date You choose to step up Your coverage will be processed at the new Plan level.

Optional 2 Step Rider *(SDUP2STEPUPNP2-2018-R-FLIC, available for PremierChoice Specified Disease/Sickness Plan 1, for an additional premium)*

At the time of application, You must lock in Your one-time upgrade option to Step-Up Your PremierChoice Specified Disease/Sickness coverage at any time by 2 full Plan levels with no additional underwriting. All You have to do to utilize the Optional 2 Step Rider is notify the Company in writing that You would like to step up Your coverage. Premiums paid after exercising Your Step-Up option will be at the new upgraded Plan amount. Any future claims submitted to the Company on or after the date You choose to step up Your coverage will be processed at the new Plan level.

PremierChoice Specified Disease/Sickness Plan Features

Premium Rate Adjustments

We will not raise Your premium rates on an individual basis due to Your personal claims experience. We may raise Your premium rates on Your Renewal Premium Class for all Certificates in Your state.

Renewability

Coverage under the PremierChoice Specified Disease/Sickness Plans is guaranteed renewable.

Termination

Your coverage will end upon the occurrence of one of the following: the applicable Group Insurance Policy is terminated by the Group Policyholder; with respect to Your Spouse who is covered, Your divorce decree or annulment becomes effective; Your covered child(ren) reach the limiting age as defined by Your state; the due date of any unpaid premium (subject to the grace period); You terminate coverage by notifying Us; We are required by an appropriate regulatory authority to non-renew or cancel the group policy; We cease offering and renewing the same form of coverage as the Certificate in Your state; the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for coverage or filing a claim; the Primary Insured terminated membership in the association which is the Group Policyholder; the month following attainment of age 65 for You or Your Spouse, or in the event You or Your Spouse are eligible for Medicare; or the total amount of any benefit payments made by Us are equal to the lifetime maximum.

PremierChoice Specified Disease/Sickness Plan Waiting Periods & Limitations

Coverage under the PremierChoice Specified Disease/Sickness Plan is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the PremierChoice Specified Disease/Sickness Plan, as well as the following limitations and waiting periods:

- Any Specified Disease/Sickness loss or expense which is incurred before the expiration of 6 months from the Issue Date which results from the diagnosis, care or treatment of hernia, Reproductive System Disease, hemorrhoids, varicose veins, tonsils and/or adenoids, or otitis media shall be covered under the PremierChoice Specified Disease/Sickness Plan at 50% of any deductible benefit amount specified on the Certificate Schedule, provided that (i) such Specified Diseases/Sicknesses are not otherwise limited or excluded by the PremierChoice Specified Disease/Sickness Plan or any riders, endorsements, or amendments attached to the PremierChoice Specified Disease/Sickness, and (ii) such Specified Disease/Sickness is not a Pre-existing Condition;
- 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, which is not disclosed on Insured's application, is not covered under the PremierChoice Specified Disease/Sickness Plan unless such treatment, medical service, surgery, medication, equipment, claim, loss or expense constitutes Covered Expenses incurred by such Insured more than 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 PremierChoice Specified Disease/Sickness Plan or any riders, endorsements, or amendments attached to the Certificate;
- Pre-existing Condition means a Specified Disease/Sickness, whether physical or mental, and regardless of the cause for which medical advice or treatment was received by the Insured during the 12 month period immediately preceding the effective date of coverage under the PremierChoice Specified Disease/Sickness Plan for the Insured incurring the expense; and
- The PremierChoice Specified Disease/Sickness Plan provides coverage as of the Issue Date for Pre-existing Conditions, disclosed on the application, provided they are not otherwise limited or excluded by the PremierChoice Specified Disease/Sickness Plan by any riders, amendments, or endorsements attached to the PremierChoice Specified Disease/Sickness Plan. The PremierChoice Specified Disease/Sickness Plan does not cover expenses for Pre-existing Conditions that are not disclosed on the application, unless the expenses are incurred more than 12 months after the Insured's coverage has been in effect, and are not otherwise limited or excluded by the PremierChoice Specified Disease/Sickness Plan or any riders, amendments, or endorsements attached to the PremierChoice Specified Disease/Sickness Plan.

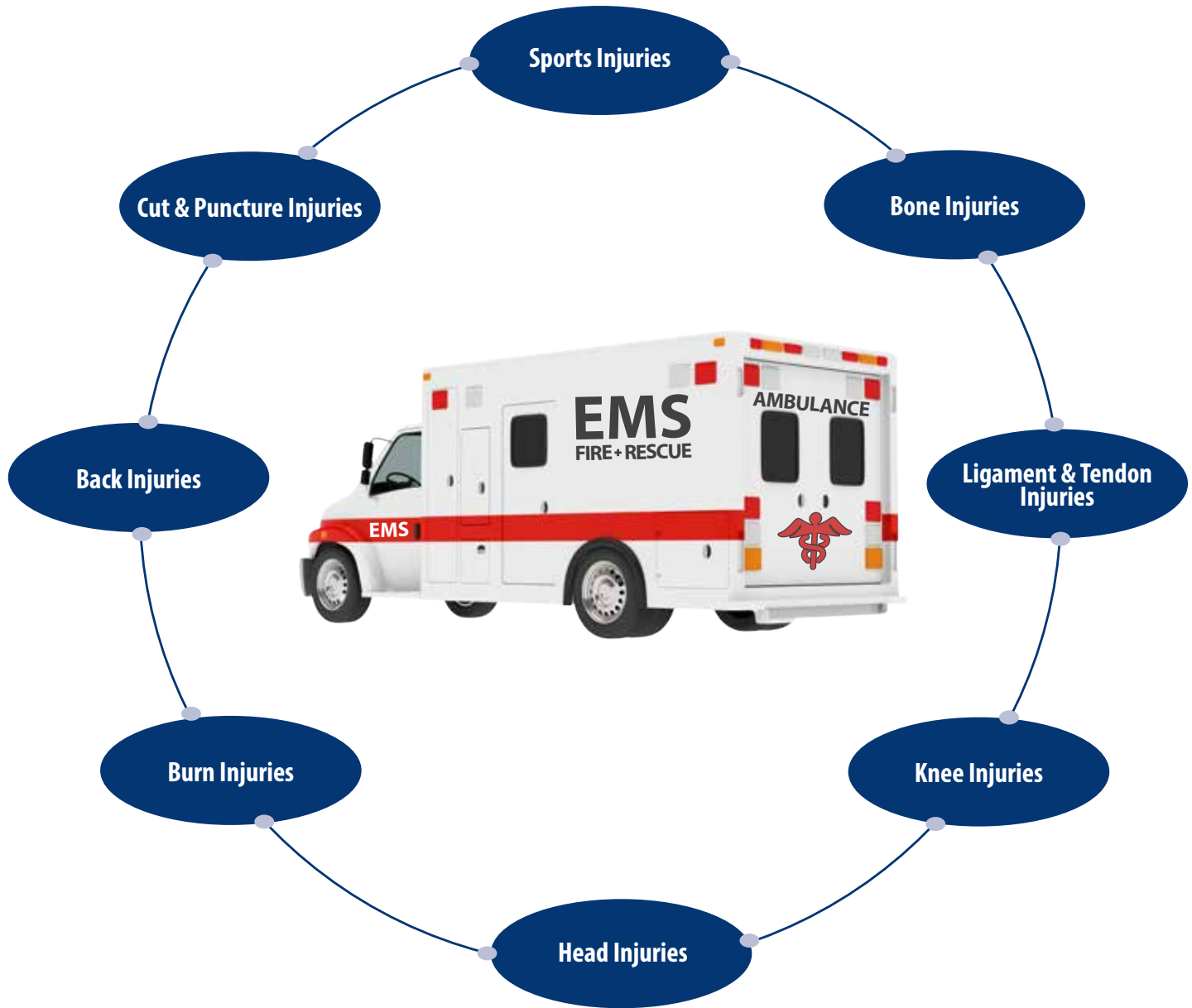
PremierChoice Specified Disease/Sickness Plan Non-Covered Items

Coverage under the PremierChoice Specified Disease/Sickness Plan is limited as provided by the definitions, terms, conditions, limitations, and exclusions contained in each and every section of the PremierChoice Specified Disease/Sickness Plan. In addition, the PremierChoice Specified Disease/Sickness Plan does not provide coverage for professional fees and medical services Provided to an Insured or any payment obligation for Us 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/Sickness;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the PremierChoice Specified Disease/Sickness Plan Issue Date;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under the PremierChoice Specified Disease/Sickness Plan 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 Certificate 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;
- any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
- any cochlear implants;
- 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 PremierChoice Specified Disease/Sickness Plan or any riders, endorsements, or amendments attached to the plan;
- 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/Sickness, or a congenital defect that qualifies as a Specified Disease 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 PremierChoice Specified Disease/Sickness Plan;
- 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 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 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 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, except as provided for in the EXTRATERRITORIAL MEDICAL EXPENSES provision; and
- any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the PremierChoice Specified Disease/Sickness Plan.

PremierChoice Accident Plans¹

**Non-Fatal Injuries Resulted in \$432 Billion in Medical Costs during 2016.²
Count on Your PremierChoice Accident Plan to Cover Your Accidental Bodily Injury Medical Costs.³**



Accidental Injuries Covered 24/7 On or Off the Job!

¹ The Plans are underwritten by Freedom Life Insurance Company of America.

² National Safety Council Injury Facts for 2016 - <https://injuryfacts.nsc.org/all-injuries/costs/societal-costs/>

³ Subject to Exclusions and Limitations of the Plan (see page 14).

The PremierChoice Accident Plans provide benefits for covered accidents. They do not cover sicknesses or wellness exams and health screenings, which are covered under a traditional ACA metal plan. If sickness or wellness and health screening coverage is appropriate for You and/or Your family, please ask Your agent for details on the PremierChoice Specified Disease/Sickness Plans and the PremierChoice Health & Wellness Plans. The ACA generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter. (See page 33 of this brochure for details). The PremierChoice Accident Plans provide benefits for covered medical services but are neither traditional major medical plans nor Workers Compensation plans under state law. The PremierChoice Accident Plans are considered "excepted benefit plans" under the ACA and are not "minimum essential coverage" plans under the ACA.

PremierChoice Accident Plan Benefits

The following benefits apply to the Accident Plans. Benefits for covered Accidents are payable based on expenses incurred, up to the amount shown below.

Outpatient Benefits <small>Maximum Benefits Paid Per Insured</small>	PLAN 1 Accident	PLAN 2 Accident	PLAN 3 Accident
Doctor Office Visit Benefit			
Maximum Per Visit	\$75	\$100	\$100
Policy Year Maximum	3	4	4
Unused Doctor Office Visits Rollover to the Next Policy Year	Yes	Yes	Yes
Outpatient Spinal Manipulation Office Visit			
Daily Maximum	\$75	\$100	\$100
Policy Year Maximum	\$225	\$400	\$400
Outpatient Urgent Care Facility Benefit			
Daily / Policy Year Maximum	\$75	\$100	\$100
Outpatient X-Ray			
Daily Maximum	\$50	\$50	\$50
Policy Year Maximum	\$100	\$150	\$200
Outpatient Laboratory			
Daily Maximum	\$30	\$30	\$30
Policy Year Maximum	\$120	\$120	\$120
Prescription Drug Benefit			
Maximum Per Generic Drug	\$10	\$10	\$10
Maximum Per Brand Name Drug	\$30	\$30	\$30
Policy Year Maximum for all Prescriptions	\$400	\$500	\$600
Emergency Room Benefit			
Daily / Policy Year Maximum	\$250	\$250	\$250
Emergency Ambulance Benefit			
Ground - Daily / Policy Year Maximum	\$100	\$100	\$100
Air - Daily / Policy Year Maximum	\$2,500	\$2,500	\$2,500
Specialty Radiology Benefit			
Outpatient CAT Scan - Daily / Policy Year Maximum	\$150	\$175	\$200
Outpatient MRI - Daily / Policy Year Maximum	\$300	\$400	\$500
Outpatient Surgery Facility			
Maximum per Policy Year	-	\$400	\$1,200
Outpatient Surgeon			
Benefit varies by procedure, maximum range is -	-	\$40-\$4,000	\$80-\$8,000
Surgeries per Insured per Policy Year	-	1	1

Coverage also included under the Accident Plan: Orthotic and Prosthetic Devices.



PremierChoice Accident Plans

The following benefits apply to the Accident Plans. Benefits for covered Accidents are payable based on expenses incurred, up to the amount shown below.

Inpatient Benefits <i>Maximum Benefits Paid Per Insured</i>	PLAN 1 Accident	PLAN 2 Accident	PLAN 3 Accident
Inpatient Surgeon			
Benefit varies by procedure, maximum range is - Surgeries per Insured per Policy Year	- -	- -	\$80-\$8,000 1
Hospital Room & Board Benefit			
Daily Max up to 365 days	\$400	\$600	\$700
Hospital Miscellaneous Expense Benefit			
Daily Max up to 365 days	\$400	\$600	\$700
Hospital ICU Room & Board Benefit <i>(in lieu of Hospital Room & Board Benefits)</i>			
Daily Maximum	\$800	\$1,200	\$1,400
Policy Year Maximum	\$24,000	\$36,000	\$42,000

If Confinement is due to one of the Accidents below, the following Hospital Miscellaneous Expense Daily Benefits Apply.

Hospital Misc. Expense Benefit <i>(in lieu of Hospital Miscellaneous Expense Daily Benefit)</i>	PLAN 1 Accident	PLAN 2 Accident	PLAN 3 Accident
Coma Benefit			
Daily Maximum	\$2,400	\$3,600	\$4,200
Policy Year Maximum	\$72,000	\$108,000	\$126,000
Severe Burn Benefit			
Daily Maximum	\$2,400	\$3,600	\$4,200
Policy Year Maximum	\$72,000	\$108,000	\$126,000

Benefit Maximums	PLAN 1 Accident	PLAN 2 Accident	PLAN 3 Accident
Policy Year Maximum Per Insured	\$150,000	\$250,000	\$300,000
Lifetime Certificate Maximum Per Insured	\$5,000,000	\$5,000,000	\$5,000,000



PremierChoice Accident Optional Riders

The Optional Medical Inflation Protection Rider, Optional 1 Step Rider, and Optional 2 Step Rider on the PremierChoice Accident Plans have all been designed to increase Your coverage and to fit *Your* needs and *Your* budget.

Optional Medical Inflation Protection Rider (AMI-2015-R-FLIC, available for an additional premium)

At the time of application, You must lock in Your Optional Medical Inflation Protection Rider. Under the Optional Medical Inflation Protection Rider, all of the Benefit amounts in the PremierChoice Accident Plan will increase by 5 percent annually, on a compounded basis. At the beginning of Your second Policy Year, all of the Benefit amounts under the PremierChoice Accident Plan will increase by 5 percent of their amount on the Issue Date. At the beginning of Your third Policy Year, all of the Benefit amounts under the PremierChoice Accident Plan will increase by 5 percent of their amount as of the beginning of Your second Policy Year. The Benefit amounts under the PremierChoice Accident Plan will continue to increase by 5 percent each consecutive Policy Year until Your sixth Policy Year begins. After the beginning of Your sixth Policy Year, all Benefit amounts under the PremierChoice Accident Plan will remain the same, so long as coverage under the PremierChoice Accident Plan and the Optional Medical Inflation Protection Rider remain in force. If at any time coverage under the Optional Medical Inflation Protection Rider lapses, but coverage under the PremierChoice Accident Plan remains in full force and effect, all Benefit amounts under the PremierChoice Accident Plan will be reduced to their original amounts on the Issue Date.

Here's how the **PremierChoice Accident Plan Level 2** with the Optional Medical Inflation Protection Rider in force could increase Your applicable benefit limits:

At time of issue	1st Anniversary	2nd Anniversary	3rd Anniversary	4th Anniversary	5th Anniversary
Outpatient MRI - Daily / Policy Year Maximum, up to	Benefit amount at time of issue + 5% increase, up to:	Benefit amount at 1st Anniversary + 5% increase, up to:	Benefit amount at 2nd Anniversary + 5% increase, up to:	Benefit amount at 3rd Anniversary + 5% increase, up to:	Benefit amount at 4th Anniversary + 5% increase, up to:
\$400	\$420*	\$441*	\$463*	\$486*	\$510*

*All dollar amounts have been rounded down to the closest whole number.

Optional 1 Step Rider (ACCUP2STEPUPNP1-2018-R-FLIC, available for PremierChoice Accident Plans 1 and 2, for an additional premium)

At the time of application, You must lock in Your one-time option to Step-Up Your PremierChoice Accident coverage at any time to the next Plan level with no additional underwriting. All You have to do to utilize the Optional 1 Step Rider is notify the Company in writing that You would like to step up Your coverage. Premiums paid as of the effective date of Your Step-Up option will be at the new upgraded Plan amount. Any claims submitted to the Company as of the effective date You choose to step up Your coverage will be processed at the new Plan level.

Optional 2 Step Rider (ACCUP2STEPUPNP2-2018-R-FLIC, available for PremierChoice Accident Plan 1, for an additional premium)

At the time of application, You must lock in Your one-time upgrade option to Step-Up Your PremierChoice Accident coverage at any time by 2 full Plan levels with no additional underwriting. All You have to do to utilize the Optional 2 Step Rider is notify the Company in writing that You would like to step up Your coverage. Premiums paid after exercising Your Step-Up option will be at the new upgraded Plan amount. Any future claims submitted to the Company on or after the date You choose to step up Your coverage will be processed at the new Plan level.

PremierChoice Accident Plan Features

Premium Rate Adjustments

We will not raise Your premium rates on an individual basis due to Your personal claims experience. We may raise Your premium rates on Your Renewal Premium Class for all Certificates in Your state.

Renewability

Coverage under the PremierChoice Accident Plans is guaranteed renewable.

Termination

Your coverage will end upon the occurrence of one of the following: the applicable Group Insurance Policy is terminated by the Group Policyholder; with respect to Your Spouse who is covered, Your divorce decree or annulment becomes effective; Your covered child(ren) reach the limiting age as defined by Your state; the due date of any unpaid premium (subject to the grace period); You terminate coverage by notifying Us; We are required by an appropriate regulatory authority to non-renew or cancel the group policy; We cease offering and renewing the same form of coverage as the Certificate in Your state; the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for coverage or filing a claim; the Primary Insured terminated membership in the association which is the Group Policyholder; the month following attainment of age 65 for You or Your Spouse, or in the event You or Your Spouse are eligible for Medicare; or the total amount of any benefit payments made by Us are equal to the lifetime maximum.

PremierChoice Accident Plan Limitations

- 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 not disclosed on the application is not covered under this Certificate unless such treatment, medical service, surgery, medication, equipment, claim, loss or expense constitutes Covered Expenses incurred by such Insured more than 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 PremierChoice Accident Plan or any riders, endorsements, or amendments attached to the PremierChoice Accident Plan;
- Pre-existing Condition means a Bodily Injury for which medical advice, diagnosis, care or treatment was recommended or received during the 12 month period immediately preceding the effective date of coverage under the PremierChoice Accident Plan for the Insured incurring the expense; or resulting from an Accident that occurred before the Issue Date for the Insured incurring the expense;
- The PremierChoice Accident Plan provides coverage as of the Issue Date for Pre-existing Conditions, disclosed on the application, provided they are not otherwise limited or excluded by the PremierChoice Accident Plan or any riders, amendments, or endorsements attached to the PremierChoice Accident Plan; and
- However, the PremierChoice Accident Plan does not cover expenses for Pre-existing Conditions that are not disclosed on the application, unless the expenses are incurred more than 12 months after the Insured's coverage has been in effect, and are not otherwise limited or excluded by the PremierChoice Accident Plan or any riders, amendments, or endorsements attached to the PremierChoice Accident Plan.

PremierChoice Accident Plan Non-Covered Items

Coverage under the PremierChoice Accident Plan is limited as provided by the definitions, terms, conditions, limitations, and exclusions contained in each and every section of the PremierChoice Accident Plan. In addition, the PremierChoice Accident Plan does not provide coverage for professional fees and medical services Provided to an Insured or any payment obligation for Us 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 PremierChoice Accident Plan Issue Date;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under the PremierChoice Accident Plan 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 Certificate 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;
- 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 PremierChoice Accident Plan or any riders, endorsements, or amendments attached to the plan;
- 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 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, except as provided for in the EXTRATERRITORIAL MEDICAL EXPENSES provision; and
- any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the PremierChoice Accident Plan.

PremierChoice Health & Wellness Plans¹



Health

The typical American visits his or her doctor **3 times** per year.

~National Ambulatory Medical Care Survey 2015

Child Immunizations

Children 5-15 typically visit the doctor **2 times** per year.

~National Ambulatory Medical Care Survey 2015

Preventative Care

6 out of 10 Americans had a Preventative Care visit in 2015.

~National Ambulatory Medical Care Survey 2015

¹The Plans are underwritten by Freedom Life Insurance Company of America.

The PremierChoice Health & Wellness Plans provide benefits for covered wellness exams and health screenings. They do not cover sicknesses or accidental bodily injuries, which are covered under a traditional ACA metal plan. If sickness or accidental bodily injury coverage is appropriate for You and/or Your family, please ask Your agent for details on the PremierChoice Specified Disease/Sickness Plans and the PremierChoice Accident Plans. The ACA generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter. (See page 33 of this brochure for details). The PremierChoice Health & Wellness Plans provide benefits for covered medical services but are neither traditional major medical plans nor Workers Compensation plans under state law. The PremierChoice Health & Wellness Plans are considered "excepted benefit plans" under the ACA and are not "minimum essential coverage" plans under the ACA.

PremierChoice Health & Wellness Plan

Coverage for Everyday Medical Needs

- **No Annual Deductible or Co-Pay**
Enables You to receive benefit payments sooner than a traditional Major Medical plan.
- **Any Doctor, Any Hospital**
You can stretch Your dollars further by choosing an In-Network Provider¹.
- **Your initial rate is guaranteed for 15 months at no extra charge!**²

PremierChoice Health & Wellness is a Fixed Indemnity Wellness plan that allows You to receive specific first dollar benefit payments for covered Wellness & Health Screening Benefits, regardless of what Your medical provider charges.



You have access to the following Wellness & Health Screening Benefits:

Wellness & Health Screening Benefits <i>Per Insured Per Policy Year</i>	PLAN 1 <i>\$ Paid/# Allowed</i>	PLAN 2 <i>\$ Paid/# Allowed</i>	PLAN 3 <i>\$ Paid/# Allowed</i>
Physical Examination	\$125/1 Exam	\$150/1 Exam	\$200/1 Exam
Health Screening Diagnostic Labs	\$30/2 Days	\$35/2 Days	\$45/2 Days
Children Routine Immunizations ³	\$50/10 Per Child	\$50/10 Per Child	\$50/10 Per Child
Pap Smear	\$35/1 Pap Smear	\$35/1 Pap Smear	\$35/1 Pap Smear
Mammogram ³	\$250/1 Mammogram	\$250/1 Mammogram	\$250/1 Mammogram
PSA Test ³	\$25/1 Test	\$25/1 Test	\$25/1 Test
Colonoscopy ³	\$450/1 Exam	\$550/1 Exam	\$650/1 Exam
Osteoporosis Screening ³	\$100/1 Screening	\$125/1 Screening	\$150/1 Screening
Health Screening Chest X-Ray	\$100/1 X-Ray	\$150/1 X-Ray	\$200/1 X-Ray
EKG ³	\$50/1 EKG	\$50/1 EKG	\$50/1 EKG
Stress EKG ³	\$100/1 Stress EKG	\$100/1 Stress EKG	\$100/1 Stress EKG

¹For PremierChoice Health & Wellness Plans, rather than a PPO Network, the Insureds are entitled to a Noninsurance Network Discount Benefit. The Noninsurance Network Discount Benefit allows the Insureds access to a network of providers that could help reduce the overall out of pocket cost for Insureds.

²The Premium Rate Guarantee Period does not apply to any rate change due to: change of address; addition of Insureds; change of benefits or options; change of Mode Of Premium Payment; group policy coverage, benefits, limitation or exclusion changes; or any future requirements of any federal or state law.

³Age-related restrictions and other limitations apply. Please see page 18 for more details.

All PremierChoice Health & Wellness Screening Benefits are required to be deemed Medically Necessary by a Provider in connection with the Insured's routine physical examination or child's wellness & health evaluation.

PremierChoice Health & Wellness Plan Optional Rider

The Optional Medical Inflation Protection Rider on the PremierChoice Health & Wellness Plans has been designed to increase Your coverage and to fit Your needs and Your budget.

Optional Medical Inflation Protection Rider *(FIWELMI-2018-R-FLIC, available for an additional premium)*

At the time of application, You must lock in Your Optional Medical Inflation Protection Rider. Under the Optional Medical Inflation Protection Rider, all of the Benefit amounts in the PremierChoice Health & Wellness Plan will increase by 5 percent annually, on a compounded basis. At the beginning of Your second Policy Year, all of the Benefit amounts under the PremierChoice Health & Wellness Plan will increase by 5 percent of their amount on the Issue Date. At the beginning of Your third Policy Year, all of the Benefit amounts under the PremierChoice Health & Wellness Plan will increase by 5 percent of their amount as of the beginning of Your second Policy Year. The Benefit amounts under the PremierChoice Health & Wellness Plan will continue to increase by 5 percent each consecutive Policy Year until Your sixth Policy Year begins. After the beginning of Your sixth Policy Year, all Benefit amounts under the PremierChoice Health & Wellness Plan will remain the same, so long as coverage under the PremierChoice Health & Wellness Plan and the Optional Medical Inflation Protection Rider remain in force. If at any time coverage under the Optional Medical Inflation Protection Rider lapses, but coverage under the PremierChoice Health & Wellness Plan remains in full force and effect, all Benefit amounts under the PremierChoice Health & Wellness Plan will be reduced to their original amounts on the Issue Date.

Here's how the **PremierChoice Health & Wellness Plan Level 2** with the Optional Medical Inflation Protection Rider in force could increase Your applicable benefit limits:

At time of issue	1st Anniversary	2nd Anniversary	3rd Anniversary	4th Anniversary	5th Anniversary
Physical Examination Fixed Indemnity Benefit Amount	Benefit amount at time of issue + 5% increase	Benefit amount at 1st Anniversary + 5% increase	Benefit amount at 2nd Anniversary + 5% increase	Benefit amount at 3rd Anniversary + 5% increase	Benefit amount at 4th Anniversary + 5% increase
\$150	\$157*	\$164*	\$172*	\$180*	\$189*

**All dollar amounts have been rounded down to the closest whole number.*

PremierChoice Health & Wellness Plan Features

Premium Rate Adjustments

We will not raise Your premium rates on an individual basis due to Your personal claims experience on the plan. We may raise Your premium rates on Your Renewal Premium Class for all Certificates in Your state.

Renewability

Coverage under the PremierChoice Health & Wellness Plans is conditionally renewable up to age 65.

Termination

Your coverage will end upon the occurrence of one of the following: the applicable Group Insurance Policy is terminated by the Group Policyholder; with respect to Your Spouse who is covered, Your divorce decree or annulment becomes effective; Your covered child(ren) reach the limiting age as defined by Your state; the due date of any unpaid premium (subject to the grace period); You terminate coverage by notifying Us; We are required by an appropriate regulatory authority to non-renew or cancel the group policy; We cease offering and renewing the same form of coverage as the Certificate in Your state; the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for coverage or filing a claim; the Primary Insured terminated membership in the association which is the Group Policyholder; or the month following attainment of age 65 for You or Your Spouse, or in the event You or Your Spouse are eligible for Medicare.



PremierChoice Health & Wellness Plan Limitations

Coverage under the PremierChoice Health & Wellness Plan is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the PremierChoice Health & Wellness Plan, as well as the following limitations:

- **Childhood Routine Immunizations** - Ten covered immunizations per Insured per Policy Year are available to Insureds under the age of 18 under the Childhood Routine Immunizations Wellness & Health Screening Benefit.
- **Mammogram** - One Mammogram Wellness & Health Screening Benefit per Policy Year is available to female Insureds who are age 35 or older.
- **PSA Test** - One PSA Test Wellness & Health Screening Benefit per Insured per Policy Year is available to male Insureds who are at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of prostate cancer or another prostate cancer risk factor.
- **Colonoscopy** - One Colonoscopy Wellness & Health Screening Benefit per Insured per Policy Year is available to Insureds at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of colon cancer or another colon cancer risk factor.
- **Osteoporosis Screening** - One Osteoporosis Screening Wellness & Health Screening Benefit per Insured per Policy Year is available to High Risk Female Insureds who are between the ages of 40 and 65 by undergoing a Bone Density Test.
- **EKG** - One EKG Wellness and Health Screening Benefit per Insured per Policy Year is available to Insureds at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of cardiovascular disease or another cardiovascular disease risk factor.
- **Stress EKG** - One Stress EKG Wellness and Health Screening Benefit per Insured per Policy Year is available to Insureds at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of cardiovascular disease or another cardiovascular disease risk factor.

PremierChoice Health & Wellness Plan Non-Covered Items

Coverage under the PremierChoice Health & Wellness Plan is limited as provided by the definitions, terms, conditions, limitations, and exclusions contained in each and every section of the PremierChoice Health & Wellness Plan. In addition, the PremierChoice Health & Wellness Plan does not provide coverage for professional fees and medical services Provided to an Insured or any fixed indemnity payment obligation for Us under the PremierChoice Health & Wellness Plan for any of the following, all of which are excluded from coverage:

- treatments, care, procedures, services or supplies which do not constitute Covered Services;
- treatments, care, procedures, services or supplies received before the PremierChoice Health & Wellness Plan Issue Date;
- Covered Services received after the PremierChoice Health & Wellness Plan terminates, regardless of when the condition originated except as provided in the EXTENSION OF BENEFITS provision;
- Prescription Drugs;
- any treatments, care, procedures, services or supplies which are not specifically Enumerated in the COVERED SERVICES section of the PremierChoice Health & Wellness Plan and any optional coverage rider attached hereto;
- any professional services for which the Insured and/or any covered family member are not legally liable for payment;
- any professional services for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services, except for Medicaid;
- drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
- experimental procedures or treatment methods not approved by the American Medical Association, or other appropriate medical society;
- eye refractions, eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids, and exams for their prescription or fitting;
- any medical condition excluded by name or specific description by either the PremierChoice Health & Wellness Plan or any riders, endorsements, or amendments attached to the PremierChoice Health & Wellness Plan;
- breast reduction or augmentation or complications arising from these procedures;
- voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception; and
- except for Complications of Pregnancy, routine maternity related to childbirth, including routine nursery services and well-baby care.

PremierMed¹

SHORT TERM MEDICAL-SURGICAL EXPENSE PLAN

Deductibles, Coinsurance & Out-of-Pocket Maximums

Short Term Certificate Deductible

Benefit Deductible In-Network per Insured	\$3,000
<i>Separate Deductible for Out-of-Network \$6,000² per Insured</i>	
<i>Separate Deductible for Maternity \$2,000³ per Insured, up to a Maximum of \$6,000</i>	
<i>Failure to Pre-Authorize Treatment Deductible \$500 per Insured</i>	

Short Term Certificate Coinsurance

In-Network Company Coinsurance Percentage (Sickness & Injury Benefits, Wellness & Screening Benefits)	100%
In-Network Insured Coinsurance Percentage (Sickness & Injury Benefits, Wellness & Screening Benefits)	0%
Out-Of-Network Company Coinsurance Percentage (Sickness & Injury Benefits, Wellness & Screening Benefits)	100%
Out-Of-Network Insured Coinsurance Percentage (Sickness & Injury Benefits, Wellness & Screening Benefits)	0%

Short Term Out-of-Pocket Maximums

In-Network Out-of-Pocket Maximum per Insured	\$3,000
Out-of-Network Out-of-Pocket Maximum per Insured	\$9,000

With the purchase of the **PremierChoice** Specified Disease/Sickness Plan and Our MIGI Rider, You have the one-time right to obtain additional coverage under Our **PremierMed** Short Term Medical-Surgical Expense Plan **without additional medical underwriting or evidence of Insurability**. Under the MIGI Rider You can exercise this option when You decide You need it, anytime, **even in the middle of a claim**.

This unique option is intended to help You bridge the gap between the **PremierChoice** Specified Disease/Sickness and Accident Plans and the earliest of the following dates: (i) the earliest possible effective date of coverage for an ACA “qualified health plan” that could be purchased by You through a state or federal administered health insurance exchange in Your state of residence, (ii) the effective date of Your coverage under any health plan that constitutes “minimum essential coverage” under federal law, and (iii) the date coverage under the **PremierMed** Short Term Medical-Surgical Expense Plan otherwise terminates under the termination of coverage section of such plan.

The **PremierMed** Short Term Medical-Surgical Expense Plan provides coverage as of the Issue Date for Pre-existing Conditions, disclosed on the original **PremierChoice** Specified Disease/Sickness Plan application or that manifest during the period of **PremierChoice** Specified Disease/Sickness Plan coverage, provided they are not otherwise limited or excluded by the **PremierMed** Short Term Medical-Surgical Expense Plan or any riders, amendments, or endorsements attached to the **PremierMed** Short Term Medical-Surgical Expense Plan.

¹The Plan is underwritten by Freedom Life Insurance Company of America.

²Separate Deductible for Out of Network is in addition to the Benefit Deductible.

³Separate Deductible for Maternity is in addition to the Benefit Deductible.

The PremierMed Plan is a comprehensive medical-surgical plan providing benefits for covered services for a limited duration. It is considered a short term, limited duration medical plan under the ACA and is not a “minimum essential coverage” plan under the ACA. The ACA generally requires individuals to maintain “minimum essential coverage” or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA “minimum essential coverage” during 2019 or any year thereafter. (See page 33 of this brochure for details).

PremierMed Overview of Benefits

Sickness & Bodily Injury Benefits

Inpatient Hospital Care

- Hospital - semi-private daily room and board
- Intensive Care Unit - daily room and board
- Hospital miscellaneous medications, drugs, services and supplies ordered by the Insured's Provider

Does not include personal convenience items.

- Provider Visits

One Provider visit per treating Provider per day while the Insured is an Inpatient at a Hospital.

Inpatient Surgery

- Primary Surgeon
- Assistant Surgeon
- Anesthesiologist or Nurse Anesthetist
- Pathologist Fees

Breast Reconstruction Incident to Mastectomy

Reconstructive Surgery

Inpatient Laboratory & Diagnostic Tests

Inpatient Radiation Therapy & Chemotherapy

Inpatient Therapy

- Occupational Therapy*
- Physical Therapy*
- Rehabilitation Therapy
- Speech Therapy*

**Occupational, Physical and Speech Therapy are limited to \$50 per visit up to \$2,000 maximum per type of therapy per Insured.*

Inpatient Transplants

Transplant Travel, Lodging & Food limited to \$10,000 per transplant. Not available if the Insured is a donor. Benefit is reduced by 50% for failure to pre-authorize.

Orthognathic Surgery

Inpatient Maternity

Inpatient maternity services are covered for normal labor and delivery and cesarean section delivery, subject to a maximum benefit of \$6,000 per Insured and an additional Maternity Deductible of \$2,000.

Newborn Care

Emergency Room & Other Outpatient Benefits

Emergency Room Services

Emergency & Urgent Care Facility

Emergency Transportation to Hospital by Ambulance

Outpatient Surgery

- Outpatient Hospital or Ambulatory Surgical Center
- Primary Surgeon
- Assistant Surgeon
- Anesthesiologist or Nurse Anesthetist
- Pathologist Fees

Outpatient Provider Office Visits

Second Opinions

Outpatient Prescriptions

Outpatient Laboratory & Diagnostic Tests

Medical Equipment & Supplies

Internal Prosthetic/Medical Appliances

Clinical Trials

Autism Spectrum Disorder Services

Home Health Care

Hospice Care

Chiropractic Services

Temporomandibular Joint (TMJ) Disorder

Outpatient Radiation Therapy & Chemotherapy

Inherited Metabolic Disorders

Telemedicine

Hearing Aids and Cochlear Implants

**Limited to one (1) hearing aid in each ear every three (3) years.*

**Limited to one (1) cochlear implant in each ear with internal replacement as medically or audiological necessary.*

Outpatient Therapy*

- Occupational Therapy
- Rehabilitation Therapy
- Physical Therapy
- Speech Therapy
- Cardiac Rehabilitation Therapy
- Pulmonary Rehabilitation Therapy

**Limited to 60 visits per Insured.*

Outpatient Habilitation Therapy*

- Occupational Therapy
- Physical Therapy
- Speech Therapy

**Limited to 60 visits per Insured.*

Dental Services – Accident Only

Skilled Nursing Home

Limited to 90 days per Insured.

Supplies & Services Associated with the Treatment of Diabetes

Acquired Brain Injuries

Serious Mental Illness

Inpatient treatment up to 45 days per Insured, and Outpatient treatment up to 60 visits per Insured

Chemical Dependency

Craniofacial Abnormalities

For an Insured child who is younger than 18 years or age

Orthotic Device & Prosthetic Device Benefit

Outpatient Contraceptive Services

PremierMed Overview of Benefits - Continued

Wellness & Screening Benefits

Wellness & Preventive Benefits

Subject to the Benefit Deductible, the Insured Coinsurance Percentage, any applicable Separate Deductible For Non-Participating Providers and the Non-Participating Provider Insured Coinsurance Percentage.

• Adult Wellness & Preventive Care

Services Provided while coverage under the Certificate is in full force and effect to You and Your Spouse (if such spouse is listed as an Other Insured) for necessary Adult Wellness Preventive Care by a Provider for evidence-based items or services that have in effect, at the time services are Provided, a rating of "A" or "B" in the current list of preventive services recommended for adults by the United States Preventive Services Task Force (USPSTF), but only if explicitly recommended by the USPSTF.

Adult Wellness Preventive Care does not include charges by Providers for any physical therapy, occupational therapy, or other Outpatient therapy or treatment, or any form of medical or surgical treatment of a Bodily Injury or Sickness.

• Childhood Wellness & Preventive Care

Services Provided while coverage under the Certificate is in full force and effect by a Provider to each infant, child, and adolescent Insured for Medically Necessary Childhood Wellness Preventive Care for evidence-based items or services that have in effect, at the time services are Provided, a rating of "A" or "B" at ages recommended by the United States Preventive Services Task Force (USPSTF), but only if explicitly recommended by the USPSTF. Childhood Wellness Preventive Care also includes evidence-informed preventive care and screenings Provided for the appropriate age in the comprehensive guidelines supported by the Health Resources and Services Administration and by the American Academy of Pediatrics (AAP) and Bright Futures. Immunizations provided for children through their sixth (6th) birthday are not subject to any deductible or coinsurance.

Childhood Wellness Preventive Care does not include charges by Providers for any physical therapy, occupational therapy, or other Outpatient therapy or treatment, or any form of medical or surgical treatment of a Bodily Injury or Sickness.

Screening & Examination Benefits

SCREENING AND EXAMINATION BENEFITS are subject to all applicable definitions, exclusions, limitations, and other provisions contained in the Certificate, as well as any riders, endorsements, or amendments attached hereto. We promise to pay to or on behalf of each Insured the Company Insurance Percentage of the amount of professional fees and other applicable medical diagnostic or treatment expenses and charges that constitute Covered Expenses incurred by each Insured while coverage under the Certificate is in full force and effect for the following described SCREENING AND EXAMINATION BENEFITS, but only after (i) each of the applicable deductibles has been first satisfied by deduction from such Covered Expenses and applied to the applicable Insured for payment and (ii) the applicable Insured Coinsurance Percentage for the Covered Expenses remaining after satisfaction of all applicable deductibles is, likewise, satisfied by deduction from the remaining Covered Expenses and applied to the applicable Insured for payment:

Screening & Examination Benefits, cont'd

- **Screening and Diagnostic Mammography**
For female Insureds age thirty-five (35) and over, one Mammogram is covered once every twelve (12) months or non-routine screening Provided more frequently based on recommendations of the Insured's Provider.
- **Prostate Cancer Screening**
Annual examination for male Insureds age forty (40) or older who are asymptomatic or who are under forty (40) and have a family history of prostate cancer or another risk factor.
- **Routine Annual Physical Examination**
Limited to one (1) visit for the duration of the Certificate for Insureds ages four (4) and up with examination performed by a Participating Provider.
- **Newborn Hearing Screening**
Services Provided while coverage under the Certificate is in full force and effect by a Hospital or a Provider for (i) one hearing screening test for newborn children through the date that the child is thirty (30) days of age and (ii) diagnostic follow-up care related to the hearing screening at birth through the date the child is twenty-four (24) months of age. This Benefit has no dollar limit and is not subject to any otherwise applicable deductible under the Certificate; but is subject to the Insured Coinsurance Percentage shown on the Certificate Schedule for Participating Providers and Non-Participating Providers as applicable based on the Provider utilized.
- **Osteoporosis Screening**
Services Provided during the Benefit Period for a medically accepted bone mass measurement to detect low bone mass and determine the Insured's risk of osteoporosis and fractures associated with osteoporosis to an Insured who is: a postmenopausal female Insured who is not receiving estrogen replacement therapy; an Insured with: a) vertebral abnormalities; b) primary hyperparathyroidism; or c) a history of bone fractures; or an Insured who is: a) receiving long-term glucocorticoid therapy; or b) being monitored to assess the response to or efficacy of an approved osteoporosis drug therapy.
- **Cervical Cancer Screening**
Services Provided during the Benefit Period for a pap smear screening or liquid based cytology test annually for female Insureds over age eighteen (18) for cancer and human papillomavirus detection.
- **Cardiovascular Disease Screening**
Services Provided during the Benefit Period for early detection tests for cardiovascular disease for each Insured: 1) who is: a) male and older than 45 years of age but younger than 76; b) female and older than 55 years of age but younger than 76; 2) who: a) is diabetic; or b) has a risk of developing coronary heart disease based on the Framingham Heart Study coronary prediction algorithm that is intermediate or higher. Services include the following noninvasive screening tests for atherosclerosis and abnormal artery structure and function every five (5) years: 1) computed tomography (CT) scanning measuring coronary artery calcification; or 2) ultrasonography measuring carotid intima-media thickness and plaque.
- **Colorectal Cancer Screening**
Services Provided to Insureds age fifty (50) and older while coverage under the Certificate is in full force and effect for a fecal occult blood test and flexible sigmoidoscopy every five (5) years or a colonoscopy every ten (10) years.

If (i) You are not already covered under an ACA essential health benefits plan, and (ii) the effective date of Your coverage under the PremierMed Short Term Medical-Surgical Expense Plan is more than 60 days from January 1 of the following calendar year (i.e. the earliest possible effective date of coverage under an ACA essential health benefits plan following the next ACA open enrollment period), You can purchase another PremierMed Short Term Medical-Surgical Expense Plan on a guaranteed issued basis, if available to residents of Your current state of residence, with a coverage period on the subsequent PremierMed Short Term Medical-Surgical Expense Plan commencing on the termination date of Your initial PremierMed Short Term Medical-Surgical Expense Plan and terminating on the earliest to occur of (i) the earliest possible effective date of coverage for an ACA "qualified health plan" that could be purchased by You through a state or federal administered health insurance exchange in Your state of residence, (ii) the effective date of Your coverage under any health plan that constitutes "minimum essential coverage" under federal law, or (iii) the date coverage under the PremierMed Short Term Medical-Surgical Expense Plan otherwise terminates under the termination of coverage section of such plan.

PremierMed Plan Features

Monthly Renewal Premium Rate Adjustments

We may increase Monthly Renewal Premium rates for any renewal period after the Issue Date, if after the Issue Date: You add Insureds to the Certificate; You change residence to a different ZIP code; You change any other coverage option; You change the amount of the Benefit Deductible shown on the Certificate Schedule; You change the Insured Coinsurance Percentage shown on the Certificate Schedule; You add optional coverage riders; a change occurs in benefits, limitations, exclusions, premium or other material matter; or any change in coverage, limitations, exclusions, or premium is required pursuant to any federal or state law or regulation.

Coordination Of Benefits

Benefits under the PremierMed Short Term Medical-Surgical Expense Plan may be reduced when an Insured has more than one plan, depending on whether the coverage is a primary or a secondary plan. The PremierMed Short Term Medical-Surgical Expense Plan contains a Coordination Of Benefits provision which outlines the order of benefit determination rules for determining if coverage is primary or secondary.

Non-Renewability

Coverage under the PremierMed Short Term Medical-Surgical Expense Plan is limited duration coverage and is not renewable after the Scheduled Termination Date. The Scheduled Termination Date is the date coverage is scheduled to expire, unless coverage under the PremierMed Short Term Medical-Surgical Expense Plan is terminated earlier according to the Termination of Coverage section of the PremierMed Short Term Medical-Surgical Expense Plan. The Scheduled Termination Date is no more than 6 months from the Issue Date.

Termination

Coverage will terminate on the earlier of the coverage termination date stated on the schedule page or Your earliest possible effective date of coverage under a plan that constitutes "minimum essential coverage" under federal law. Your coverage will also end upon the occurrence of one of the following: the applicable Group Insurance Policy is terminated by the Group Policyholder; with respect to Your Spouse who is covered, Your divorce decree or annulment becomes effective; Your covered child(ren) reach the limiting age as defined by Your state; the due date of any unpaid premium (subject to the grace period); You terminate coverage by notifying Us; We are required by an appropriate regulatory authority to non-renew or cancel the group policy; We cease offering the same form of coverage as the Certificate in Your state; the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for coverage or filing a claim; the Primary Insured terminated membership in the association which is the Group Policyholder; the date an Insured becomes eligible for Medicare; or the date upon which any Insured is covered under any other short term medical insurance plan.

PremierMed Plan Limitations

Coverage under the PremierMed Short Term Medical-Surgical Expense Plan is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the PremierMed Short Term Medical-Surgical Expense Plan, as well as the following limitations and waiting periods:

- Any loss or expense incurred as a result of an Insured's Pre-existing Condition is not covered under the PremierMed Short Term Medical-Surgical Expense Plan¹;
- If, as the result of an Emergency Sickness or an Emergency Bodily Injury, services are rendered for an Insured by a Non-Participating Provider when a Participating Provider was not reasonably available in connection with either (i) on an Outpatient basis in the emergency room of a Hospital or (ii) an Emergency Inpatient admission to a Hospital, then the Covered Expenses incurred will be reimbursed by Us as if such Non-Participating Provider were a Participating Provider, up to the point when the Insured can be safely transferred to a Participating Provider. If the Insured refuses or is unwilling to be transferred to the care of a Participating Provider after such Insured can be safely transferred, then reimbursement shall thereafter be reduced to the Company's Insurance Percentage for Non-Participating Providers;
- Insureds have the right to obtain Prescriptions from the pharmacy of their choice. However, if an Insured: (i) uses a Non-Participating Pharmacy to fill a Prescription or (ii) does not present his/her correct ID card when the Prescription is filled at a Participating Pharmacy, then such Insured must pay the applicable pharmacy in full and file a claim form with the Company for reimbursement. In either event, the Insured will be reimbursed by the Company at the discounted or negotiated rate for such Prescription that would have been paid to a Participating Pharmacy by the Company under the PremierMed Short Term Medical-Surgical Expense Plan if the Insured had used a Participating Pharmacy and properly presented the correct ID card at the time the Prescription was filled; and
- Because the Benefit Deductible under the PremierMed Short Term Medical-Surgical Expense Plan is calculated on the basis of Covered Expenses, it is possible that every dollar an Insured pays for Prescription Drugs at a Participating Pharmacy may not apply toward meeting the applicable Benefit Deductible.

¹Pre-existing Conditions that Manifested after the effective date of coverage under the PremierChoice Specified Disease/Sickness and Accident Plans are waived when the PremierMed Short Term Medical-Surgical Expense Plan is purchased via the MIGI Rider (SMIGIST-2015-R-TX-FLIC).

PremierMed Plan Non-Covered Items

Coverage under the PremierMed Short Term Medical-Surgical Expense Plan is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the PremierMed Short Term Medical-Surgical Expense Plan. In addition, the PremierMed Short Term Medical-Surgical Expense Plan does not provide coverage for expenses charged to an Insured or any payment obligation for Us under the PremierMed Short Term Medical-Surgical Expense Plan for any of the following, all of which are excluded from coverage:

- the amount of any professional fees or other medical expenses or charges for treatments, care, procedures, services or supplies which do not constitute Covered Expenses;
- Covered Expenses incurred before the PremierMed Short Term Medical-Surgical Expense Plan Issue Date;
- Covered Expenses incurred after the expiration of the Scheduled Termination Date, regardless of when the condition originated; except as Provided in the EXTENSION OF BENEFITS provision;
- Covered Expenses that are not incurred while coverage under the PremierMed Short Term Medical-Surgical Expense Plan is in full force and effect for the applicable Insured that incurred such expenses;
- any professional fees or other medical expenses incurred for the diagnosis, care or treatment of Mental and Emotional Disorders and Substance Abuse, except as specifically enumerated in the SICKNESS AND BODILY INJURY BENEFITS section of the PremierMed Short Term Medical-Surgical Expense Plan;
- the amount of any professional fees or other medical expenses contained on a billing statement to an Insured which exceed the amount of the Maximum Allowable Charge;
- any professional fees or other medical expenses for treatments, care, procedures, services or supplies which are not specifically enumerated in the SICKNESS AND BODILY INJURY BENEFITS or WELLNESS AND SCREENING BENEFITS sections of the PremierMed Short Term Medical-Surgical Expense Plan and any optional coverage rider attached to the PremierMed Short Term Medical-Surgical Expense Plan;
- Covered Expenses You or Your covered family members are not required to pay, which are covered by other insurance, or that would not have been billed if no insurance existed;
- any professional fees or expenses for which the Insured and/or any covered family member are not legally liable for payment;
- any professional fees or expenses for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- treatment of the teeth, the surrounding tissue or structure, including the gums and tooth sockets of adult Insureds. This exclusion does not apply to treatment: (a) due to Dental Injury to natural teeth (treatment must be Provided within 90 days of the date of the Dental Injury) or (b) for malignant tumors;
- Bodily Injury or Sickness due to any act of war (whether declared or undeclared) or participation in an act of terrorism;
- services provided by any state or federal government agency, including the Veterans Administration, unless, by law, an Insured must pay for such services;
- Covered Expenses that are payable under any motor vehicle no fault law insurance policy or certificate;
- drugs or medication not used for a Food and Drug Administration (FDA) approved use or indication;
- any Bodily Injury or Sickness covered by any Workers' Compensation insurance coverage, or similar coverage underwritten in connection with any Occupational Disease Law, or Employer's Liability Law, regardless of whether You file a claim for benefits thereunder;
- 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 Sickness or 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; 2) substantially accepted peer-reviewed medical literature; or 3) drugs labeled "Caution –limited by Federal law to investigational use". c) experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- eyeglasses, contact lenses, radial keratotomy, and lasik surgery;
- any professional fees or other medical expenses incurred by an Insured which were 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;
- intentionally self-inflicted Bodily Injury, suicide, or any suicide attempt, while sane or insane;
- serving in one of the branches of the armed forces of the United States or of any foreign country or any international authority;
- 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 PremierMed Short Term Medical-Surgical Expense Plan or any riders, endorsements, or amendments attached to the PremierMed Short Term Medical-Surgical Expense Plan;
- any loss to which a contributing cause was the Insured's being engaged in or attempting to engage in an illegal occupation or illegal activity;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- any Bodily Injury caused or contributed to while racing a land or water vehicle, or participation in hazardous avocation including, but not limited to, martial arts, boxing, hang gliding, paragliding, sky diving, hot air ballooning, mountain/cliff climbing, organized competitive sports, ATV riding, or snowmobiling;
- charges for breast reduction or augmentation or complications arising from these procedures;
- Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
- 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 trauma or infection, (ii) to correct a normal bodily function or congenital defect, or (iii) such cosmetic surgery constitutes Breast Reconstruction that is incidental to a Mastectomy, provided any of the above occurred while the Insured was covered under the PremierMed Short Term Medical-Surgical Expense Plan and while coverage under the PremierMed Short Term Medical-Surgical Expense Plan is in full force and effect;

PremierMed Plan Non-Covered Items - Continued

- fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
- voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- 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;
- 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;
- Prescriptions, treatment or services for behavioral or learning disorders, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- Prescription Drugs that are immunosuppressants;
- any professional fees or other medical expenses incurred as the result of a Bodily Injury which was caused or contributed by an Insured racing any air, land or water vehicle;
- drugs prescribed for the treatment of any disease, illness or condition that has been excluded from coverage under the PremierMed Short Term Medical-Surgical Expense Plan by exclusionary rider, limitation or exclusion;
- 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 used to treat or cure hair loss or baldness;
- Prescription Drugs that are classified as anabolic steroids or growth hormones except as Provided in the Benefit;
- compounded Prescription Drugs;
- fluoride products;
- 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, which have an over the counter equivalent that may be obtained without a Prescription, even though such Prescription Drugs were prescribed by a Provider;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured unless such purchase was made in accordance with the written instructions of the prescribing Provider for the treatment or control of diabetes;
- Prescription Drugs that are classified as anti-fungal medication used for treatment of onychomycosis;
- programs, treatment or procedures for tobacco use cessation;
- Prescription Drugs that are classified as tobacco cessation products;
- charges for blood, blood plasma, or derivatives that has been replaced; and
- services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the PremierMed Short Term Medical-Surgical Expense Plan.

Scheduled Termination Date

The Scheduled Termination Date is the date coverage is scheduled to expire, unless coverage under the PremierMed Short Term Medical-Surgical Expense Plan is terminated earlier according to the Termination of Coverage section of the PremierMed Short Term Medical-Surgical Expense Plan. The Scheduled Termination Date is no more than 6 months from the Issue Date.

THIS COVERAGE IS NOT REQUIRED TO COMPLY WITH CERTAIN FEDERAL MARKET REQUIREMENTS FOR HEALTH INSURANCE, PRINCIPALLY THOSE CONTAINED IN THE AFFORDABLE CARE ACT. BE SURE TO CHECK YOUR POLICY CAREFULLY TO MAKE SURE YOU ARE AWARE OF ANY EXCLUSIONS OR LIMITATIONS REGARDING COVERAGE OF PREEXISTING CONDITIONS OR HEALTH BENEFITS (SUCH AS HOSPITALIZATION, EMERGENCY SERVICES, MATERNITY CARE, PREVENTIVE CARE, PRESCRIPTION DRUGS, AND MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES). YOUR POLICY MIGHT ALSO HAVE LIFETIME AND/OR ANNUAL DOLLAR LIMITS ON HEALTH BENEFITS. IF THIS COVERAGE EXPIRES OR YOU LOSE ELIGIBILITY FOR THIS COVERAGE, YOU MIGHT HAVE TO WAIT UNTIL AN OPEN ENROLLMENT PERIOD TO GET OTHER HEALTH INSURANCE COVERAGE.



MedGuard¹

NON-PARTICIPATING 5 YEAR TERM LIFE INSURANCE WITH ACCELERATED DEATH BENEFIT

Filling The Gap Between Health Coverage And Life Insurance²

Health coverage provides benefits for medical treatment but doesn't include benefits for non-medical expenses. Traditional life insurance pays benefits to the named beneficiary after death. What if You survive a critical illness? Where will You find the financial resources to cover non-medical costs during Your recovery?

The amount of You and Your Spouse's Death Benefit will be based on Your selected monthly premium. The Death Benefit for Your dependent children is limited to \$15,000 and will not exceed 50% of the Primary Insured's Death Benefit amount or the amount of Your Spouse's Death Benefit.

Covered Critical Illnesses/Covered Surgeries	Benefit
Life Threatening Cancer	100% of the Death Benefit
Heart Attack	100% of the Death Benefit
Stroke	100% of the Death Benefit
Kidney Failure	100% of the Death Benefit
Major Organ Transplant	100% of the Death Benefit
Permanent Paralysis	100% of the Death Benefit
Terminal Illness	100% of the Death Benefit
Aorta Graft Surgery	25% of the Death Benefit
Coronary Artery Bypass Surgery	25% of the Death Benefit
Heart Valve Surgery	25% of the Death Benefit
Coronary Angioplasty	10% of the Death Benefit
1st through 30th day Death Benefit amount for other than Life Threatening Cancer	\$500
1st through 90th day Death Benefit amount for any Life Threatening Cancer	\$500

The Death Benefit is reduced by 50% at age 65.

Benefits are reduced by the amount of the Critical Illness Benefit previously paid.

Coverage under the MedGuard Plan ends at age 70.

Cancers

There are **4.5 Million** cancer survivors in the U.S.

~American Cancer Society
Cancer Facts & Figures 2015

Heart Attacks

735,000 heart attacks occur each year - one every **43 seconds**

~American Heart Association
Heart Disease and Stroke Statistics 2015 Update

Strokes

This year, **795,000** Americans will have a stroke - one every **40 seconds**

~American Stroke Association
Heart Disease and Stroke Statistics 2015 Update

¹The Plan is underwritten by Freedom Life Insurance Company of America.

²The MedGuard Plan is a 5-year, renewable term life insurance plan with the plan's stated death benefit paid to the insured's designated beneficiary. The MedGuard plan also contains an accelerated critical illness benefit, which provides the accelerated lump sum payment to the insured, while living, the stated percentage of the death benefit, if the insured is diagnosed with a covered critical illness or covered critical injury or undergoes a covered critical surgical procedure. Life insurance plans are not considered "health insurance" under the ACA. The ACA generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 - 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter. (See page 33 of this brochure for details).

Limitations and Exclusions apply. The MedGuard Plan has a separate brochure. If interested in this coverage, please see the MedGuard brochure and Certificate for complete details.

If You are diagnosed with a covered critical condition or undergo a covered critical surgery, **MedGuard** will pay a portion of the Death Benefit to You in a **lump-sum cash payment!**



You can use the cash for any purpose You deem necessary, such as helping to:

Protect Your assets from being spent on recovery	Pay COBRA or other insurance premiums	Pay Your taxes
Replace lost income for You and Your care-giving spouse	Pay home healthcare expenses	Pay travel and temporary housing expenses for You and Your Family while receiving care away from home
Pay Your mortgage or other obligations	Pay tuition expenses if You need to return to school	Pay for childcare
Pay out-of-pocket or medical expenses not covered by insurance	Reduce Your debt	Finance or protect Your children's college tuition
Pay for experimental treatment	Maintain Your Family's lifestyle	Maintain Your business during recovery

EASY Monthly Premium Options

MedGuard is a money purchase plan with the following premium payment options available through monthly bank draft:

- \$20 \$25 \$30 \$35 \$40 \$45 \$50 \$55 \$60
- \$65 \$70 \$75 \$80 \$85 \$90 \$95 \$100

The benefit amount You receive can help You focus on recovering instead of worrying where You will find the money to pay Your bills.



Accident Protector¹

SUPPLEMENTAL EXCESS ACCIDENT INSURANCE

Extra Coverage for Life's Unpredictable Mishaps²

FACTS:

- In 2010, nonfatal injuries cost society more than \$471 billion in productivity losses and over \$111 billion in medical costs.³
- More than 29 million people are treated in emergency rooms for injuries each year.⁴
- Each year, nearly 9.2 million children aged 0 to 19 years are seen in emergency rooms for injuries.⁵
- More than 2.8 million people hospitalized with injuries each year.⁶



Excess Medical Expense Coverages:

✓ Medically Necessary Treatment by a Physician	✓ Hospital Room & Board
✓ Medically Necessary Treatment by a Nurse	✓ Ambulance
✓ Diagnostic Tests & X-Rays	✓ Outpatient Surgery
✓ Oxygen	✓ Blood & Blood Plasma
✓ Rental of Durable Medical Equipment for a Covered Accident or Injury	✓ Casts, Splints & Crutches
✓ Prescription Drugs & Compounded Prescription Drugs	✓ Over-the-Counter Drugs
✓ Medically Necessary Treatment by a Dentist	✓ Dental Work to Sound Natural Teeth

¹The Plan is underwritten by Freedom Life Insurance Company of America

²The Accident Protector Plan provides excess medical expense benefits for covered medical services in the treatment of covered accidental bodily injuries but is neither a traditional major medical plan nor a Workers Compensation plan under state law. The Accident Protector Plan is considered an "excepted benefit plan" under the ACA and is not a "minimum essential coverage" plan under the ACA. The ACA generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter. (See page 33 of this brochure for details).

³Finkelstein E, Corso PS, Miller TR. The incidence and economic burden of injuries in the United States. New York, NY: Oxford University Press.

⁴NCIPC: Web-based Injury Statistics Query and Reporting System (WISQARS)

⁵Centers for Disease Control and Prevention Safe Kids Fact sheet

⁶NCHS. National hospital discharge survey: National health statistics reports, no. 29. Atlanta, GA; 2010.

Limitations and Exclusions apply. The Accident Protector Plan has a separate brochure. If interested in this coverage, please see the Accident Protector brochure and Certificate for complete details.

Accidental Death and Dismemberment¹

Unintentional Injuries continue to be a leading cause of death in America. With Accident Protector, if an Insured's Injury results in a loss, We will pay You up to 100% of the AD&D maximum² based on this schedule:

Covered Losses:	AD&D Maximums ²
✓ Loss of Life	100%
✓ Loss of Limbs (two or more)	100%
✓ Loss of Speech & Loss of Hearing (both ears)	100%
✓ Loss of Sight (both eyes)	100%
✓ Loss of Limb (one)	50%
✓ Loss of Speech	50%
✓ Loss of Hearing (both ears)	50%
✓ Loss of Sight (one eye)	50%
✓ Loss of Hand (one)	50%
✓ Loss of Foot (one)	50%
✓ Loss of Hearing (one ear)	25%
✓ Loss of Thumb & Index Finger (same hand)	25%

Utilize Accident Protector to provide You with a financial advantage:

- ✓ Provides lump sum payouts if Your Injury is due to an accident and results in a loss.
- ✓ Helps cover the cost of deductibles, co-pays, and other expenses not covered by insurance.

Emergency Air Ambulance

Many accidents require emergency transportation to a Hospital or other facility. You can rest easy knowing we've got You covered regardless of the Excess Medical Expense Coverage selected.

Up to **\$4,000** per Accident per Insured

Your coverage includes the amount of Emergency Air Ambulance expense up to the maximum of \$4,000 per Accident per Insured for Medically Necessary transportation by air to the nearest Hospital qualified to render treatment in an Emergency within 90 days from the date of Injury sustained in an Accident.

We give You the option to select coverage that fits Your budget and needs.

Choose Your coverage amount from the list below:

Coverage Selections & Deductible³

- | | |
|---|---|
| <input type="checkbox"/> \$2,500 per Insured with \$100 deductible | <input type="checkbox"/> \$5,000 per Insured with \$250 deductible |
| <input type="checkbox"/> \$7,500 per Insured with \$250 deductible | <input type="checkbox"/> \$10,000 per Insured with \$500 deductible |
| <input type="checkbox"/> \$12,500 per Insured with \$500 deductible | <input type="checkbox"/> \$15,000 per Insured with \$500 deductible |



When it Comes to Accidents ... You Can't Be Too Careful.

¹Benefits reduce by 50% on the 65th birthday of the Primary Insured and the spouse of the Primary Insured.

²AD&D Maximum equal to Excess Medical Expense Coverage Maximum Benefit selected.

³Benefits are subject to Your Excess Medical Expense Deductible per Accident per Insured.

SecureDental¹

DENTAL INSURANCE

EVERYONE DESERVES A HEALTHY SMILE²

SecureDental Offers 3 Plans:

Premium Plan³

Deductibles: \$50 for an Individual; \$150 for a Family; Additional Orthodontic Deductible \$150 per Insured
Covers Preventive Care, Basic Care, Major Care & Orthodontic Care
Calendar Year Maximum Per Insured \$1,500; Orthodontic Calendar Year Maximum Per Insured \$400

Saver Plus Plan³

Deductibles: \$50 for an Individual; \$150 for a Family
Covers Preventive Care, Basic Care & Major Care, with Orthodontic Care Services discounted at contracted providers.
Calendar Year Maximum Per Insured \$1,000

Saver Plan³

Deductibles: \$50 for an Individual; \$150 for a Family
Covers Preventive Care & Basic Care, with Major Care & Orthodontic Care Services discounted at contracted providers.
Calendar Year Maximum Per Insured \$500



Preventive Care

Benefits include:

- Initial & Periodic oral examinations
- Intraoral X-rays, with/without bitewings
- Prophylaxis (cleaning of the teeth) with/without oral examination
- ... and more

Basic Care

Benefits include:

- Amalgam, silicate cement, acrylic or plastic fillings
- Simple tooth Extractions
- Oral Surgery
- ... and more

Major Care

(Covered on Premium Plan & Saver Plus Plans. For Saver Plan, Insured(s) receive discounted services at contracted providers for Major Care.)

Benefits include:

- Single Crown restorations
- Dentures, including fixed or removable prosthetic devices, complete Dentures, upper & lower
- Root Canal Therapy, including treatment plan & follow-up care
- ... and more

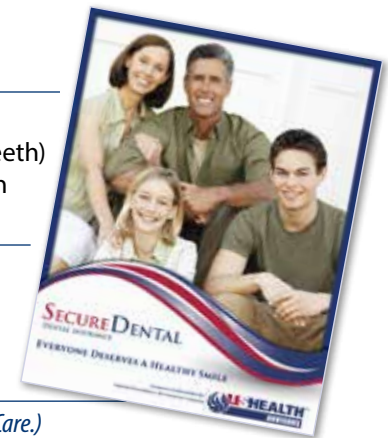
Orthodontic Care

(Covered on Premium Plan. For Saver Plus Plan & Saver Plans, Insured(s) receive discounted services at contracted providers for Orthodontic Care.)

Benefits include:

- Comprehensive Orthodontic Treatment of the adult dentition
- Comprehensive Orthodontic Treatment of the adolescent dentition
- Orthodontic retention (removal of appliances, construction & placement of retainer(s))
- ... and more

See Brochure for a complete listing of SecureDental Benefits



¹The Plans are underwritten by Freedom Life Insurance Company of America.

²The SecureDental Plans provide benefits for covered dental services only. The SecureDental Plans are considered "excepted benefit plans" under the ACA and are not "minimum essential coverage" plans under the ACA. The ACA generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter. (See page 33 of this brochure for details).

³Limitations, Waiting Periods and Exclusions apply. SecureDental has a separate brochure. If interested in this coverage, please see the SecureDental brochure and Certificate for complete details.

PremierVision¹

VISION INSURANCE



SEE THE WORLD MORE CLEARLY²

How Much You Can Save!

The following is an example of what You might pay for a pair of glasses for Yourself or Your child with PremierVision vs. what You would pay without PremierVision. Let's say You or Your child get an eye exam and choose a frame with single vision lenses. Now let's see the difference...

Example 1 - Adult's Glasses	PremierVision	No Coverage	Example 2 - Child's Glasses	PremierVision	No Coverage
Comprehensive eye exam	\$0.00	\$100.00	Comprehensive eye exam	\$0.00	\$100.00
Standard progressive lenses	\$0.00	\$230.00	Single vision plastic lenses	\$0.00	\$70.00
Lens copay	\$10.00		Lens copay	\$10.00	
Standard scratch guard coating*	\$0.00	\$28.00	Child Polycarbonate lenses	\$0.00	\$125.00
Frame	\$163.00	\$163.00	Standard scratch guard coating*	\$0.00	\$28.00
			Frame	\$159.00	\$159.00
- \$120 allowance	(\$120.00)		- \$120 allowance	(\$120.00)	
- 30% discount off \$43 balance*	(\$12.90)		- 30% discount off \$39 balance*	(\$11.70)	
Frame copay	\$10.00		Frame copay	\$10.00	
YOU PAY →	\$50.10	\$521.00	YOU PAY →	\$47.30	\$482.00

90% Savings On Glasses and up to 72% on Contact Lenses!***

*Non-insurance benefit provided through the Spectera Eyecare Network. **Savings based on example above and using a Provider in the Spectera Eyecare Network.

Benefits	In-Network Benefits	Out-of-Network Benefits
Comprehensive Eye Exam³	\$0 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$35
Frames⁴	\$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$120	100% Up to an Allowance of \$60
Corrective Standard Lenses⁴		
Single Vision Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$35
Lined Bifocal Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$55
Lined Trifocal Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
Standard Progressive Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
Premium Progressive Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
Corrective Contact Lenses⁵		
Conventional	\$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$120	100% Up to an Allowance of \$100
Disposable	\$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$120	100% Up to an Allowance of \$100

¹The Plan is underwritten by Freedom Life Insurance Company of America.

²The PremierVision Plan provides benefits for covered vision services only. The PremierVision Plan is considered an "excepted benefit plan" under the ACA and is not a "minimum essential coverage" plan under the ACA. The ACA generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter. (See page 33 of this brochure for details).

³Limited to one (1) Comprehensive Eye Examination every twelve (12) months from the last date of service, per Insured.

⁴In lieu of Corrective Contact Lenses, limited to one (1) purchase every twelve (12) months from the last date of service, per Insured. In no event will Benefits be payable for both glasses and corrective contact lenses.

⁵In lieu of Corrective Standard Lenses and Frames, limited to one (1) purchase every twelve (12) months from the last date of service, per Insured. In no event will Benefits be payable for both glasses and corrective contact lenses.

Limitations and Exclusions apply. The PremierVision Plan has a separate brochure. If interested in this coverage, please see the PremierVision brochure and Certificate for complete details.

LifeProtector¹

10 YEAR TRADITIONAL TERM LIFE INSURANCE

PROVIDE PEACE OF MIND FOR YOUR LOVED ONES

- Odds of dying as a consequence of heart disease – 1 in 6*
- Odds of dying as a consequence of cancer – 1 in 7*
- Total odds of dying, any cause – 1 in 1 (100%)*

**National Safety Council*



Most Americans need life insurance, and many who already have it may need to update their coverage.

LIFEPROTECTOR IS THE RIGHT CHOICE!²

Providing peace of mind for Your family is essential. If something unforeseen were to happen to You, would Your family be taken care of financially? With America's Choice LifeProtector, You can help provide the financial security Your family needs and deserves.

Advantages of America's Choice LifeProtector

Convenient

LifeProtector is a great option to add to Your portfolio.

Pure & Simple

Provides protection to help with obligations like mortgage, car payment, childcare or educational expenses and other obligations.

Peace of Mind

Provides protection in the event of unforeseen death.

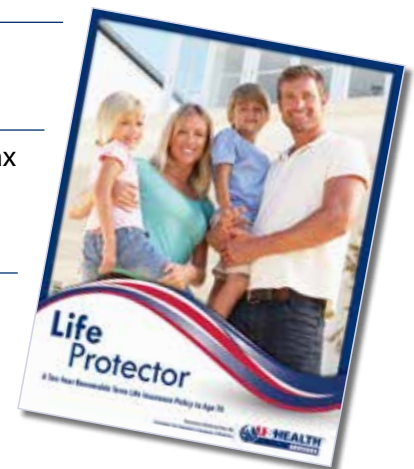
Not Taxable to Beneficiaries

Provides valuable life insurance benefits that in most instances are free from income tax for the beneficiary.

Economical

With premium payment options from \$10 to \$50, all in \$5 increments, it's easy to find an economical solution to Your life insurance needs.

- | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> \$10 | <input type="checkbox"/> \$15 | <input type="checkbox"/> \$20 | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$30 |
| <input type="checkbox"/> \$35 | <input type="checkbox"/> \$40 | <input type="checkbox"/> \$45 | <input type="checkbox"/> \$50 | |



¹The Plan is underwritten by Freedom Life Insurance Company of America.

²The LifeProtector Plan is a 10-year, renewable term life insurance plan with the plan's stated death benefit paid to the insured's designated beneficiary. The LifeProtector Plan does not contain any rider for the acceleration of the payment of the death benefit to the insured, while living. Life insurance plans are not considered "health insurance" under the ACA. The ACA generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter. (See page 33 of this brochure for details).

IncomeProtector¹

SHORT TERM ACCIDENT DISABILITY INSURANCE

PROTECT AGAINST THE UNEXPECTED²

How Long Could You **Survive** Financially **Without a Paycheck?**

- 49% of workers would have difficulty supporting themselves within one month of becoming disabled.*
- In the U.S., a disabling injury occurs every second.**

*The Disability Survey conducted by Kelton Research on behalf of the LIFE Foundation, April 2009

**National Safety Council®, Injury Facts® 2010 Ed.

If You become disabled due to a covered accident, IncomeProtector can help pay Your bills for up to 12 months. This means You can spend more time on Your recovery and less time worrying about how You will pay Your bills.

Protect Your Income

In **3** Easy Steps!



1
Choose Your Elimination Period

- 14 Days
- 30 Days

2
Choose Your Monthly Total Disability Benefits

- \$500
- \$1,000
- \$1,500

3
Choose Your Maximum Period for Benefit Payments

- 3 months
- 6 months
- 12 months

¹ The Plan is underwritten by Freedom Life Insurance Company of America.

² The IncomeProtector Plan provides disability income benefits for disability resulting from covered accidental bodily injuries and is neither a traditional major medical plan nor a Workers Compensation plan under state law. The IncomeProtector Plan is considered an "excepted benefit plan" under the ACA and is not a "minimum essential coverage" plan under the ACA. The ACA generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 - 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter. (See page 33 of this brochure for details).

Limitations and Exclusions apply. The IncomeProtector Plan has a separate brochure. If interested in this coverage, please see the IncomeProtector brochure and Certificate for complete details.

**Insurance coverage underwritten by:
Freedom Life Insurance Company of America
A member company of USHEALTH Group®
P.O. Box 1719 | Fort Worth, TX 76101 | 1-800-387-9027**

The information shown here and in any accompanying literature is a brief description only and does not contain the full specifications, limits, and exclusions applicable to the coverage. Important limitations, reductions, and exclusions will apply. The Certificate sets forth, in detail, the rights and obligations of both You and the insurance company, and only the Certificate defines and controls the rights and obligations of the parties. It is, therefore important that You **READ THE CERTIFICATE CAREFULLY!**



Group Policy: GRP-P-13-FLIC

The underwriting insurance company in Your state has agreed to perform or cause to be performed certain monthly administrative services on behalf of the association including the collection of certain enrollment fees and monthly membership dues on behalf of the association, and transmission to the association of monthly membership census data.