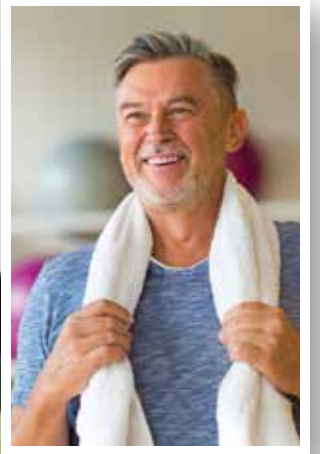


Affordable Health Coverage  
*Built Just For You!*

# SecureAdvantage



Insurance underwritten by:  
Freedom Life Insurance Company of America



# Historically, Increasing Healthcare Costs are the **#1** concern of **Small Business Owners**<sup>1</sup> & 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 SecureAdvantage Specified Disease/Sickness Plan, SecureAdvantage Accident Plan, and SecureAdvantage Health & Wellness Plans.

## When You choose us You're choosing...

### Experience

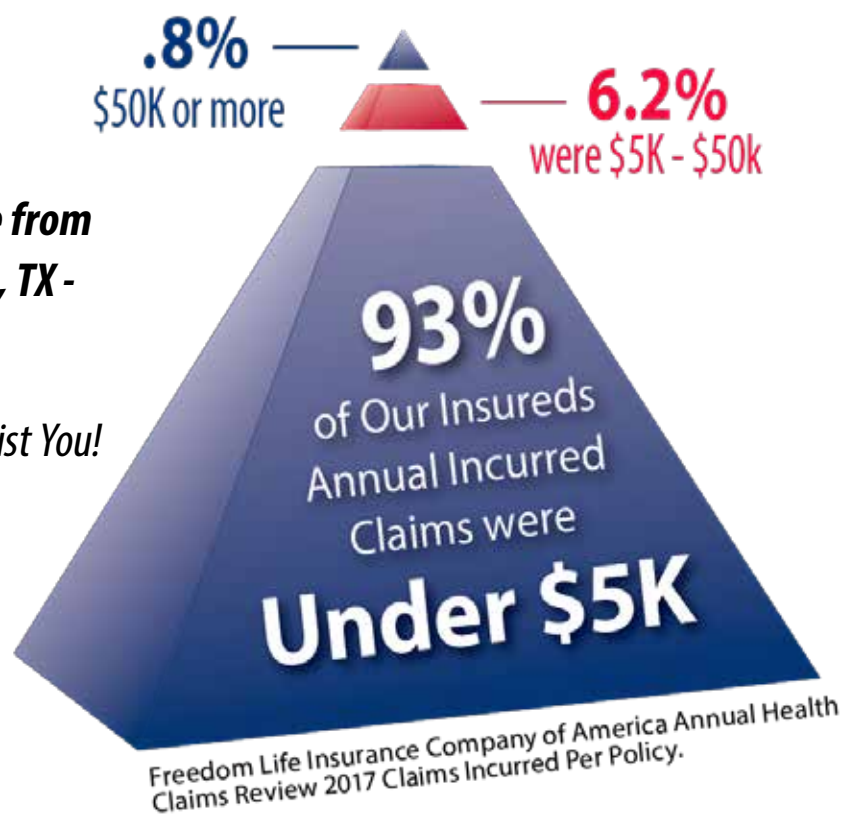
- Over **100 collective years** of insurance experience
- Over **15 million** customers served

### 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**<sup>2</sup>



<sup>1</sup>National Federation of Independent Business website, 2016.

<sup>2</sup>2017 analysis of claims processing time by insurance company subsidiaries of USHEALTH Group.

# SecureAdvantage Specified Disease/Sickness Plan SecureAdvantage Accident Plan SecureAdvantage Health & Wellness Plans<sup>1</sup>

## The SecureAdvantage Plans Difference

- **Flexible Deductible Choices** - Choose the most appropriate deductible to meet Your needs and Your budget for Your Specified Disease/Sickness coverage and Your Accident coverage.
- With the SecureAdvantage Specified Disease/Sickness Plan, the SecureAdvantage Accident Plan, and the SecureAdvantage Health & Wellness Plans **You select a PPO network<sup>2</sup>** that is available for Your state.
- **Each Plan pays in addition to any coverage You have in force.**
- **Your initial rate is guaranteed for 12 months** at no extra charge!<sup>3</sup>
- **24-Hour coverage, on or off the job.**
- **Portable coverage You can take with You** even if You move or change jobs.
- **The SecureAdvantage Health & Wellness PLUS Plans provide first dollar coverage for Outpatient Doctor's Office Visits.** And with the Special Doctor Office Visit "rollover" feature, if You don't use Your Doctor Office Visit benefits, You don't lose them!
- **Increasing Lifetime Maximum for both Specified Disease/Sickness & Accident coverage.** Get rewarded for Your good health with Our Increasing Lifetime Maximum for Specified Disease/Sickness and Accident coverage.
- The **SecureAdvantage** Specified Disease/Sickness Plan, SecureAdvantage Accident Plan, and SecureAdvantage Health & Wellness Plans are not essential health benefit plans under the Affordable Care Act ("ACA"). Instead, they will supplement an essential health benefit plan.<sup>4</sup>

## Gain Peace of Mind

### In **3** Easy Steps!



<sup>1</sup>The Plans are underwritten by Freedom Life Insurance Company of America.

<sup>2</sup>For SecureAdvantage 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.

<sup>3</sup>The 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, limitations, exclusions or premium change; or future requirements of any federal or state law.

<sup>4</sup>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 27 of this brochure for details). The SecureAdvantage Specified Disease/Sickness Plan, SecureAdvantage Accident Plan and SecureAdvantage Health & Wellness Plans provide benefits for covered medical services but are neither traditional major medical plans nor Workers Compensation plans under state law. The SecureAdvantage Specified Disease/Sickness Plan, SecureAdvantage Accident Plan and SecureAdvantage Health & Wellness Plans are considered "excepted benefit plans" under the ACA and are not "minimum essential coverage" plans under the ACA.

# SecureAdvantage Specified Disease/Sickness Plan<sup>1</sup>

With Over 900,000 Bankruptcies Each Year Caused by Medical Bills<sup>2</sup>...

You Need to KNOW You are Covered for Sickness from Head to Toe<sup>3</sup>.



## Heart Disease

Over **121.5 million** Americans have Heart Disease

~American Heart Association  
Heart Disease and Stroke Statistics 2019

## Cancer

More than **1.8 million** Americans were diagnosed with Cancer in 2020

~American Cancer Society  
Cancer Facts & Figures 2020

## Strokes

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

~American Heart Association  
Heart disease and stroke statistics 2019

<sup>1</sup> The Plan is underwritten by Freedom Life Insurance Company of America.

<sup>2</sup> CNN Health, Study by the American Journal of Medicine

<sup>3</sup> Subject to Exclusions and Limitations of the Plan (see pages 7-8).

The SecureAdvantage Specified Disease/Sickness Plan provides benefits for covered sicknesses. It does not cover accidental bodily injuries, doctor office visits, 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 SecureAdvantage Accident Plan and the SecureAdvantage 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 27 of this brochure for details). The SecureAdvantage Specified Disease/Sickness Plan provides benefits for covered medical services but is neither a traditional major medical plans nor a Workers Compensation plan under state law. The SecureAdvantage Specified Disease/Sickness Plan is considered an "excepted benefit plan" under the ACA and is not a "minimum essential coverage" plan under the ACA.

# SecureAdvantage Specified Disease/Sickness Plan Benefit Options

## Select Your Calendar Year Deductible for Participating Providers (PPO)<sup>1,2</sup>:

\$5,000

\$7,500

\$10,000

## Choose Your Coinsurance Option<sup>3,4</sup>:

In-network Coinsurance Options	In-network Out of Pocket Maximum	Out-of-network Coinsurance Options	Out-of-network Out of Pocket Maximum
<input type="checkbox"/> 80% - 20%	\$2,000	60% - 40%	\$16,000
<input type="checkbox"/> 70% - 30%	\$6,000	50% - 50%	\$25,000
<input type="checkbox"/> 60% - 40%	\$10,000	50% - 50%	\$25,000

## Select Your Maximums Per Insured:

- Unlimited Lifetime Certificate Maximum/Unlimited Lifetime Transplant Maximum Per Insured
- \$5,000,000 Lifetime Certificate Maximum/\$5,000,000 Lifetime Transplant Maximum Per Insured
- \$5,000,000 Lifetime Certificate Maximum with a \$500,000 Lifetime Transplant Maximum/\$250,000 Calendar Year Maximum Per Insured
- \$5,000,000 Lifetime Certificate Maximum with a \$500,000 Lifetime Transplant Maximum/\$100,000 Calendar Year Maximum Per Insured

<sup>1</sup>When 3 Insureds satisfy the SecureAdvantage Specified Disease/Sickness Plan's Calendar Year Deductible, no additional Calendar Year Deductible will be required for the remainder of the Calendar Year.

<sup>2</sup>An additional deductible equal to Your Calendar Year Deductible is required for Non-PPO Providers.

<sup>3</sup>Subject to any coverage limits of this plan and after satisfaction of the SecureAdvantage Specified Disease/Sickness Plan's Calendar Year Deductible selected above, as well as payment of Access Fees, the Separate Deductible For Non-Participating Providers and the Failure to Pre-Authorize Treatment Deductible, if any. The Insured is responsible for paying the applicable coinsurance percentage for all Covered Expenses incurred during the Calendar Year.

<sup>4</sup>Does not include Calendar Year Deductible or Access Fees.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# SecureAdvantage Specified Disease/Sickness Plan Coverages

## Benefits Provided for Covered Specified Diseases/Sicknesses:

- Hospital Confinement: semi-private daily room and board
- Intensive Care Unit
- Hospital miscellaneous medications, prescription drugs, services and supplies
- Surgery
- Primary Surgeon
- Assistant Surgeon
- Surgical Assistant Fees
- Anesthesiologist or Nurse Anesthetist
- Pathologist Fees
- Breast Reconstruction
- Radiation, Chemotherapy, Occupational Therapy, Rehabilitation and Speech Therapy
  - *Occupational Therapy only available Inpatient*
- Inpatient/Outpatient Laboratory and Diagnostic Tests
  - *Outpatient MRI, CAT Scan, Myelogram & Nuclear Imaging Service subject to \$250 Laboratory and Diagnostic Testing Access Fee*
- Emergency Room Services
  - *subject to \$250 Emergency Room Access Fee (Emergency Room Access Fee waived on Hospital Admission)*
- Emergency Transportation to Hospital by Ambulance
- Outpatient Surgery at a Hospital or Ambulatory Surgical Center
- Diabetes Equipment, Supplies and Self-Management Training



## Additional Benefits Provided for Covered Specified Diseases/Sicknesses:

- Outpatient Treatment
- Medical Equipment and Supplies
- Provides up to 60 Provider visits per Hospital Confinement, including 1 Provider visit per day for each treating Provider while the Insured is hospitalized
- Second Surgical Opinion: Up to \$250 of professional fees
- Inpatient Physical Therapy: Covered up to 25 treatments or \$2,000 per Calendar Year, per Insured
- Outpatient Physical Therapy: Covered up to 25 treatments or \$2,000 per Calendar Year, per Insured
- Organ Transplants: Covered up to the selected Lifetime Transplant Maximum per Insured, including up to \$10,000 per transplant for the harvesting of applicable donor organs or donor bone marrow
- Home Health Care: Covered up to 120 days in a 12 month period
- Hospice Care: Covered up to 6 consecutive months
- Skilled Nursing Home: Covered up to 120 days in a 12 month period

# SecureAdvantage Specified Disease/Sickness Plan Features

## **Annual Increase in Lifetime Maximum**

The SecureAdvantage Specified Disease/Sickness Plan provides a \$250,000 increase in the amount of the applicable Lifetime Certificate Maximum Per Insured on each anniversary of the Issue Date when the amount of billed charges submitted to Us in the prior year for all Insureds is less than the amount of Your Calendar Year Deductible. A \$125,000 increase in the Lifetime Certificate Maximum Per Insured is provided under the SecureAdvantage Specified Disease/Sickness Plan if the amount of billed charges submitted is less than twice the amount of the Calendar Year Deductible. The total amount of benefit increases in the Lifetime Certificate Maximum Per Insured is \$2,000,000.

## **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.

## **Additional Deductible for Failure to Pre-Authorize**

Certain procedures that You or Your Provider do not pre-authorize with Us under the SecureAdvantage Specified Disease/Sickness Plan are subject to the \$500 Failure to Pre-Authorize Treatment Deductible.

## **Renewability**

Coverage is guaranteed renewable under the SecureAdvantage Specified Disease/Sickness Plan to age 65.

## **Termination**

Your coverage will end upon the occurrence of one of the following: You are no longer an eligible individual; the Group Policy for such plan is terminated by the Group Policyholder; premium was due and not paid; You terminate coverage for such plan by notifying Us of the date You desire coverage to terminate for such plan and specify the Insured whose coverage is to terminate; We are required by the order of an appropriate regulatory authority to non-renew or cancel the Certificate or Group Policy for such plan; We cease offering and renewing coverage of the same form of coverage as the Certificate for such plan in Your state as described in Termination of Coverage for such plan; the total amount of any Benefit payments made by Us are equal to the lifetime maximum for such plan; 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 date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for the Certificate for such plan or in filing a claim for Benefits under the Certificate.

## **SecureAdvantage Specified Disease/Sickness Plan Waiting Periods & Limitations**

Coverage under the Certificate is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of the Certificate, as well as the following limitations and waiting periods:

- Any treatment, medical service, surgery, medication, equipment, claim, loss or expense received, purchased, leased or otherwise incurred as a result of an Insured's Pre-existing Condition not disclosed on the application is not covered under the 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 Certificate or any riders, endorsements, or amendments attached to the Certificate;
- Pre-Existing Condition means a condition, whether physical or mental, and regardless of the cause of the condition 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 Certificate for the Insured incurring the expense;
- The Certificate 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 Certificate or any riders, amendments, or endorsements attached hereto. The Certificate 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 Certificate or any riders, amendments, or endorsements attached hereto;
- Any Specified Disease 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, hemorrhoids, varicose veins, tonsils and/or adenoids, or otitis media shall be limited under the Certificate to \$500 provided that (i) such loss or expenses constitutes Covered Expenses incurred by an Insured on or after the Issue Date, (ii) such Specified Diseases are not otherwise limited or excluded by the Certificate or any riders, endorsements, or amendments attached to the Certificate, (iii) care for such Specified Disease is Provided on an Emergency basis, and such Specified Disease is not a Pre-existing Condition;
- If as the result of an Emergency treatment of a Specified Disease 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;
- Specified Disease Benefits under the Certificate for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, shall be limited to only the Usual and Customary charges for services, supplies, care or treatment covered under the Certificate that are not payable or reimbursable by Medicare and/or its amendments, subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in the Certificate; and
- Only applicable when a limited Lifetime Certificate Maximum is selected: \$2,000,000 is the maximum total amount of all applicable annual increases in the Lifetime Certificate Maximum Per Insured that can be conditionally received after the Issue Date pursuant to Section VIII. INCREASE IN THE LIFETIME CERTIFICATE MAXIMUM of the Certificate; and Except as contained and specifically set forth in the INCREASE IN THE LIFETIME CERTIFICATE MAXIMUM Section of the Certificate, there shall be no increase in the amount of the Lifetime Certificate Maximum Per Insured.

## SecureAdvantage Specified Disease/Sickness Plan Non-Covered Items

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

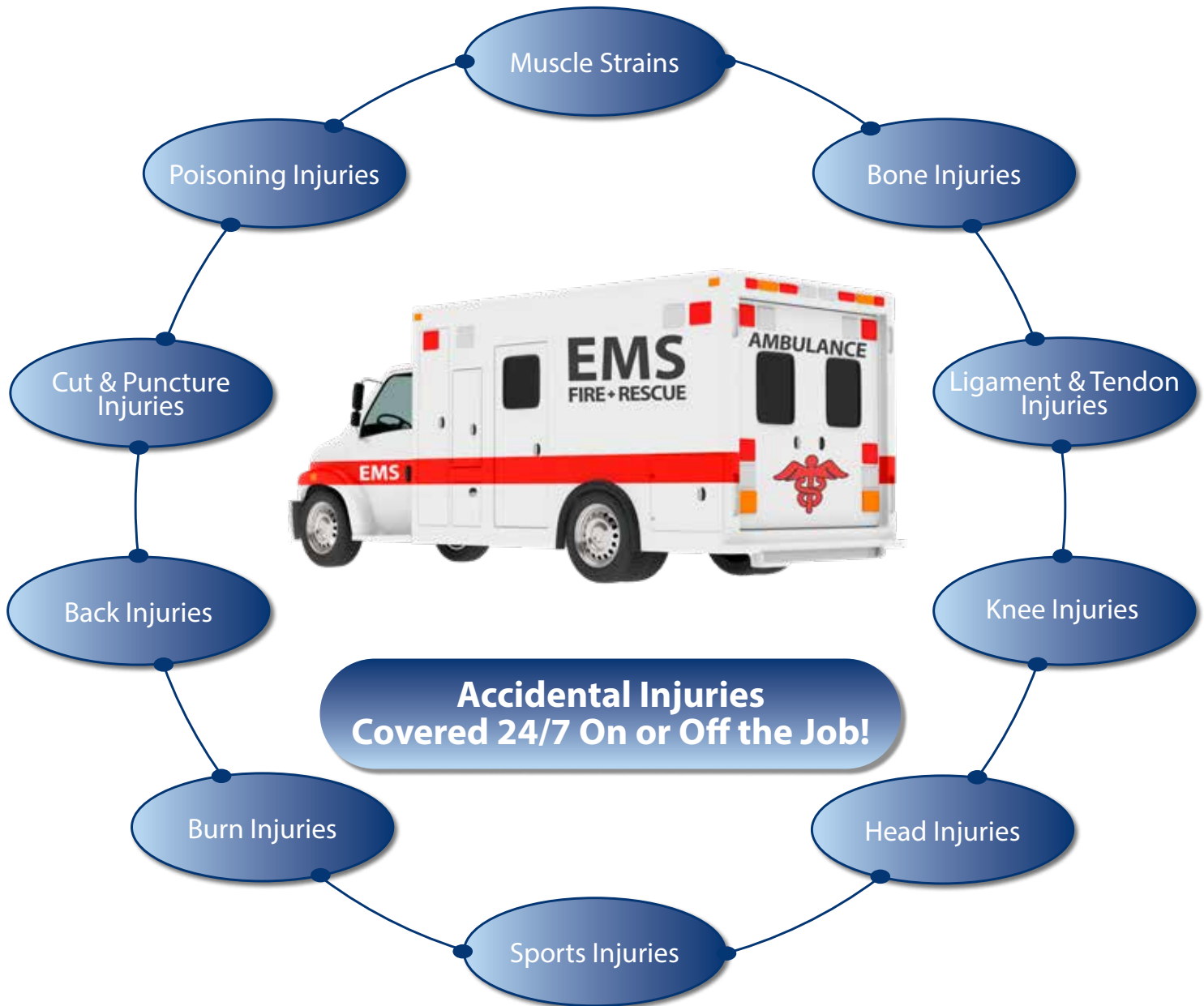
- any cost item, charge or expense which does not constitute Covered Expenses;
- any accidental bodily injury suffered by an Insured;
- any disease, ailment, illness or sickness that is not a Specified Disease;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Certificate 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 Certificate 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 which exceed the Lifetime Transplant Maximum Per Insured for all Solid Organ Transplants, Bone Marrow Transplants, and Stem Cell Transplants received by each Insured including any applicable expense for professional fees and facility fee incurred in connection with harvesting the applicable donor organ or donor bone marrow for the purposes of such transplantation;
- any Prescription Drugs;
- 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 Certificate or any riders, endorsements, or amendments attached to the Certificate;
- any treatment, care, procedures, services or supplies 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;
- 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 or congenital defects that qualify 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 Certificate;
- any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
- any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
- any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any treatment, care, procedures, services or supplies (including Prescriptions) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
- any contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- any spinal manipulation;
- any programs, treatment or procedures for tobacco use cessation
- 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 Certificate.



# SecureAdvantage Accident Plan<sup>1</sup>

**Non-Fatal Injuries Resulted in \$432 Billion in Medical Costs during 2016.<sup>2</sup>**

**Count on Your SecureAdvantage Accident Plan to Cover Your Accidental Bodily Injury Medical Costs.<sup>3</sup>**



<sup>1</sup> The Plan is underwritten by Freedom Life Insurance Company of America.

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

<sup>3</sup> Subject to Exclusions and Limitations of the Plan (see pages 12-13).

The SecureAdvantage Accident Plan provides benefits for covered accidents. It does not cover sicknesses, doctor office visits, 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 SecureAdvantage Specified Disease/Sickness Plan and the SecureAdvantage 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 27 of this brochure for details). The SecureAdvantage Accident Plan provides benefits for covered medical services but is neither a traditional major medical plan nor a Workers Compensation plan under state law. The SecureAdvantage Accident Plan is considered an "excepted benefit plan" under the ACA and is not a "minimum essential coverage" plan under the ACA.

# SecureAdvantage Accident Plan Benefit Options

## Customize Your Calendar Year Deductible for Participating Providers (PPO)<sup>1,2:</sup>

\$2,500

\$3,750

\$5,000

## Choose Your Coinsurance Option<sup>3,4:</sup>

In-network Coinsurance Options	In-network Out of Pocket Maximum	Out-of-network Coinsurance Options	Out-of-network Out of Pocket Maximum
<input type="checkbox"/> 80% - 20%	\$2,000	60% - 40%	\$16,000
<input type="checkbox"/> 70% - 30%	\$6,000	50% - 50%	\$25,000
<input type="checkbox"/> 60% - 40%	\$10,000	50% - 50%	\$25,000

## Select Your Maximums Per Insured:

- Unlimited Lifetime Certificate Maximum/Unlimited Lifetime Transplant Maximum Per Insured
- \$5,000,000 Lifetime Certificate Maximum/\$5,000,000 Lifetime Transplant Maximum Per Insured
- \$5,000,000 Lifetime Certificate Maximum with a \$500,000 Lifetime Transplant Maximum/\$250,000 Calendar Year Maximum Per Insured
- \$5,000,000 Lifetime Certificate Maximum with a \$500,000 Lifetime Transplant Maximum/\$100,000 Calendar Year Maximum Per Insured

<sup>1</sup>When 3 Insureds satisfy the SecureAdvantage Accident Plan's Calendar Year Deductible, no additional Calendar Year Deductible will be required for the remainder of the Calendar Year.

<sup>2</sup>An additional deductible equal to Your Calendar Year Deductible is required for Non-PPO Providers.

<sup>3</sup>Subject to any coverage limits of this plan and after satisfaction of the SecureAdvantage Accident Plan's Calendar Year Deductible selected above, as well as payment of Access Fees, the Separate Deductible For Non-Participating Providers and the Failure to Pre-Authorize Treatment Deductible, if any. The Insured is responsible for paying the applicable coinsurance percentage for all Covered Expenses incurred during the Calendar Year.

<sup>4</sup>Does not include Calendar Year Deductible or Access Fees.



# SecureAdvantage Accident Plan Coverages

## BENEFITS PROVIDED FOR COVERED ACCIDENTS:

- Hospital Confinement: semi-private daily room and board
- Intensive Care Unit
- Hospital miscellaneous medications, prescription drugs, services and supplies
- Surgery
- Primary Surgeon
- Assistant Surgeon
- Surgical Assistant Fees
- Anesthesiologist or Nurse Anesthetist
- Occupational Therapy, Rehabilitation and Speech Therapy
- Inpatient/Outpatient Laboratory and Diagnostic Tests
  - *Outpatient MRI, CAT Scan, Myelogram & Nuclear Imaging Service subject to \$250 Laboratory and Diagnostic Testing Access Fee*
- Emergency Room Services
  - *subject to \$250 Emergency Room Access Fee*  
*(Emergency Room Access Fee waived on Hospital Admission)*
- Emergency Transportation to Hospital by Ambulance
- Outpatient Surgery at a Hospital or Ambulatory Surgical Center
- Outpatient Treatment
- Breast Reconstruction
- Medical Equipment and Supplies
- Orthotic Device and Prosthetic Device
- Provides up to 60 Provider visits per Hospital Confinement, including 1 Provider Visit per day for each treating Provider while the Insured is hospitalized
- Second Surgical Opinion: Up to \$250 of professional fees
- Inpatient Physical Therapy: Covered up to 25 treatments or \$2,000 per Calendar Year, per Insured
- Outpatient Physical Therapy: Covered up to 25 treatments or \$2,000 per Calendar Year, per Insured
- Organ Transplants: Covered up to the selected Lifetime Transplant Maximum per Insured, including up to \$10,000 per transplant for the harvesting of applicable donor organs or donor bone marrow
- Home Health Care: Covered up to 120 days in a 12 month period
- Hospice Care: Covered up to 6 consecutive months
- Skilled Nursing Home: Covered up to 120 days in a 12 month period

# SecureAdvantage Accident Plan Features

## Annual Increase in Lifetime Maximum

The SecureAdvantage Accident Plan provides a \$250,000 increase in the amount of the applicable Lifetime Certificate Maximum Per Insured on each anniversary of the Issue Date when the amount of billed charges submitted to Us in the prior year for all Insureds is less than the amount of Your Calendar Year Deductible. A \$125,000 increase in the Lifetime Certificate Maximum Per Insured is provided under the SecureAdvantage Accident Plan if the amount of billed charges submitted is less than twice the amount of the Calendar Year Deductible. The total amount of benefit increases in the Lifetime Certificate Maximum Per Insured is \$2,000,000.

## 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.

## Additional Deductible for Failure to Pre-Authorize

Certain procedures that You or Your Provider do not pre-authorize with Us under the SecureAdvantage Accident Plan are subject to the \$500 Failure to Pre-Authorize Treatment Deductible.

## Renewability

Coverage is guaranteed renewable under the SecureAdvantage Accident Plan to age 65.

## Termination

Your coverage will end upon the occurrence of one of the following: You are no longer an eligible individual; the Group Policy for such plan is terminated by the Group Policyholder; premium was due and not paid; You terminate coverage for such plan by notifying Us of the date You desire coverage to terminate for such plan and specify the Insured whose coverage is to terminate; We are required by the order of an appropriate regulatory authority to non-renew or cancel the Certificate or Group Policy for such plan; We cease offering and renewing coverage of the same form of coverage as the Certificate for such plan in Your state as described in Termination of Coverage for such plan; the total amount of any Benefit payments made by Us are equal to the lifetime maximum for such plan; 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 date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for the Certificate for such plan or in filing a claim for Benefits under the Certificate.

## SecureAdvantage Accident Plan Waiting Periods & Limitations

Coverage under the Certificate is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of the Certificate, as well as the following limitations and waiting periods:

- If as the result of an Emergency treatment of an Accidental 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;
- Accidental Bodily Injury Benefits under the Certificate for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, shall be limited to only the Usual and Customary charges for services, supplies, care or treatment covered under the Certificate that are not payable or reimbursable by Medicare and/or its amendments, subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in the Certificate; and
- Only applicable when a limited Lifetime Certificate Maximum is selected: \$2,000,000 is the maximum total amount of all applicable annual increases in the Lifetime Certificate Maximum Per Insured that can be conditionally received after the Issue Date pursuant to Section VIII. INCREASE IN THE LIFETIME CERTIFICATE MAXIMUM of the Certificate; and Except as contained and specifically set forth in the INCREASE IN THE LIFETIME CERTIFICATE MAXIMUM Section of the Certificate, there shall be no increase in the amount of the Lifetime Certificate Maximum Per Insured.

## SecureAdvantage Accident Plan Non-Covered Items

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

- any damage or harm to the physical structure of the body of an Insured received as a result of any act of war (whether declared or undeclared);
- any damage or harm to the physical structure of the body of an Insured that was intentionally self-inflicted;
- any damage or harm to the physical structure of the body of an Insured caused by suicide or any suicide attempt while sane or insane;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is serving on active duty in the armed forces of the United States (including the active Reserves) or the National Guard;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is serving on active duty in one of the branches of the armed forces of any foreign country or any international authority;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is engaged in an illegal occupation or attempting to commit assault or illegal activity;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is resisting arrest by a law enforcement officer, or otherwise resisting incarceration by a municipality, or other political subdivision of a state, a state or the federal government;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is incarcerated in a city or county jail or a state or federal penal institution;

## SecureAdvantage Accident Plan Non-Covered Items Continued

- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is engaged in hang gliding, paragliding, hot air ballooning or any other form of aviation, except as a fare paying passenger traveling on a regularly scheduled commercial airline flight;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is participating, as a professional contestant, in any boxing, martial arts or mixed martial arts event, including the sanctioned practice thereof;
- any damage or harm to the physical structure of the body of an Insured while the Insured is participating, as driver or passenger contestant (professional or amateur), in any race competition, race, or speed contest, including sanctioned practice thereof, involving any land vehicle or water craft;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is participating, as a professional contestant, in any race competition, race or speed contest, including sanctioned practice thereof, on snow skis or a snowboard;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is intoxicated or under the influence of alcohol or any drug, narcotic or hallucinogens unless administered via a prescription and on the advice of a Provider, and taken in accordance with the limits of such advice. An Insured is conclusively determined to be intoxicated by drug or alcohol if (i) a chemical test administered in the jurisdiction where either the Accident occurred or the Insured was medically treated is at or above the legal limit set by that jurisdiction or (ii) the level of alcohol was such that a person's coordination, ability to reason, was impaired, regardless of the legal limit set by that jurisdiction;
- any damage or harm to the physical structure of the body of an Insured occurring during any surgical procedure or operation performed in the treatment of any disease, illness, sickness or ailment;
- any damage or harm to the physical structure of the body of an Insured occurring as a result of the intentional inhalation or ingestion of any poison, gas or fumes;
- any damage or harm to the physical structure of the body of an Insured occurring as a result of the operation by an Insured of any motor vehicle without the permission/consent of the owner of such vehicle;
- any damage or harm to the physical structure of the body of an Insured occurring as a result of the operation by an Insured of any motor vehicle without a valid operator's license/permit;
- any cost item, charge or expense which does not constitute Covered Expenses;
- any damage or harm to the physical structure of the body of an Insured that did not occur Accidentally;
- any disease, illness, ailment or sickness of any type or character suffered or sustained by an Insured;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Certificate 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 Certificate 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 which exceed the Lifetime Transplant Maximum Per Insured for all Solid Organ Transplants, Bone Marrow Transplants, and Stem Cell Transplants received by each Insured including any applicable expense for professional fees and facility fee incurred in connection with harvesting the applicable donor organ or donor bone marrow for the purposes of such transplantation;
- any Prescription Drugs;
- 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 damage or harm to the physical structure of the body of an Insured received as a result of 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 Certificate or any riders, endorsements, or amendments attached to the Certificate;
- 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 in treatment of a Bodily Injury; (ii) to correct a normal bodily function in connection with the treatment of a covered Bodily Injury; or (iii) such cosmetic surgery constitutes Breast Reconstruction that is incident to a Mastectomy performed in treatment of a Bodily Injury; provided any of the above occurred while the Insured was covered under the Certificate;
- any damage or harm to the physical structure of the body of an Insured received as a result of any voluntary or elective surgical procedure, including breast reduction or augmentation or other cosmetic procedure;
- any damage or harm to the physical structure of the body of an Insured received as a result of any voluntary sterilization procedure or sterilization reversal procedure;
- any damage or harm to the physical structure of the body of an Insured received as a result of any 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 damage or harm to the physical structure of the body of an Insured received as a result of any 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 diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
- any diagnosis, care or treatment of Alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- any diagnosis, care or treatment of cirrhosis of the liver;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- any spinal manipulation;
- any 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 Certificate.

# SecureAdvantage Health & Wellness PLUS Plans<sup>1</sup>



## Health

**860.4 Million** Doctor's Office Visits in the United States

~ National Ambulatory Medical Care Survey: 2018 National Summary Tables, table 1

## Child Immunizations

Almost **95%** of kindergartners received state-required vaccines for the 2018 school year

~ CDC, 2017-2019

## Preventative Care

About **1 in 8** U.S. women will develop invasive breast cancer over the course of their lifetime

~ American Cancer Society 2021

<sup>1</sup>The Plans are underwritten by Freedom Life Insurance Company of America.

The SecureAdvantage Health & Wellness PLUS 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 SecureAdvantage Specified Disease/Sickness Plan and the SecureAdvantage Accident Plan. 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 27 of this brochure for details). The SecureAdvantage Health & Wellness PLUS Plans provide benefits for covered medical services but are neither traditional major medical plans nor Workers Compensation plans under state law. The SecureAdvantage Health & Wellness PLUS Plans are considered "excepted benefit plans" under the ACA and are not "minimum essential coverage" plans under the ACA.

# SecureAdvantage Health & Wellness PLUS Plans

## 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 You Choose**  
You can stretch Your dollars further by choosing an In-Network Provider.<sup>1</sup>
- **12-Month Rate Guarantee<sup>2</sup>**

The SecureAdvantage Health & Wellness PLUS Plans are Fixed Indemnity Wellness plans that allow You to receive specific first dollar benefit payments for covered healthcare services and prescriptions, regardless of what Your medical provider charges.

## SecureAdvantage Health & Wellness PLUS Plan

Health & Wellness Plus Benefits		Plan 1	Plan 2	Plan 3
<i>All benefits paid at the stated benefit amount</i>		<i>\$ Paid/# Allowed</i>	<i>\$ Paid/# Allowed</i>	<i>\$ Paid/# Allowed</i>
	<b>Per Insured</b>	<b>Per Policy Year</b>	<b>Per Policy Year</b>	<b>Per Policy Year</b>
<b>Outpatient Benefits</b>	<b>Doctor Office Visits</b> - Unused visits rollover to next policy year	\$100/3 Visits	\$100/4 Visits	\$100/5 Visits
	<b>Prescription Drugs</b>			
	Generic	\$10	\$10	\$10
	Brand Name	\$30	\$40	\$50
	Total Policy Year Max	\$500	\$900	\$1,000
	<b>Diagnostic Laboratory Tests</b>	\$40/3 Days	\$40/3 Days	\$40/3 Days
	<b>Diagnostic X-Ray</b>	\$75/2 Days	\$75/3 Days	\$75/3 Days
	<b>Urgent Care Facility</b>	\$100/1 Day	\$100/1 Day	\$100/1 Day
<b>Spinal Manipulation Office Visits</b>	\$100/3 Visits	\$100/4 Visits	\$100/5 Visits	

*Pre-existing Conditions are subject to a waiting period of 12 months. This limitation will not apply if the Pre-Existing Condition is disclosed on the application, accepted by the company, and is not otherwise limited or excluded by the Certificate or any riders, amendments, or endorsements attached thereto. Please see page 16 for more details.*

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

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

<sup>1</sup>For SecureAdvantage 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.

<sup>2</sup>The 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.

<sup>3</sup>Age-related restrictions and other limitations apply. Please see page 16 for more details.

All SecureAdvantage 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.

# SecureAdvantage Health & Wellness *PLUS* 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 SecureAdvantage Health & Wellness *PLUS* Plan 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.

## **SecureAdvantage Health & Wellness *PLUS* Plan Waiting Periods & Limitations**

Coverage under the Certificate is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the Certificate, as well as the following limitations and waiting periods:

- Any treatment, medical service, medication, equipment, claim, or loss Provided and received, as a result of an Insured's Pre-existing Condition not disclosed on the application is not covered under the Certificate unless such treatment, medical service, medication, equipment, claim, or loss constitutes Covered Services Provided to and received by such Insured more than 12 months after the Issue Date, and are not otherwise limited or excluded by the Certificate or any riders, endorsements, or amendments attached to the Certificate;
- Pre-existing Condition means an Insured's illness, bodily injury or other medical condition, (physical or mental) 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 Certificate for such Insured; and
- The Certificate provides coverage as of the Issue Date for applicable Covered Services for Pre-existing Conditions disclosed on the application provided they are not otherwise limited or excluded by the Certificate or any riders, amendments, or endorsements attached hereto. The Certificate does not provide coverage for Pre-existing Conditions that are not disclosed on the application, unless the applicable Covered Service is Provided more than 12 months after the Insured's coverage has been in effect, and provided such expenses are not otherwise limited or excluded by the Certificate or any riders, amendments, or endorsements attached hereto.

◦ **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.





## SecureAdvantage Health & Wellness PLUS Plan Non-Covered Items

Coverage under the SecureAdvantage Health & Wellness PLUS Plan is limited as provided by the definitions, terms, conditions, limitations and exclusions contained in each and every section of the SecureAdvantage Health & Wellness PLUS Plan. In addition, the SecureAdvantage Health & Wellness PLUS Plan does not provide coverage for professional and medical services Provided to an Insured or any fixed indemnity payment obligation for Us under the SecureAdvantage Health & Wellness PLUS 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 Certificate Issue Date;
- Covered Services received after the Certificate terminates, regardless of when the condition originated, except as provided in the EXTENSION OF BENEFITS provision;
- any treatments, care, procedures, services or supplies which are not specifically Enumerated in the COVERED SERVICES section of the Certificate 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;
- Injury or Sickness due to any act of war (whether declared or undeclared);
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services, except for Medicaid;
- drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
- administration of experimental drugs, childhood immunizations, 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 Injury, but only if the investigational or experimental drug in question: a. has been approved by the FDA for at least one indication; b. is recognized for treatment of the indication for which the drug is prescribed in: 1. a standard drug reference compendia; or 2. substantially accepted peer-reviewed medical literature; c. drugs labeled "Caution – limited by Federal law to investigational use";
- 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;
- cochlear implants;
- any professional and medical services Provided to an Insured in treatment of a Sickness or Injury 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 Injury, suicide or any suicide attempt while sane or insane;
- Sickness or Injury while serving in one of the branches of the armed forces of the United States of America;
- Sickness or Injury while in a foreign country and serving on active duty in the United States Army, Navy, Marine Corp, Air Force Reserves or the National Guard;
- Sickness or Injury while serving on active duty in the armed forces of any foreign country or any international authority but premiums will be refunded;
- 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 Certificate or any riders, endorsements, or amendments attached to the Certificate;
- any loss to which a contributing cause was the Insured's being engaged in an illegal occupation or illegal activity;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- cosmetic surgery or cosmetic dentistry, except for Medically Necessary cosmetic surgery performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from trauma or infection to correct a normal bodily function or (ii) 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 Certificate;
- breast reduction or augmentation or complications arising from these procedures;
- Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
- 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;
- 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;
- any Injury which was caused or contributed by an Insured racing any land or water vehicle;
- medical services Provided and received for the diagnosis, care or treatment of Mental & Emotional Disorders, Alcoholism, and drug addiction/abuse;
- Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
- except for Complications of Pregnancy, routine maternity related to childbirth, including routine nursery services and well-baby care;
- contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
- 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;
- 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;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- programs, treatment or procedures for tobacco use cessation;
- Prescription Drugs that are classified as tobacco cessation products;
- drugs prescribed for the treatment of any disease, illness or condition that has been excluded from coverage under the Certificate by exclusionary rider, limitation or exclusion;
- treatment of autism;
- Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- treatment received outside of the United States except as provided in the EXTRATERRITORIAL MEDICAL EXPENSES provision; and
- Prescriptions, treatment or services for behavioral or learning disorders, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD).

# SecureAdvantage Health & Wellness Plans<sup>1</sup>



<sup>1</sup>The Plans are underwritten by Freedom Life Insurance Company of America.

The SecureAdvantage Health & Wellness Plans provide benefits for covered wellness exams and health screenings. They do not cover sicknesses, accidental bodily injuries, or doctor office visits, 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 SecureAdvantage Specified Disease/Sickness Plan and the SecureAdvantage Accident Plan. 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 27 of this brochure for details). The SecureAdvantage Health & Wellness Plans provide benefits for covered medical services but are neither traditional major medical plans nor Workers Compensation plans under state law. The SecureAdvantage Health & Wellness Plans are considered "excepted benefit plans" under the ACA and are not "minimum essential coverage" plans under the ACA.

# SecureAdvantage Health & Wellness Plans

## 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 Provider.<sup>1</sup>
- **Your initial rate is guaranteed for 12 months at no extra charge!**<sup>2</sup>

SecureAdvantage 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:

<b>Wellness &amp; Health Screening Benefits</b> <i>Per Insured Per Policy Year</i>	<b>PLAN 1</b> <i>\$ Paid/# Allowed</i>	<b>PLAN 2</b> <i>\$ Paid/# Allowed</i>	<b>PLAN 3</b> <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 <sup>3</sup>	\$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 <sup>3</sup>	\$250/1 Mammogram	\$250/1 Mammogram	\$250/1 Mammogram
PSA Test <sup>3</sup>	\$25/1 Test	\$25/1 Test	\$25/1 Test
Colonoscopy <sup>3</sup>	\$450/1 Exam	\$550/1 Exam	\$650/1 Exam
Osteoporosis Screening <sup>3</sup>	\$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 <sup>3</sup>	\$50/1 EKG	\$50/1 EKG	\$50/1 EKG
Stress EKG <sup>3</sup>	\$100/1 Stress EKG	\$100/1 Stress EKG	\$100/1 Stress EKG

<sup>1</sup>For SecureAdvantage 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.

<sup>2</sup>The 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.

<sup>3</sup>Age-related restrictions and other limitations apply. Please see page 20 for more details.

All SecureAdvantage 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.

# SecureAdvantage 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 SecureAdvantage Health & Wellness Plan 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.

## SecureAdvantage Health & Wellness Plan Limitations

Coverage under the Certificate is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the Certificate, 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.

## SecureAdvantage Health & Wellness Plan Non-Covered Items

Coverage under the SecureAdvantage Health & Wellness Plan is limited as provided by the definitions, terms, conditions, limitations and exclusions contained in each and every section of the SecureAdvantage Health & Wellness Plan. In addition, the SecureAdvantage Health & Wellness Plan does not provide coverage for professional and medical services Provided to an Insured or any fixed indemnity payment obligation for Us under the SecureAdvantage 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 Certificate Issue Date;
- Covered Services received after the Certificate 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 Certificate 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 Certificate or any riders, endorsements, or amendments attached to the Certificate;
- 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.

# MedGuard<sup>1</sup>

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

## Filling The Gap Between Health Coverage And Life Insurance<sup>2</sup>

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
COVID-19 Infection Complications Resulting in Inpatient Hospital Confinement	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.

### Cancer

There are **16.9 Million** cancer survivors in the U.S.

~American Cancer Society  
Cancer Facts & Figures 2020

### Heart Attack

**805,000** heart attacks occur each year - one every **40 seconds**

~American Heart Association  
Heart Disease and Stroke Statistics 2019

### Strokes

Account for about **1 of every 19 deaths** in America

~American Heart Association  
Heart Disease and Stroke Statistics 2019

<sup>1</sup>The Plan is underwritten by Freedom Life Insurance Company of America.

<sup>2</sup>The 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 27 of this brochure for 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:**

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



# SecureDental<sup>1</sup>

DENTAL INSURANCE

**EVERYONE DESERVES A HEALTHY SMILE<sup>2</sup>**

## SecureDental Offers 3 Plans:

### Premium Plan<sup>3</sup>

**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 Plan<sup>3</sup>

**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 Plan<sup>3</sup>

**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:

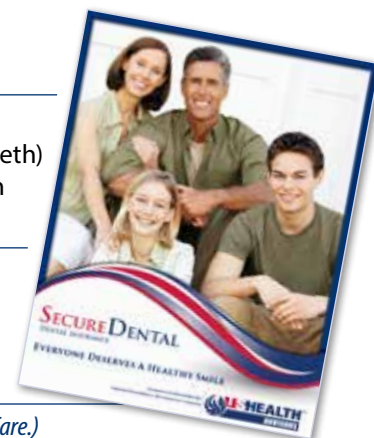
- Comprehensive Orthodontic Treatment of the adult dentition
  - Comprehensive Orthodontic Treatment of the adolescent dentition
  - Orthodontic retention (removal of appliances, construction & placement of retainer(s))
- ... and more**

## See Brochure for a complete listing of SecureDental Benefits

<sup>1</sup>The Plans are underwritten by Freedom Life Insurance Company of America.

<sup>2</sup>The 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 27 of this brochure for details).

<sup>3</sup>Limitations, 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.



# PremierVision<sup>1</sup>

VISION INSURANCE



**SEE THE WORLD MORE CLEARLY<sup>2</sup>**

## 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	
<b>YOU PAY →</b>	<b>\$50.10</b>	<b>\$521.00</b>	<b>YOU PAY →</b>	<b>\$47.30</b>	<b>\$482.00</b>

**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
<b>Comprehensive Eye Exam<sup>3</sup></b>	\$0 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$35
<b>Frames<sup>4</sup></b>	\$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$120	100% Up to an Allowance of \$60
<b>Corrective Standard Lenses<sup>4</sup></b>		
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
<b>Corrective Contact Lenses<sup>5</sup></b>		
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

<sup>1</sup> The Plan is underwritten by Freedom Life Insurance Company of America.

<sup>2</sup> The 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 27 of this brochure for details).

<sup>3</sup> Limited to 1 Comprehensive Eye Examination every 12 months from the last date of service, per Insured.

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

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



# LifeProtector<sup>1</sup>

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 5\*
- 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!<sup>2</sup>

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.

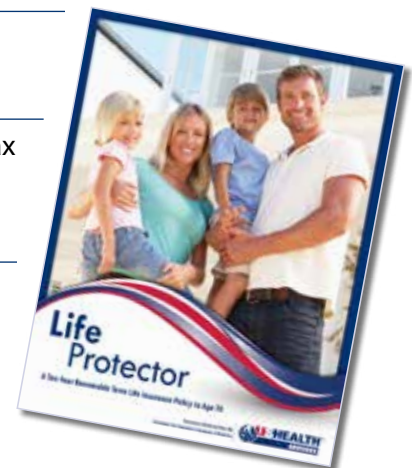
### Not Taxable to Beneficiaries

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 |                               |



<sup>1</sup>The Plan is underwritten by Freedom Life Insurance Company of America.

<sup>2</sup>The 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 27 of this brochure for details).

# IncomeProtector<sup>1</sup>

SHORT TERM ACCIDENT DISABILITY INSURANCE

## PROTECT AGAINST THE UNEXPECTED<sup>2</sup>

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

- 63% of working Americans would have difficulty supporting themselves within 6 months of becoming disabled.\*
- In the U.S., a disabling injury occurs every second.\*\*

<sup>1</sup>2020 Insurance Barometer Study conducted by the Life Insurance Marketing and Research Association (LIMRA)  
<sup>2</sup>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

**Your Monthly Total Disability Benefit**

- \$1,500

# 2

**Choose Your Elimination Period**

- 14 Days
- 30 Days

# 3

**Choose Your Maximum Period for Benefit Payments**

- 3 months
- 6 months
- 12 months

<sup>1</sup>The Plan is underwritten by Freedom Life Insurance Company of America.

<sup>2</sup>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 27 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.



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!

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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.

