



Premier Choice

A Smart Approach to Coverage - Now & Later

Insurance underwritten by:
Freedom Life Insurance Company of America



Increasing Healthcare Costs Are The #1 Concern Of Small Business Owners.¹

Why Choose Us?

As a member of the American Independent Business Coalition, You have the right to apply for coverage under one of Freedom Life's Medical plans issued to the Association, including the PremierChoice Specified Disease/Sickness Plan and Accident Plan. Each plan has three levels of coverage to choose from, which are designed to meet Your individual needs and budget.

INNOVATIVE

- If You do not already have essential health benefits coverage, while the PremierChoice Specified Disease/Sickness Plan and the **OPTIONAL MEDICAL INFLATION PROTECTION & GUARANTEED INSURABILITY RIDER²** are in full force and effect, You have the right to purchase Our PremierMed Short Term Medical-Surgical Expense Plan with **NO ADDITIONAL UNDERWRITING** and the Benefit limits in the PremierChoice Specified Disease/Sickness Plan increase annually **FOR UP TO 5 FULL YEARS!** And while the PremierChoice Accident Plan and the **OPTIONAL MEDICAL INFLATION PROTECTION RIDER** are in full force and effect, the Benefit limits in the PremierChoice Accident Plan increase annually **FOR UP TO 5 FULL YEARS!**

EXPERIENCED

- Over 50 collective years of industry experience.
- Over **15 MILLION** customers served.

DEPENDABLE

- Over 1 billion dollars in **CLAIMS PAID!**
- Average claim processed in **LESS THAN 10 CALENDAR DAYS!³**

CONVENIENT

- **PERSON to PERSON CUSTOMER SERVICE** — You don't have to talk to a machine!
- Dedicated **PROFESSIONAL** insurance agents to assist You!

¹National Federation of Independent Business website, 2014.

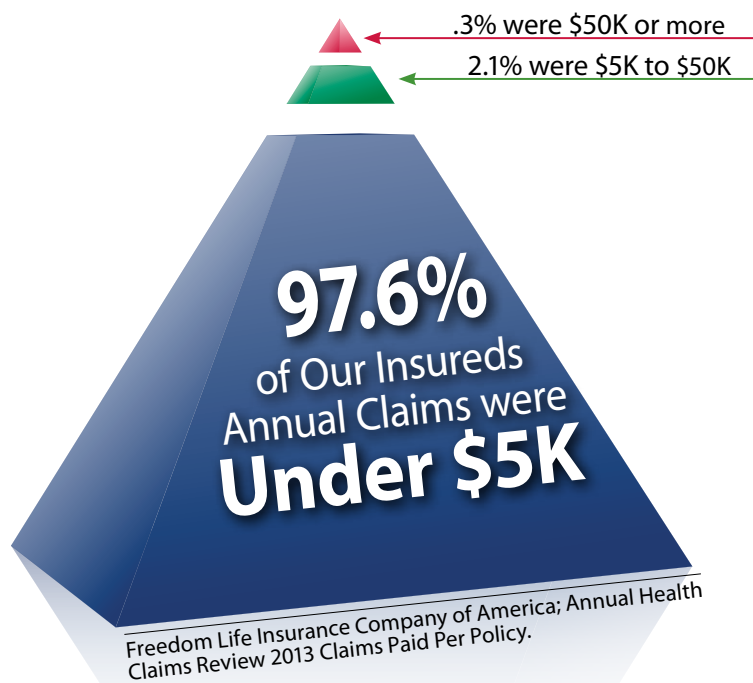
²Optional Medical Inflation Protection & Guaranteed Insurability Under Optional Short Term Medical-Surgical Expense Plan Rider

³2013 Analysis of Claims Processing Time by insurance subsidiaries of USHEALTH Group.

Why Choose PremierChoice

The PremierChoice Difference

- **No Calendar Year Deductibles to Satisfy!** You receive “first dollar” benefit payments under each of the PremierChoice Specified Disease/Sickness and Accident Plans without first having to satisfy any calendar year deductible, which is different from ACA essential health benefit plans and many other plans that require the Insured to first satisfy a calendar year deductible for network providers, and a separate calendar year deductible for non-network providers, before applicable medical expenses are eligible for payment.
- **First Dollar coverage, up to the applicable benefit amount, available under both the PremierChoice Specified Disease/Sickness & the Accident Plans for Outpatient Doctor Office Visits!** Special “rollover” feature in each plan; if You don’t use Your benefits, You don’t lose them.
- **Buy more coverage, if You need it, without additional underwriting!** Ask Your Agent about the Optional Single Step-Up Rider, the Optional Double Step-Up Rider and the Optional Medical Inflation Protection & Guaranteed Insurability Rider!
- **Any Doctor, Any Hospital!** But You can stretch Your dollars further by choosing an In-Network Provider.
- Neither the PremierChoice Specified Disease/Sickness Plan with the **Optional Medical Inflation Protection & Guaranteed Insurability Rider** nor the PremierChoice Accident Plan with the **Optional Medical Inflation Protection Rider** are ACA essential health benefits plans. However, while these are in full force and effect, You have the right to purchase additional coverage under Our PremierMed Short Term Medical-Surgical Expense Plan **with no additional underwriting, if You are not covered under an ACA plan of “minimal essential coverage”,** as a bridge to Your purchase of ACA essential health benefits coverage.*
- Each plan **pays in addition** to any coverage You have in force.
- **Automatically Locks in Your rate for 15 months at no extra charge!****
- **24 hour coverage, on or off the job.** Coverage You can depend on when You need it the most.



The **PremierChoice Specified Disease/Sickness and Accident Plans** allow You to receive **first dollar payments** for expenses incurred, up to a benefit maximum for covered healthcare services.¹

This supplements an **essential health benefits plan** under which You must first satisfy a **deductible** every year **before** You are eligible to receive benefit payments.

¹You will be responsible for charges that exceed Your Specified Disease/Sickness Plan and/or Accident Plan benefit amount and the network discount.

*The individual mandate under the Affordable Care Act (“ACA”) generally requires individuals to maintain “minimum essential coverage” in 2014 and beyond, or be subject to payment of the annual shared responsibility payment, the amount of which is based, in part, upon the individual’s household income each year (See page 16 of this brochure for details). The PremierChoice Specified Disease/Sickness Plans and Accident Plans are insurance plans which provide benefits on an expense incurred basis up to a maximum daily/monthly/annual amount for covered services and are neither “essential health benefits plans” under the ACA, traditional major medical insurance plans, nor Workers Compensation plans under state law. PremierChoice Specified Disease/Sickness Plans and Accident Plans are “excepted benefit plans” under the ACA, but are not considered “minimum essential coverage” under it. Therefore, unless an Insured under one of our PremierChoice Specified Disease/Sickness Plans and/or Accident Plans has an exemption from the ACA’s individual mandate or maintains “minimum essential coverage” under the ACA, the Insured will be subject to the ACA’s “shared responsibility payment” (See page 16 of this brochure for details).

**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.

Build Security for Yourself & Your Family



In **3** Easy Steps!

3

2

1

Choose the plans of coverage that best suit Your needs.

Increase Your coverage, if You need it, with Our Optional Riders.

The **Optional Single Step-Up Rider, Optional Double Step-Up Rider, and Optional Medical Inflation Protection & Guaranteed Insurability Rider** on the Specified Disease/Sickness Plans and the **Optional Single Step-Up Rider, Optional Double Step-Up Rider, and Optional Medical Inflation Protection Rider** on the Accident Plans have all been designed to increase Your coverage and to fit Your needs and Your budget.
(See pages 12-13 for details)

Choose optional supplemental coverage to enhance Your overall protection:

- ✓ Critical Illness¹
- ✓ Accident¹
- ✓ Dental¹
- ✓ Accident Disability Income¹
- ✓ Life Insurance¹
- ✓ Vision Insurance¹

¹ These optional plans are also underwritten by Freedom Life Insurance Company of America. Exclusions and limitations apply. Not available in all states.

With Over 900,000 Bankruptcies Each Year Caused by Medical Bills...¹

You Need to **KNOW** You are Covered for Specified Diseases/Sicknesses from Head to Toe!!

Specified Disease/Sickness Plan covers the following Diseases and Illnesses²

- Acute Myocardial Infarction (Acute Heart Attack)
- Adrenal Hypofunction (Addison's Disease)
- Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- Arteriosclerosis
- Bacterial Infection
- Brain and Nervous System Disease
- Cancer
- Cardiovascular Disease
- Complications of Pregnancy
- CVA (Stroke)
- Cystic Fibrosis
- Diabetes
- Endocrine System Disease
- Gastrointestinal Disease
- Hypertension
- Influenza
- Inherited Metabolic Disorder
- Kidney and Urinary Tract Disease
- Life Threatening Cancer
- Liver and Biliary Tract Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Musculoskeletal Disease
- Obstructive Sleep Apnea
- Ophthalmology Disease
- Osteoarthritis
- Osteomyelitis
- Osteoporosis
- Otolaryngology Disease
- Poliomyelitis
- Pulmonary Disease
- Rheumatoid Arthritis
- Reproductive System Disease
- Sickle Cell Anemia
- Skin Disease
- Sleep Apnea
- Toxic Epidermal Necrolysis
- Toxic Shock Syndrome (TSS)
- Viral Infection

Just a Few Examples of Covered Major Specified Diseases/Sicknesses

Heart Attacks

the **Leading Cause of Death** in the US is Heart Disease (**25.4%**)

~U.S. CDC National Vital Statistics Reports: Vol. 58, No. 19.

Cancers

the **2nd Leading Cause of Death** in the US (**23.2%**)

~U.S. CDC National Vital Statistics Reports: Vol. 58, No. 19.

Strokes

the **3rd Leading Cause of Death** in the US (**5.6%**)

~U.S. CDC National Vital Statistics Reports: Vol. 58, No. 19.

¹CNN Health, Study by the American Journal of Medicine.

²Subject to Exclusions and Limitations of the plan (see pages 13-16).

The PremierChoice Specified Disease/Sickness Plan provides benefits for covered Specified Diseases/Sicknesses, but unlike a major medical plan, it does not cover accidental bodily injuries or wellness exams. If accident coverage is appropriate for You and/or Your family, please ask Your agent for details on available options.

Coverage That Gives You MORE

Growing Benefits + Added Protection

Decisions You make today can affect Your family's future, but planning for unforeseen events can be a real challenge. The **PremierChoice** Specified Disease/Sickness Plans can help You make the best choices to take care of Your family and Your finances now, while being prepared for the unexpected later.

If You already have ACA essential health benefits coverage, **PremierChoice** Specified Disease/Sickness Plans can supplement this coverage You have with **Our Optional Medical Inflation Protection & Guaranteed Insurability Rider**, available on the Specified Disease/Sickness Plans.

Here's how the **PremierChoice** Specified Disease/Sickness Plan Level 2 with the Optional Medical Inflation Protection & Guaranteed Insurability Rider in force could increase Your applicable benefit limits:

Each level of the PremierChoice Specified Disease/Sickness Plan with the Optional Medical Inflation Protection & Guaranteed Insurability Rider provides payment of actual expenses incurred (without a calendar year deductible) up to each applicable benefit limit, and each benefit limit increases on each calendar anniversary by 10% on a compounded basis for up to 5 years as long as the applicable Specified Disease/Sickness Plan and the Optional Medical Inflation Protection & Guaranteed Insurability Rider remain in full-force and effect.

At time of issue	1st Anniversary	2nd Anniversary	3rd Anniversary	4th Anniversary	5th Anniversary
Doctor Office Visit Benefit Amount, up to	Benefit amount at time of issue + 10% increase, up to:	Benefit amount at 1st Anniversary + 10% increase, up to:	Benefit amount at 2nd Anniversary + 10% increase, up to:	Benefit amount at 3rd Anniversary + 10% increase, up to:	Benefit amount at 4th Anniversary + 10% increase, up to:
\$100	\$110	\$121	\$133	\$146	\$161
Hospital Room and Board Benefit Amount, up to:	Benefit amount at time of issue + 10% increase, up to:	Benefit amount at 1st Anniversary + 10% increase, up to:	Benefit amount at 2nd Anniversary + 10% increase, up to:	Benefit amount at 3rd Anniversary + 10% increase, up to:	Benefit amount at 4th Anniversary + 10% increase, up to:
\$600	\$660	\$726	\$799	\$879	\$967

In addition, You receive the ability to **increase Your protection** if and when You decide Your circumstances require it through the Optional Medical Inflation Protection & Guaranteed Insurability Rider purchased with the Specified Disease/Sickness Plan. This rider gives You the one-time right to purchase Our **PremierMed** Short Term Medical-Surgical Expense Plan without additional medical underwriting or evidence of insurability when You decide You need it, anytime, even in the middle of a claim.¹ This unique option helps You bridge the gap between the **PremierChoice** Specified Disease/Sickness Plan to the earliest of the following dates: (i) the earliest possible effective date of coverage for an ACA "qualified health plan" that could be purchased by You through a state or federal administered health insurance exchange in Your state of residence, (ii) the effective date of Your coverage under any health plan that constitutes "minimum essential coverage" under federal law, and (iii) the date coverage under the **PremierMed** Short Term Medical-Surgical Expense Plan otherwise terminates under the termination of coverage section of such plan.

**First Dollar Benefits NOW,
Increased Coverage ANNUALLY,
Coverage WHEN YOU NEED IT**

Get More with PremierChoice!

¹Insured is required to contact Freedom Life Insurance Company of America to upgrade to the PremierMed Short Term Medical-Surgical Expense Plan. Benefit limits revert to the original limits as of the Issue Date if the Optional Medical Inflation Protection & Guaranteed Insurability Rider is cancelled by the Insured.

Non-Fatal Injuries Resulted in Over \$111 Billion in Medical Costs.¹

WHEN ACCIDENTS HAPPEN

Count on Your PremierChoice Accident Plan to Cover Your Accidental Bodily Injury Medical Costs.²

Accidental Bodily Injuries such as:

- Fractures
- Cuts & Punctures
- Back Injuries
- Burns
- Sports Injuries
- Head Injuries
- Knee Injuries
- Bone Injuries
- Ligament & Tendon Injuries



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

¹Centers for Disease Control and Prevention Data and Statistics: Cost of Injury Reports, Unintentional Non-Fatal Injuries, U.S., both sexes, all ages, most recent data available as of October, 2014.

²Subject to Exclusions and Limitations of the plan (see pages 13-16).

The PremierChoice Accident Plan provides benefits for covered accidents, but unlike a major medical plan, it does not cover Specified Diseases/Sicknesses or wellness exams. If Specified Disease/Sickness coverage is appropriate for You and/or Your family, please ask Your agent for details on available options.

Preparing for the Unexpected

Safeguarding Your Family AND Your Finances

Accidents don't happen on schedule. While we always hope for the best, if an accidental injury should occur, we want our loved ones to be protected. The **PremierChoice** Accident Plans can help You make the best choices to take care of Your family and Your finances now, while being prepared for the unexpected later.

If You already have ACA essential health benefits coverage, **PremierChoice** Accident Plans can supplement this coverage You have with **Our Optional Medical Inflation Protection Rider**, available on the Accident Plans.

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

Each level of the PremierChoice Accident Plan with the Optional Medical Inflation Protection Rider provides payment of actual expenses incurred (without a calendar year deductible) up to each applicable benefit limit, and each benefit limit increases on each calendar anniversary by 10% on a compounded basis for up to 5 years as long as the applicable Accident Plan and the Optional Medical Inflation Protection Rider remain in full-force and effect.

At time of issue	1st Anniversary	2nd Anniversary	3rd Anniversary	4th Anniversary	5th Anniversary
Outpatient MRI - Daily / Policy Year Maximum, up to	Benefit amount at time of issue + 10% increase, up to:	Benefit amount at 1st Anniversary + 10% increase, up to:	Benefit amount at 2nd Anniversary + 10% increase, up to:	Benefit amount at 3rd Anniversary + 10% increase, up to:	Benefit amount at 4th Anniversary + 10% increase, up to:
\$400	\$440	\$484	\$532	\$585	\$644
Hospital Room and Board Benefit Amount, up to:	Benefit amount at time of issue + 10% increase, up to:	Benefit amount at 1st Anniversary + 10% increase, up to:	Benefit amount at 2nd Anniversary + 10% increase, up to:	Benefit amount at 3rd Anniversary + 10% increase, up to:	Benefit amount at 4th Anniversary + 10% increase, up to:
\$600	\$660	\$726	\$799	\$879	\$967

**First Dollar Benefits NOW,
Increased Coverage ANNUALLY**

**Great Protection is No Accident
With PremierChoice!**

Benefit limits revert to the original limits as of the Issue Date if the Optional Medical Inflation Protection Rider is cancelled by the Insured.

Medical & Surgical Services at a Glance for the PremierChoice Specified Disease/Sickness Plan & Accident Plan

We will pay expenses incurred for covered services up to the maximum amount listed on a daily/monthly/annual basis (see pages 10-11 for plan options & amounts) for the following covered medical and surgical services. Terms, conditions, limitations and exclusions may apply.

Specified Disease/Sickness Plan Outpatient Daily/Monthly Benefits

- Doctor Office Visit
- Prescription Drugs
- X-Ray
- Labs
- Spinal Manipulation Office Visit
- Emergency Room
- Emergency Air/Ground Ambulance
- Specialty Radiology
 - CAT Scan
 - PET Scan
 - MRI
- Radiation Therapy
- Oral Chemotherapy
- IV Chemotherapy
- Urgent Care Facility
- Diabetes Equipment, Supplies & Training
- Outpatient Medical Foods
- Outpatient Surgeon Benefit*
- Surgery Facility*
- Kidney Dialysis

Hospital Confinement Daily Benefits

- Hospital Room & Board
- ICU Room & Board
- Hospital Miscellaneous Expenses
- Increased Critical Hospital Miscellaneous Expenses for Specified Diseases/Sicknesses:
 - Coronary Artery By-pass
 - Coma
 - Heart Attack
 - Life Threatening Cancer
 - Stroke
- Inpatient Surgeon Benefit**

Accident Plan Outpatient Daily/Monthly Benefits

- Doctor Office Visit
- Prescription Drugs
- X-Ray
- Labs
- Spinal Manipulation Office Visit
- Emergency Room
- Emergency Air/Ground Ambulance
- Specialty Radiology
 - CAT Scan
 - MRI
- Urgent Care Facility
- Orthotic & Prosthetic Devices
- Outpatient Surgeon Benefit*
- Surgery Facility*

Hospital Confinement Daily Benefits

- Hospital Room & Board
- ICU Room & Board
- Hospital Miscellaneous Expenses
- Increased Critical Hospital Miscellaneous Expenses for Bodily Injury:
 - Coma
 - Severe Burn
- Inpatient Surgeon Benefit**



*Not available on PremierChoice Specified Disease/Sickness Plan 1 and PremierChoice Accident Plan 1

**Not available on PremierChoice Specified Disease/Sickness Plans 1 & 2 and PremierChoice Accident Plans 1 & 2

The individual mandate under the Affordable Care Act ("ACA") generally requires individuals to maintain "minimum essential coverage" in 2014 and beyond, or be subject to payment of the annual shared responsibility payment, the amount of which is based, in part, upon the individual's household income each year (See page 16 of this brochure for details). The PremierChoice Specified Disease/Sickness Plans and Accident Plans are insurance plans which provide benefits on an expense incurred basis up to a maximum daily/monthly/annual amount for covered services and are neither "essential health benefits plans" under the ACA, traditional major medical insurance plans, nor Workers Compensation plans under state law. PremierChoice Specified Disease/Sickness Plans and Accident Plans are "excepted benefit plans" under the ACA, but are not considered "minimum essential coverage" under it. Therefore, unless an Insured under one of our PremierChoice Specified Disease/Sickness Plans and/or Accident Plans has an exemption from the ACA's individual mandate or maintains "minimum essential coverage" under the ACA, the Insured will be subject to the ACA's "shared responsibility payment" (See page 16 of this brochure for details).

PremierChoice Specified Disease/Sickness Plans & Accident Plans

As marked below, the following benefits apply to the Specified Disease/Sickness Plan. As marked below, the following benefits apply separately to the Accident Plan. Benefits for covered Specified Diseases/Sicknesses and Accidents are payable based on expenses incurred, up to the amount shown below. (Example: With Specified Disease/Sickness Plan 1, You get three (3) Doctor Office Visits. With Accident Plan 1, You get three (3) Doctor Office Visits.)

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

*10% annual compounded increase of Maximum Benefits paid per Insured with the purchase of the Optional Medical Inflation Protection & Guaranteed Insurability Rider for Specified Disease/Sickness (SMIGIST-2015-R-TX-FLIC) & Optional Medical Inflation Protection Rider for Accident (AMI-2015-R-FLIC)

**Only available on the Specified Disease/Sickness Plan.

PremierChoice Specified Disease/Sickness Plans & Accident Plans

As marked below, the following benefits apply to the Specified Disease/Sickness Plan. As marked below, the following benefits apply separately to the Accident Plan. Benefits for covered Specified Diseases/Sicknesses and Accidents are payable based on covered expenses incurred, up to the amount shown below.

INPATIENT BENEFITS - SPECIFIED DISEASE/SICKNESS PLAN & ACCIDENT PLAN			Maximum Benefits Paid Per Insured*		
Specified Disease/Sickness Plan	Accident Plan	Benefit Description	Plan 1	Plan 2	Plan 3
✓	✓	Inpatient Surgeon			
		Benefit varies by procedure, maximum range is -	-	-	\$80-\$8,000
		Surgeries per Insured per Policy year	-	-	1
✓	✓	Hospital Room & Board Benefit			
		Daily Max up to 365 days	\$400	\$600	\$700
✓	✓	Hospital Miscellaneous Expense			
		Daily Max up to 365 days	\$400	\$600	\$700
✓	✓	Hospital ICU Room & Board Benefit			
		Daily Maximum	\$800	\$1,200	\$1,400
		Policy Year Maximum	\$24,000	\$36,000	\$42,000

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

Specified Disease/Sickness Plan	Accident Plan	Hospital Miscellaneous Expense Benefit for Specified Diseases/Sicknesses or Accidents <i>(in lieu of Hospital Miscellaneous Expense Daily Benefit)</i>			
✓		Stroke Benefit			
		Daily Maximum	\$2,400	\$3,600	\$4,200
		Policy Year Maximum	\$72,000	\$108,000	\$126,000
✓	✓	Coma Benefit			
		Daily Maximum	\$2,400	\$3,600	\$4,200
		Policy Year Maximum	\$72,000	\$108,000	\$126,000
✓		Heart Attack Benefit			
		Daily Maximum	\$2,400	\$3,600	\$4,200
		Policy Year Maximum	\$72,000	\$108,000	\$126,000
✓		Life Threatening Cancer Benefit			
		Daily Maximum	\$2,400	\$3,600	\$4,200
		Policy Year Maximum	\$72,000	\$108,000	\$126,000
✓		Coronary Artery By-pass Benefit			
		Daily Maximum	\$2,400	\$3,600	\$4,200
		Policy Year Maximum	\$72,000	\$108,000	\$126,000
	✓	Severe Burn Benefit			
		Daily Maximum	\$2,400	\$3,600	\$4,200
		Policy Year Maximum	\$72,000	\$108,000	\$126,000

POLICY YEAR BENEFIT MAXIMUM - SPECIFIED DISEASE/SICKNESS PLAN & ACCIDENT PLAN			Maximum Benefits Paid Per Insured*		
Specified Disease/Sickness Plan	Accident Plan	Benefit Description	Plan 1	Plan 2	Plan 3
✓	✓	Policy Year Maximum Per Insured	\$150,000	\$250,000	\$300,000

Both Specified Disease/Sickness & Accident Plans have a Lifetime Certificate Maximum Benefit Per Insured of \$5 Million.

*10% annual compounded increase of Maximum Benefits paid per Insured with the purchase of the Optional Medical Inflation Protection & Guaranteed Insurability Rider for Specified Disease/Sickness (SMIGIST-2015-R-TX-FLIC) & Optional Medical Inflation Protection Rider for Accident (AMI-2015-R-FLIC)

PremierChoice Optional Riders

Optional Medical Inflation Protection & Guaranteed Insurability Rider*

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

At the time of application, You must lock in Your Optional Medical Inflation Protection & Guaranteed Insurability Rider options. If You are not already covered under an ACA essential health benefits plan, this rider allows You to purchase Our PremierMed Short Term Medical-Surgical Expense Plan** if You are still a resident of this state without evidence of insurability, on a guaranteed issue basis and with a waiver of the pre-existing condition benefit limitation contained in the PremierMed Short Term Medical-Surgical Expense Plan, which would otherwise have applied to any medical condition of such Insured, if such medical condition Manifested after the effective date of coverage for such Insured under the Certificate to which the rider is attached.

The right of each Insured to purchase the PremierMed Short Term Medical-Surgical Expense Plan under this rider, on a guaranteed issue basis, and without evidence of insurability is a one-time right per Insured while coverage under the Certificate and the rider are in full force and effect for such Insured.

The purpose of the PremierMed Short Term Medical-Surgical Expense Plan is the bridge to comprehensive coverage between the PremierChoice Specified Disease/Sickness and Accident Plans and the earliest possible effective date of coverage under an ACA essential health benefits plan following the next available open enrollment period in Your current state of residence. Therefore, coverage under the PremierMed Short Term Medical-Surgical Expense Plan will terminate on the earlier of the coverage termination date stated on the schedule page of the PremierMed Short Term Medical-Surgical Expense Plan, the earliest possible effective date of coverage under an ACA essential health benefits plan following the next available open enrollment period in Your current state of residence or the date of termination for

non-payment of premium due for coverage under the PremierMed Short Term Medical-Surgical Expense Plan.

The Optional Medical Inflation Protection & Guaranteed Insurability Rider is subject to all the terms, conditions, limitations, exclusions and definitions contained in the Certificate.

Under the Optional Medical Inflation Protection & Guaranteed Insurability Rider, all of the Benefit amounts in the PremierChoice Specified Disease/Sickness Plan will increase by 10 percent annually, on a compounded basis. At the beginning of Your second Policy Year, all of the Benefit amounts under the PremierChoice Specified Disease/Sickness Plan will increase by 10 percent of their amount on the Issue Date. At the beginning of Your third Policy Year, all of the Benefit amounts under the PremierChoice Specified Disease/Sickness Plan will increase by 10 percent of their amount as of the beginning of Your second Policy Year. The Benefit amounts under the PremierChoice Specified Disease/Sickness Plan will continue to increase by 10 percent each consecutive Policy Year until Your sixth Policy Year begins. After the beginning of Your sixth Policy Year, all Benefit amounts under the PremierChoice Specified Disease/Sickness Plan will remain the same, so long as coverage under the PremierChoice Specified Disease/Sickness Plan and the Optional Medical Inflation Protection & Guaranteed Insurability Rider remain in force. If at any time coverage under the Optional Medical Inflation Protection & Guaranteed Insurability Rider lapses, but coverage under the PremierChoice Specified Disease/Sickness Plan remains in full force and effect, all Benefit amounts under the PremierChoice Specified Disease/Sickness Plan will be reduced to their original amounts on the Issue Date.

Optional Medical Inflation Protection Rider

(AMI-2015-R-FLIC, available for an additional premium)

At the time of application, You must lock in Your Optional Medical Inflation Protection Rider. Under the Optional Medical Inflation Protection Rider, all of the Benefit amounts in the PremierChoice Accident Plan will increase by 10 percent annually, on a compounded basis. At the beginning of Your second Policy Year, all of the Benefit amounts under the PremierChoice Accident Plan will increase by 10 percent of their amount on the Issue Date. At the beginning of Your third Policy Year, all of the Benefit amounts under the PremierChoice Accident Plan will increase by 10 percent of their amount as of the beginning of Your second Policy Year. The Benefit amounts under the PremierChoice

Accident Plan will continue to increase by 10 percent each consecutive Policy Year until Your sixth Policy Year begins. After the beginning of Your sixth Policy Year, all Benefit amounts under the PremierChoice Accident Plan will remain the same, so long as coverage under the PremierChoice Accident Plan and the Optional Medical Inflation Protection Rider remain in force. If at any time coverage under the Optional Medical Inflation Protection Rider lapses, but coverage under the PremierChoice Accident Plan remains in full force and effect, all Benefit amounts under the PremierChoice Accident Plan will be reduced to their original amounts on the Issue Date.

Optional Single Step-Up Rider

(UP2STEPUP1-R-FLIC, available for PremierChoice Specified Disease/Sickness Plan 1 or 2 and PremierChoice Accident Plan 1 or 2 for an additional premium)

At the time of application, You must lock in Your one-time upgrade option to Step Up Your plan's coverage at any time to the next PremierChoice Specified Disease/Sickness or Accident Plan level for each plan with no additional underwriting. To utilize the Optional Single Step-Up Rider as a one-time upgrade to increase Your benefit maximums for each covered service to the next plan's level, You must notify the Company in writing and pay the difference of premium between Your current plan's and the next available plan's levels from Your original date of coverage.

Premiums paid after exercising Your Step Up option will be at the new upgraded plan amount. Once You have exercised the Optional Single

Step-Up Rider, We will review any claims processed 90 days before the date of Step Up and re-adjudicate those claims based on the new plan level selected.

Any future claims will be processed at the new level, provided that the difference in the prior premium has been paid and the new premium amount is current.

The Optional Single Step-Up Rider can only be exercised once during the lifetime of the Certificate and is subject to all the terms, conditions, limitations, exclusions and definitions contained in the Certificate.

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

**STUP2-2014-C-TX-FLIC

PremierChoice Optional Riders, cont'd

Optional Double Step-Up Rider

(UP2STEPUP2-R-FLIC, available for PremierChoice Specified Disease/Sickness Plan 1 and PremierChoice Accident Plan 1 for an additional premium)

At the time of application, You must lock in Your one-time upgrade option to Step Up Your plan's coverage at any time by two full PremierChoice Specified Disease/Sickness or Accident Plan levels for each plan with no additional underwriting. To utilize the Optional Double Step-Up Rider as a one-time upgrade to increase Your benefit maximums for each covered service two full levels in the applicable plan, You must notify the Company in writing and pay the difference of premium between Your current plan's and the new available plan's level from Your original date of coverage.

Premiums paid after exercising Your Step Up option will be at the new upgraded plan amount for each plan. Once You have exercised the

Optional Double Step-Up Rider, We will review any claims processed 90 days before the date of Step Up and re-adjudicate those claims based on the new plan level selected.

Any future claims will be processed at the new level, provided that the difference in the prior premium has been paid and the new premium amount is current.

The Optional Double Step-Up Rider can only be exercised once during the lifetime of the Certificate and is subject to all the terms, conditions, limitations, exclusions and definitions contained in the Certificate.

PremierChoice Plan Features

Premium Rate Adjustments

We will not raise Your premium rates on an individual basis due to Your personal claims experience on either plan. We may raise Your premium rates on Your Renewal Premium Class for all Certificates in Your state on both plans. Renewal Premiums are calculated based on a variety of factors, some of which are each plan of coverage, age, sex, place

of residence, number of dependents, past claims experience of Your Renewal Premium Class, and other reasons permitted by state law. Rates for individuals of the same sex and age may vary by Issue Date. Insureds are always free to request and apply for new underwritten coverage on this or other available plans.

Renewability and Termination

Coverage under each plan is guaranteed renewable to age 65 or in the event You become a Medicare enrollee.

Your coverage will end on the earlier of the following: the premium due date in the month following the date the applicable Group Insurance Policy is terminated by the Group Policyholder; with respect to Your Spouse who is covered, the premium due date in the month following the effective date of Your divorce decree or annulment; with respect to Your children who are covered, the premium due date in the month following Your child reaching the limiting age as defined by Your state; the due date of any unpaid premium (subject to the grace period); the

date You terminate coverage by notifying Us; We are required by an appropriate regulatory authority to non-renew or cancel the group policy; We cease offering and renewing the same form of coverage as the Certificate in Your state; the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for coverage or filing a claim; the Primary Insured terminated membership in the association which is the Group Policyholder; the month following attainment of age 65 for You or Your Spouse or in the event You or Your Spouse, are eligible for Medicare; or the total amount of any benefit payments made by Us are equal to the lifetime maximum.

PremierChoice Specified Disease/Sickness Plan Limitations

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

- The PremierChoice Specified Disease/Sickness Plan provides coverage as of the Issue Date for Pre-existing Conditions, disclosed on the application, provided they are not otherwise limited or excluded by the PremierChoice Specified Disease/Sickness Plan or any riders, amendments, or endorsements attached to the PremierChoice Specified Disease/Sickness Plan. The PremierChoice Specified Disease/Sickness Plan does not cover expenses for Pre-existing Conditions that are not disclosed on the application, unless the expenses are incurred more than twelve (12) months after the Insured's coverage has been in effect, and are not otherwise limited or excluded by the PremierChoice Specified Disease/Sickness Plan or any riders, amendments, or endorsements attached to the PremierChoice Specified Disease/Sickness Plan; and
- Any Specified Disease/Sickness loss or expense which is incurred before the expiration of six (6) months from the Issue Date which results from the diagnosis, care or treatment of hernia, Reproductive System Disease, hemorrhoids, varicose veins, tonsils and/or adenoids, or otitis media shall be covered under the PremierChoice Specified Disease/Sickness Plan at fifty percent (50%) of any applicable benefit amount specified on the PremierChoice Specified Disease/Sickness Plan Schedule, provided that (i) such Specified Diseases/Sicknesses are not otherwise limited or excluded by the PremierChoice Specified Disease/Sickness Plan or any riders, endorsements, or amendments attached to the PremierChoice Specified Disease/Sickness Plan, and (ii) such Specified Disease/Sickness is not a Pre-existing Condition.

PremierChoice Accident Plan Limitations

- Pre-existing Condition means a Bodily Injury for which medical advice, diagnosis, care or treatment was recommended or received during the twelve (12) month period immediately preceding the effective date of coverage under the PremierChoice Accident Plan for the Insured incurring the expense; or resulting from an Accident that occurred before the Issue Date for the Insured incurring the expense;
- The PremierChoice Accident Plan provides coverage as of the Issue Date for Pre-existing Conditions, disclosed on the application, provided they are not otherwise limited or excluded by the PremierChoice Accident Plan or any riders, amendments, or endorsements attached to the PremierChoice Accident Plan; and

PremierChoice Accident Plan Limitations, cont'd

- However, the PremierChoice Accident Plan does not cover expenses for Pre-existing Conditions that are not disclosed on the application, unless the expenses are incurred more than twelve (12) months after the Insured's coverage has been in effect, and are not otherwise limited or excluded by the PremierChoice Accident Plan or any riders, amendments, or endorsements attached to the PremierChoice Accident Plan.

PremierChoice Non-Waiver

Expenses that are mistakenly or erroneously paid by Us under any section or provision of the PremierChoice Specified Disease/Sickness Plan or PremierChoice Accident Plan shall not constitute a waiver of or modification to any conditions, terms, definitions or limitations contained in the PremierChoice Specified Disease/Sickness Plan or PremierChoice Accident Plan, specifically including, but not by way of limitation, the definition of Specified Diseases/Sicknesses, Specified Disease/Sickness, Accidents, Accident, Medical Necessity or Covered Expenses, the limitation of coverage under the PremierChoice Specified Disease/Sickness Plan or PremierChoice Accident Plan for Pre-existing Conditions, as well as any exclusion, limitation and/or exclusionary riders which may be attached to the PremierChoice Specified Disease/Sickness Plan or PremierChoice Accident Plan, or otherwise operate to alter, amend, affect, abridge or modify the PremierChoice Specified Disease/Sickness Plan or PremierChoice Accident Plan to which it is attached.

PremierChoice Specified Disease/Sickness Plan Non-Covered Items

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

- any cost item, charge or expense which does not constitute Covered Expenses;
- any Bodily Injuries suffered by an Insured;
- any disease, ailment, illness or sickness that is not a Specified Disease/Sickness;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the PremierChoice Specified Disease/Sickness Plan Issue Date;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under the PremierChoice Specified Disease/Sickness Plan terminates, regardless of when the sickness or disease occurred;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which exceed the Lifetime Certificate Maximum Per Insured;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
- any Cochlear implants;
- any voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- any medical condition excluded by name or specific description by either the PremierChoice Specified Disease/Sickness Plan or any riders, endorsements, or amendments attached to the plan;
- any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from Bacterial Infection or Viral Infection, (ii) to correct a normal bodily function in connection with the treatment of a covered Specified Disease/Sickness, or a congenital defect that qualifies as a Specified Disease or (iii) such cosmetic surgery constitutes Breast Reconstruction that is incident to a Mastectomy; provided any of the above occurred while the Insured was covered under the PremierChoice Specified Disease/Sickness Plan;
- any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
- any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
- any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;

PremierChoice Specified Disease/Sickness Plan Non-Covered Items, cont'd

- any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any treatment, care, procedures, services or supplies (including Prescription Drugs) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism spectrum disorder;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
- any fluoride products;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- any programs, treatment or procedures for tobacco use cessation;
- any charges for blood, blood plasma, or derivatives that has been replaced;
- any treatment, care, procedures, services or supplies of Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- any treatment received outside of the United States, except as provided for in the EXTRATERRITORIAL MEDICAL EXPENSES provision; and
- any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the PremierChoice Specified Disease/Sickness Plan.

PremierChoice Accident Plan Non-Covered Items

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

- any cost item, charge or expense which does not constitute Covered Expenses;
- any disease, ailment, illness or sickness suffered by an Insured, except a covered Bacterial Infection;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the PremierChoice Accident Plan Issue Date;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under the PremierChoice Accident Plan terminates, regardless of when the Bodily Injury occurred;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which exceed the Lifetime Certificate Maximum Per Insured;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
- any Cochlear implants;
- any medical condition excluded by name or specific description by either the PremierChoice Accident Plan or any riders, endorsements, or amendments attached to the plan;
- any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from Bacterial Infection or (ii) to correct a normal bodily function in connection with the treatment of a covered Bodily Injury;
- any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
- any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;

PremierChoice Accident Plan Non-Covered Items cont'd

- any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
 - any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
 - any treatment, care, procedures, services or supplies (including Prescriptions) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
 - any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
 - any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism;
 - any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
 - any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
 - any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
 - any fluoride products;
 - any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
 - any programs, treatment or procedures for tobacco use cessation;
 - any charges for blood, blood plasma, or derivatives that has been replaced;
 - any treatment, care, procedures, services or supplies of Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
 - any treatment received outside of the United States, except as provided for in the EXTRATERRITORIAL MEDICAL EXPENSES provision; and
 - any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the PremierChoice Accident Plan.
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ACA Individual Mandate & Shared Responsibility Payment

The individual mandate under the ACA generally requires individuals to have “minimum essential coverage” in 2014 and beyond, or be subject to payment of an annual “shared responsibility payment”, the amount of which is based, in part, upon the individual’s household income each year. The ACA’s “shared responsibility payment” has also been referred to from time to time as a tax and as a penalty, and is payable to the federal government. Specified Disease/Sickness and Accident Plans are exempt from the coverage and rating mandates of the ACA, and therefore are not considered “minimum essential coverage” under the ACA. If an individual (a) does not receive an ACA exemption annually from the federal government for the individual mandate, or (b) does not maintain “minimum essential coverage” under the ACA for 9 or more consecutive months during each year, (including coverage under one of the following types of plans (i) an employer sponsored group health plan, (ii) a grandfathered health plan, (iii) a non-grandfathered health plan for which the government has granted a waiver of the individual mandate, or (iv) an ACA essential health benefits plan), he will be subject to the ACA’s annual “shared responsibility payment”, even if covered under one of the PremierChoice Specified Disease/Sickness or Accident Plans. For additional information on the individual mandate, “shared responsibility payment”, exemptions from the mandate and other matters concerning the ACA, please visit www.healthcare.gov, the federal government’s website.

The information shown here and in any accompanying literature does not provide full details of the Certificate. Different plan provisions may apply in certain states. This brochure is only a brief description of Benefits available. The complete terms of the coverage, including limitations and exclusions, and any state required provisions are in the Certificate.

PremierMed¹

SHORT TERM MEDICAL-SURGICAL EXPENSE PLAN

BENEFITS UNTIL YOUR 1ST POSSIBLE EHB EFFECTIVE DATE

With the purchase of the **PremierChoice** Specified Disease/Sickness Plan and Our Optional Medical Inflation Protection & Guaranteed Insurability Rider, You have the one-time right to move to Our **PremierMed** Short Term Medical-Surgical Expense Plan **without additional medical underwriting or evidence of insurability** when You decide You need it, anytime, **even in the middle of a claim**. This unique Option helps You bridge the gap between the **PremierChoice** Specified Disease/Sickness and Accident Plans and the earliest possible effective date of coverage following the next available open enrollment in Your state for an ACA essential health benefits plan.

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



Deductibles, Coinsurance & Out-of-Pocket Maximums

Short Term Certificate Deductible

Benefit Deductible In-Network per Insured	\$5,000
<i>Separate Deductible for Out-of-Network \$10,000* per Insured</i>	
<i>Separate Deductible for Maternity \$2,000** per Insured, up to a Maximum of \$6,000</i>	
<i>Failure to Pre-Authorize Treatment Deductible \$500 per Insured</i>	

Short Term Certificate Coinsurance

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

Short Term Out-of-Pocket Maximums

Insured In-Network Out-of-Pocket Maximum	\$5,000
Insured Out-of-Network Out-of-Pocket Maximum	\$15,000

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

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

¹STUP2-2014-C-TX-FLIC & SMIGIST-2015-R-TX-FLIC are not available in all states. Limitations and Exclusions apply. The PremierMed Short Term Medical-Surgical Expense Plan has a separate brochure. If interested in this coverage, please see the PremierMed Short Term Medical-Surgical Expense Plan brochure and Certificate for complete details.

The individual mandate of the Affordable Care Act ("ACA") generally requires individuals to maintain "minimum essential coverage" in 2014 and beyond, or be subject to the payment of the annual shared responsibility payment, the amount of which is based, in part, upon the individual's household income each year (See page 16 of this brochure for details). The PremierMed Short Term Medical-Surgical Expense Plan provides benefits on an expense incurred basis for covered services after satisfaction of the benefit deductible and applicable coinsurance percentage, if any, but it is not Workers Compensation coverage under state law or an "essential health benefits" plan under the ACA and it is not considered "minimum essential coverage" under the ACA. Therefore, unless an Insured under the PremierMed Short Term Medical-Surgical Expense Plan has an exemption from the ACA's individual mandate or maintains "minimum essential coverage" under the ACA, the Insured will be subject to the ACA's shared responsibility payment. (See page 16 of this brochure for details).

PremierMed Overview of Benefits

The PremierMed Short Term Medical-Surgical Expense Plan provides benefits until You become eligible for an effective essential health benefits plan during the next open enrollment period. Coverage under the PremierMed Short Term Medical-Surgical Expense Plan continues until the earliest possible effective date of coverage following the next available open enrollment date in Your state for an ACA essential health benefits plan.

Sickness & Bodily Injury Benefits

Inpatient Hospital Care

- Hospital - semi-private daily room and board
- Intensive Care Unit - daily room and board
- Hospital miscellaneous medications, drugs, services and supplies ordered by the Insured's Provider
Does not include personal convenience items.
- Provider Visits
One (1) Provider visit per treating Provider per day while the Insured is an Inpatient at a Hospital.

Inpatient Surgery

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

Mastectomy

Breast Reconstruction Incident to Mastectomy

Reconstructive Surgery

Inpatient Laboratory & Diagnostic Tests

Inpatient Radiation Therapy & Chemotherapy

Inpatient Therapy

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

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

Inpatient Transplants

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

Orthognathic Surgery

Inpatient Maternity

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

Newborn Care

Emergency Room & Other Outpatient Benefits

Emergency Room Services

Emergency & Urgent Care Facility

Emergency Transportation to Hospital by Ambulance

Outpatient Surgery

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

Outpatient Provider Office Visits

Second Opinions

Outpatient Prescriptions

Outpatient Laboratory & Diagnostic Tests

Medical Equipment & Supplies

Clinical Trials

Autism Spectrum Disorder Services

Outpatient Radiation Therapy & Chemotherapy

Home Health Care

Limited to sixty (60) visits per Insured.

Hospice Care

Chiropractic Services

Temporomandibular Joint (TMJ) Disorder

Internal Prosthetic/Medical Appliances

Inherited Metabolic Disorders

Outpatient Therapy*

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

**Limited to sixty (60) visits per Insured.*

Outpatient Habilitation Therapy*

- Occupational Therapy
- Physical Therapy
- Speech Therapy

**Limited to sixty (60) visits per Insured.*

Dental Services – Accident Only

Skilled Nursing Home

Limited to ninety (90) days per Insured.

Supplies & Services Associated with the Treatment of Diabetes

Emergency Room & Other Outpatient Benefits, cont'd

Acquired Brain Injuries

Serious Mental Illness

Inpatient treatment up to forty-five (45) days per Insured; and
Outpatient treatment up to sixty (60) visits per Insured

Chemical Dependency

Craniofacial Abnormalities

for an Insured child who is younger than eighteen (18)
years of age

Orthotic Device & Prosthetic Device Benefit

Outpatient Contraceptive Services

Wellness & Screening Benefits

Wellness & Preventive Benefits

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

- **Adult Wellness & Preventive Care**

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

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

- **Childhood Wellness & Preventive Care**

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

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

Screening & Examination Benefits

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

Screening & Examination Benefits, cont'd

- **Mammography Screening**

One Mammogram, every twelve (12) months, for female Insureds age thirty-five (35) and over; or non-routine screening Provided more frequently than above is covered based on recommendation of the Insured's Provider.

- **Prostate Cancer Screening**

Annual examination for male Insureds age forty (40) or older who are asymptomatic or who are under forty (40) and have a family history of prostate cancer or another risk factor.

- **Routine Annual Physical Examination**

Limited to one (1) visit for the duration of the Certificate for Insureds ages four (4) and up with examination performed by a Participating Provider.

- **Newborn Hearing Screening**

Services Provided while coverage under the Certificate is in full force and effect by a Hospital or a Provider for (i) one hearing screening test for newborn children through the date that the child is thirty (30) days of age and (ii) diagnostic follow-up care related to the hearing screening at birth through the date the child is twenty-four (24) months of age. This Benefit has no dollar limit and is not subject to any otherwise applicable deductible under the Certificate; but is subject to the Insured Coinsurance Percentage shown on the Certificate Schedule for Participating Providers and Non-Participating Providers as applicable based on the Provider utilized.

- **Osteoporosis Screening**

Services Provided during the Benefit Period for a medically accepted bone mass measurement to detect low bone mass and determine the Insured's risk of osteoporosis and fractures associated with osteoporosis to an Insured who is: a postmenopausal female Insured who is not receiving estrogen replacement therapy; an Insured with: a) vertebral abnormalities; b) primary hyperparathyroidism; or c) a history of bone fractures; or an Insured who is: a) receiving long-term glucocorticoid therapy; or being monitored to assess the response to or efficacy of an approved osteoporosis drug therapy.

- **Cervical Cancer Screening**

Services Provided during the Benefit Period for a pap smear screening or liquid based cytology test annually for female Insureds over age eighteen (18) for cancer and human papillomavirus detection.

- **Cardiovascular Disease Screening**

Services Provided during the Benefit Period for early detection tests for cardiovascular disease for each Insured: 1) who is: a) male and older than 45 years of age but younger than 76; b) female and older than 55 years of age but younger than 76; 2) who: a) is diabetic; or b) has a risk of developing coronary heart disease based on the Framingham Heart Study coronary prediction algorithm that is intermediate or higher. Services include the following noninvasive screening tests for atherosclerosis and abnormal artery structure and function every five (5) years: 1) computed tomography (CT) scanning measuring coronary artery calcification; or 2) ultrasonography measuring carotid intima-media thickness and plaque.

- **Colorectal Cancer Screening**

Services Provided to Insureds age fifty (50) and older while coverage under the Certificate is in full force and effect for a fecal occult blood test and flexible sigmoidoscopy every five (5) years or a colonoscopy every ten (10) years.

MEDGUARD*

5 YEAR TERM LIFE INSURANCE WITH ACCELERATED DEATH BENEFIT

FILLING THE GAP BETWEEN HEALTH COVERAGE AND LIFE INSURANCE

Critical Illness Statistics:

- Men have a 1-in-2 lifetime risk of getting cancer. Women have a 1-in-3 lifetime risk.¹
- There are 14.5 million cancer survivors in the U.S.²
- 735,000 heart attacks occur each year — that’s one every 43 seconds!³
- About 795,000 Americans will have a stroke this year — that’s one every 40 seconds!⁴

¹www.cancer.org/cancer/cancerbasics/lifetime-probability-of-developing-or-dying-from-cancer

²www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf

³From the Heart Disease and Stroke Statistics - 2015 Update <http://circ.ahajournals.org/content/early/2014/12/18/CIR.0000000000000152>

⁴www.heart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm_470704.pdf

Critical Illness Condition/Surgery	Benefit
Life Threatening Cancer	100% of the Total Benefit Amount
Heart Attack	100% of the Total Benefit Amount
Stroke	100% of the Total Benefit Amount
Kidney Failure	100% of the Total Benefit Amount
Major Organ Transplant	100% of the Total Benefit Amount
Permanent Paralysis	100% of the Total Benefit Amount
Terminal Illness	100% of the Total Benefit Amount
Aorta Graft Surgery	25% of the Total Benefit Amount
Coronary Artery Bypass Surgery	25% of the Total Benefit Amount
Heart Valve Surgery	25% of the Total Benefit Amount
Coronary Angioplasty	10% of the Total Benefit Amount
Death Benefit - Primary Insured/Spouse	Based on selected monthly premium
Death Benefit - Dependent Child	Limited up to \$15,000 and will not exceed 50% of Primary Insured's coverage or exceed Spouse's coverage
1st through 90th day Total Benefit Amount for any Life Threatening Cancer	\$500
1st through 30th day Total Benefit Amount other than Life Threatening Cancer	\$500

Benefits are reduced by 50% at age 65.

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

WHY MEDGUARD?

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



If You are diagnosed with a covered condition, **MEDGUARD** will give You a **lump-sum cash payment!**

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

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

EASY MONTHLY PREMIUM OPTIONS

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

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

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



**CRTIL-06-C-TX-FLIC is not available in all states. Limitations and Exclusions apply. The MedGuard Plan has a separate brochure. If interested in this coverage, please see the MedGuard brochure and Certificate for complete details.*

The individual mandate of the Affordable Care Act ("ACA") generally requires individuals to maintain "minimum essential coverage" in 2014 and beyond, or be subject to the payment of the annual shared responsibility payment, the amount of which is based, in part, upon the individual's household income each year (See page 16 of this brochure for details). The MedGuard Plan is a life insurance plan with an accelerated death benefit rider, which pays the designated percentage of the Plan's death benefit to the Insured upon the diagnosis of a covered critical condition or receipt of a covered critical surgery, as such it is not "health insurance coverage" under the ACA, Workers Compensation coverage under state law, an "essential health benefits" under the ACA or considered "minimum essential coverage" under the ACA. Therefore, unless an Insured under the MedGuard Plan has an exemption from the ACA's individual mandate or maintains "minimum essential coverage" under the ACA, the Insured will be subject to the ACA's shared responsibility payment. (See page 16 of this brochure for details).

ACCIDENT PROTECTOR*

SUPPLEMENTAL EXCESS ACCIDENT INSURANCE

EXTRA COVERAGE FOR LIFE'S UNPREDICTABLE MISHAPS

FACTS:

- In 2010, nonfatal injuries cost society more than \$471 billion in productivity losses and over \$111 billion in medical costs.¹
- More than 29 million people are treated in emergency rooms for injuries each year.²
- Each year, nearly 9.2 million children aged 0 to 19 years are seen in emergency rooms for injuries.³
- More than 2.8 million people hospitalized with injuries each year.⁴



¹Finkelstein E, Corso PS, Miller TR. *The incidence and economic burden of injuries in the United States*. New York, NY: Oxford University Press.

²NCIPC: *Web-based Injury Statistics Query and Reporting System (WISQARS)*

³Centers for Disease Control and Prevention *Safe Kids Fact sheet*

⁴NCHS. *National hospital discharge survey: National health statistics reports, no. 29*. Atlanta, GA; 2010.

Excess Medical Expense Coverages:**

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

*GACC-2010-C-TX-FLIC is not available in all states. Limitations and Exclusions apply. The Accident Protector Plan has a separate brochure. If interested in this coverage, please see the Accident Protector brochure and Certificate for complete details.

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

Accidental Death and Dismemberment¹

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

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

Utilize Accident Protector to provide You with a financial advantage:

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

Emergency Air Ambulance

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

Up to \$4,000 per Accident per Insured

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



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

Choose Your coverage amount from the list below:

Coverage Selections & Deductible

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

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

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

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

The individual mandate of the Affordable Care Act ("ACA") generally requires individuals to maintain "minimum essential coverage" in 2014 and beyond, or be subject to the payment of the annual shared responsibility payment, the amount of which is based, in part, upon the individual's household income each year (See page 16 of this brochure for details). The Accident Protector Plan is an excess medical expense coverage insurance plan which provides coverage for the remaining amount of medical expenses incurred per Insured per covered accident, as such it is not "health insurance coverage" under the ACA, Workers Compensation coverage under state law, an "essential health benefits" under the ACA or considered "minimum essential coverage" under the ACA. Therefore, unless an Insured under the Accident Protector Plan has an exemption from the ACA's individual mandate or maintains "minimum essential coverage" under the ACA, the Insured will be subject to the ACA's shared responsibility payment. (See page 16 of this brochure for details).

SECURE DENTAL*

DENTAL INSURANCE

EVERYONE DESERVES A HEALTHY SMILE

SECURE DENTAL Offers 3 Plans:



Premium Plan*

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*

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

Saver Plan*

Deductibles: \$50 for an Individual; \$150 for a Family
Covers Preventive Care & Basic Care, with Major Care & Orthodontic Care Services discounted at participating 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 participating 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

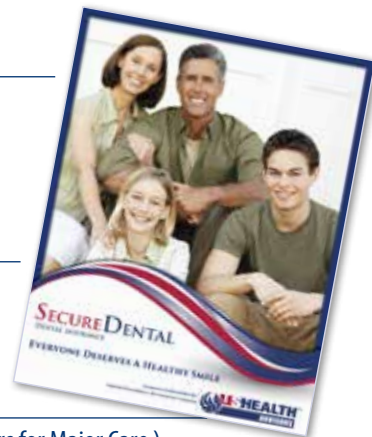
Orthodontic Care

(Covered on Premium Plan. For Saver Plus Plan & Saver Plans, Insured(s) receive discounted services at participating 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



*DENTAL-2013-C1-TX-FLIC is not available in all states. 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.

The individual mandate of the Affordable Care Act ("ACA") generally requires individuals to maintain "minimum essential coverage" in 2014 and beyond, or be subject to the payment of the annual shared responsibility payment, the amount of which is based, in part, upon the individual's household income each year (See page 16 of this brochure for details). The SecureDental Plan provides benefits for dental only coverage, but it is not Workers Compensation coverage under state law or an "essential health benefits" under the ACA and it is not considered "minimum essential coverage" plan under the ACA. Therefore, unless an Insured under the SecureDental Plan has an exemption from the ACA's individual mandate or maintains "minimum essential coverage" under the ACA, the Insured will be subject to the ACA's shared responsibility payment. (See page 16 of this brochure for details).

INCOME PROTECTOR*

SHORT TERM ACCIDENT DISABILITY INSURANCE

PROTECT AGAINST THE UNEXPECTED

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

- 49% of workers would have difficulty supporting themselves within one month of becoming disabled.¹
- In the U.S., a disabling injury occurs every second.²

¹The Disability Survey conducted by Kelton Research on behalf of the LIFE Foundation, April 2009

²National 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!



*ACCDIS-2011-C-NOARB-FLIC is not available in all states. 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 individual mandate of the Affordable Care Act ("ACA") generally requires individuals to maintain "minimum essential coverage" in 2014 and beyond, or be subject to the payment of the annual shared responsibility payment, the amount of which is based, in part, upon the individual's household income each year (See page 16 of this brochure for details). The IncomeProtector Plan is a short term accident disability income insurance plan which pays monthly benefits to the Insured upon total disability due to a covered accident while the Insured is actively employed, as such it is not "health insurance coverage" under the ACA, Workers Compensation coverage under state law, an "essential health benefits" under the ACA or considered "minimum essential coverage" under the ACA. Therefore, unless an Insured under the IncomeProtector Plan has an exemption from the ACA's individual mandate or maintains "minimum essential coverage" under the ACA, the Insured will be subject to the ACA's shared responsibility payment. (See page 16 of this brochure for details).

LIFEPROTECTOR*

10 YEAR TERM LIFE INSURANCE

PROVIDE PEACE OF MIND FOR YOUR LOVED ONES

- Odds of dying as a consequence of heart disease – 1 in 5¹
- Odds of dying as a consequence of cancer – 1 in 7¹
- Total odds of dying, any cause – 1 in 1 (100%)¹

¹National Safety Council



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

LIFEPROTECTOR IS THE RIGHT CHOICE!

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.

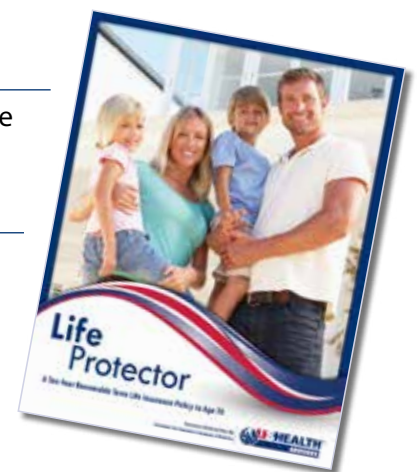
Not Taxable to Beneficiaries

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 | |



*10TERM-P-TX-FLIC is not available in all states. Limitations and Exclusions apply. The LifeProtector Plan has a separate brochure. If interested in this coverage, please see the LifeProtector brochure and Policy for complete details.

PremierVision*

VISION INSURANCE

SEE THE WORLD MORE CLEARLY

84% SAVINGS!**

Here's an example of what You might pay for a pair of glasses with PremierVision vs. what You would pay without PremierVision. Let's say You get an eye exam and choose a frame that costs \$163 with single vision lenses. Now let's see the difference . . .

PremierVision		No Coverage	
Exam copay	\$0.00	Exam	\$106.00
Frames	\$163.00	Frames	\$163.00
Frames copay	\$10.00		
- \$120 allowance	(\$120.00)		
- 20% discount off \$43 balance*	(\$8.60)		
Single Vision Lenses copay	\$10.00	Single Vision Lenses	\$78.00
You Pay	\$54.40	You Pay	\$347.00

*Non-insurance benefit provided through the EyeMed Insight network. **Savings based on example above and using a Provider in the EyeMed Insight network.

Benefits	In-Network Benefits	Out-of-Network Benefits
Comprehensive Eye Exam¹	\$0 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$35
Frames²	\$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$120	100% Up to an Allowance of \$60
Corrective Standard Lenses²		
Single Vision Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$35
Lined Bifocal Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$55
Lined Trifocal Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
Standard Progressive Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
Premium Progressive Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
Corrective Contact Lenses³		
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

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

²In lieu of Corrective Contact Lenses, limited to one (1) purchase every twelve (12) months from the last date of service, per Insured. In no event will Benefits be payable for both glasses and corrective contact lenses.


³In lieu of Corrective Standard Lenses and Frames, limited to one (1) purchase every twelve (12) months from the last date of service, per Insured. In no event will Benefits be payable for both glasses and corrective contact lenses.



*VISION-2015-C1-TX-FLIC is not available in all states. Limitations and Exclusions apply. The PremierVision Plans have a separate brochure. If interested in this coverage, please see the PremierVision brochure and Certificate for complete details.

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

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



ACCUP2PY-2014-C-TX-FLIC Rev 5-15
SDUP2PY-2014-C-TX-FLIC Rev 5-15

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. The underwriting insurance company in Your state is paid a monthly fee by the association for these administrative services.