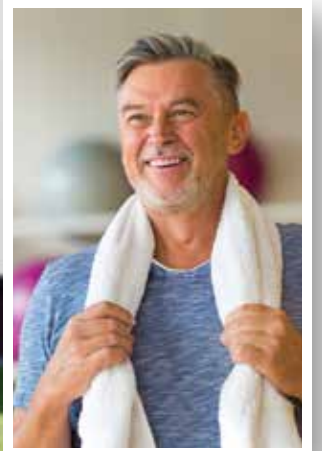


Affordable Health Coverage
Built Just For You!

SecureAdvantage



Insurance underwritten by:
Freedom Life Insurance Company of America



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

As a member of the American Independent Business Coalition, You have the right to apply for coverage under one of Freedom Life's underwritten medical plans issued to the Association for the benefit of interested members. This includes the SecureAdvantage Specified Disease/Sickness Plan, SecureAdvantage Accident Plan, and SecureAdvantage Health & Wellness Plans.

When You choose us You're choosing...

Experience

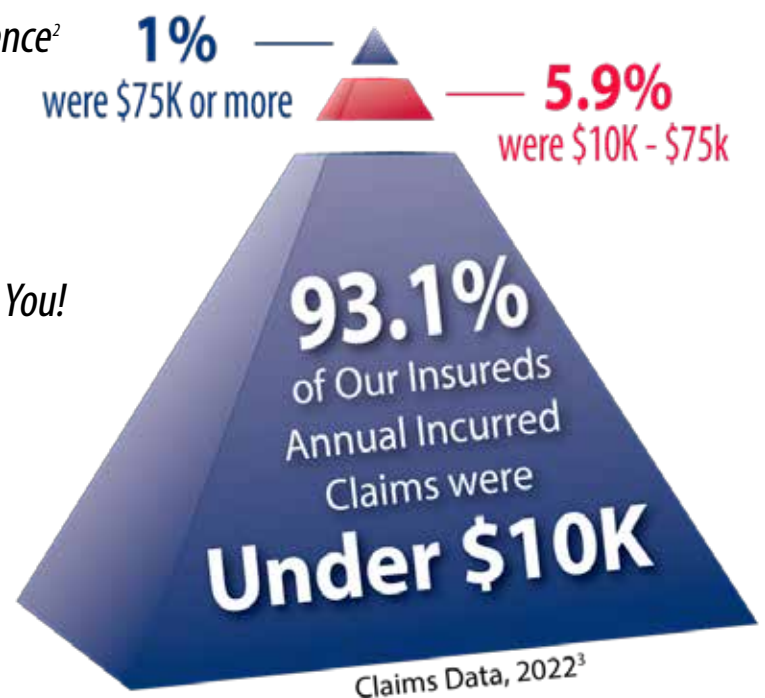
- Over **150 collective years** of insurance experience²
- Over **15 million** customers served²

Convenience

- Dedicated **LICENSED** insurance agents to assist You!

Dependability

- Over 1 billion dollars in **CLAIMS PAID!**²
- **94.9%** of claims paid in **FIVE DAYS OR LESS**³



¹National Federation of Business website 2023.

²Cumulative figures for insurance company subsidiaries of USHealth Group: Freedom Life Insurance Company of America, National Foundation Life Insurance Company, Enterprise Life Insurance Company. Statistics are not based on any specific insurance product or products.

³Analysis of 2022 claims amounts and processing times by insurance subsidiaries of USHealth Group: Freedom Life Insurance Company of America, National Foundation Life Insurance Company, and Enterprise Life Insurance Company. Applicable to insurance forms that begin with: GASD, ACCCYD, SDUP2, ACCUP2, and FIPC. All plans not available in all states.

SecureAdvantage Specified Disease/Sickness Plan

SecureAdvantage Accident Plan

SecureAdvantage Health & Wellness Plans¹

The SecureAdvantage Plans Difference

- **Flexible Deductible Choices** - Choose the most appropriate deductible to meet Your needs and Your budget for Your Specified Disease/Sickness coverage and Your Accident coverage.
- With the SecureAdvantage Specified Disease/Sickness Plan, the SecureAdvantage Accident Plan, and the SecureAdvantage Health & Wellness Plans **You select a PPO network²** that is available for Your state.
- **Each Plan pays in addition to any coverage You have in force.**
- **Your initial rate is guaranteed for 12 months** at no extra charge!³
- **24-Hour coverage, on or off the job.**
- **Portable coverage You can take with You** even if You move or change jobs.
- **The SecureAdvantage Health & Wellness *PLUS* Plans provide first dollar coverage for Outpatient Doctor's Office Visits.** And with the Special Doctor Office Visit "rollover" feature, if You don't use Your Doctor Office Visit benefits, You don't lose them!
- **Increasing Lifetime Maximum for both Specified Disease/Sickness & Accident coverage.** Get rewarded for Your good health with Our Increasing Lifetime Maximum for Specified Disease/Sickness and Accident coverage.
- The **SecureAdvantage** Specified Disease/Sickness Plan, SecureAdvantage Accident Plan, and SecureAdvantage Health & Wellness Plans are not essential health benefit plans under the Affordable Care Act ("ACA"). Instead, they will supplement an essential health benefit plan.⁴

Gain Peace of Mind

In **3** Easy Steps!

1
Choose the plans of coverage that best suit Your needs

2
Customize your plan options to create coverage tailored to You.

3
Choose other optional supplemental coverage* to enhance Your overall protection

- Critical Illness
- Accident
- Dental
- Vision
- Life
- Accident Disability

* These optional plans are also underwritten by Freedom Life Insurance Company of America. Exclusions and limitations apply.

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

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

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

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

SecureAdvantage Specified Disease/Sickness Plan¹

Approximately 66% of bankruptcies in the U.S. are caused by medical debt²...

You Need to KNOW You are Covered for Sickness from Head to Toe³.



Heart Disease

A Heart Attack occurs **every 40 seconds** in the U.S.

~Centers for Disease Control and Prevention
Heart Disease 2023

Cancer

More than **1.9 million** Americans were diagnosed with Cancer in 2023

~American Cancer Society
Cancer Statistics 2023

Stroke

Every year, more than **795,000** people in the U.S. have a stroke

~American Heart Association
Heart Disease and Stroke Statistics 2023

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

² USA TODAY 2023

³ Subject to Exclusions and Limitations of the Plan (see pages 7-9).

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

SecureAdvantage Specified Disease/Sickness Plan Benefit Options

Select Your Calendar Year Deductible for Participating Providers (PPO)^{1,2:}

- ☐ \$2,500
- ☐ \$3,750
- ☐ \$5,000
- ☐ \$7,500
- ☐ \$10,00

Choose Your Coinsurance Option^{3,4:}

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

Select Your Maximums Per Insured:

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

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

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

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

⁴Does not include Calendar Year Deductible or Access Fees.

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SecureAdvantage Specified Disease/Sickness Plan Coverages

Benefits Provided for Covered Specified Diseases/Sicknesses:

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



Additional Benefits Provided for Covered Specified Diseases/Sicknesses:

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

SecureAdvantage Specified Disease/Sickness Plan Features

Annual Increase in Lifetime Maximum

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

Premium Rate Adjustments

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

Additional Deductible for Failure to Pre-Authorize

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

Renewability

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

Termination

Your coverage will end upon the occurrence of one of the following: You are no longer an eligible individual; the Group Policy for such plan is terminated by the Group Policyholder; premium was due and not paid; You terminate coverage for such plan by notifying Us of the date You desire coverage to terminate for such plan and specify the Insured whose coverage is to terminate; We are required by the order of an appropriate regulatory authority to non-renew or cancel the Certificate or Group Policy for such plan; We cease offering and renewing coverage of the same form of coverage as the Certificate for such plan in Your state as described in Termination of Coverage for such plan; the total amount of any Benefit payments made by Us are equal to the lifetime maximum for such plan; the month following attainment of age 65 for You or Your Spouse, or in the event You or Your Spouse are eligible for Medicare; or the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for the Certificate for such plan or in filing a claim for Benefits under the Certificate.

SecureAdvantage Specified Disease/Sickness Plan Waiting Periods & Limitations

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

- Any treatment, medical service, surgery, medication, equipment, claim, loss or expense received, purchased, leased or otherwise incurred as a result of an Insured's Pre-existing Condition not disclosed on the application is not covered under the Certificate unless such treatment, medical service, surgery, medication, equipment, claim, loss or expense constitutes Covered Expenses incurred by such Insured more than 12 months after the Issue Date, and such treatment, medical service, surgery, medication, equipment, claim, loss or expense are not otherwise limited or excluded by the Certificate or any riders, endorsements, or amendments attached to the Certificate;
- Pre-Existing Condition means a condition, whether physical or mental, and regardless of the cause of the condition for which medical advice or treatment was received by the Insured during the 12 month period immediately preceding the effective date of coverage under the Certificate for the Insured incurring the expense;
- The Certificate provides coverage as of the Issue Date for Pre-existing Conditions, disclosed on the application, provided they are not otherwise limited or excluded by the Certificate or any riders, amendments, or endorsements attached hereto. The Certificate does not cover expenses for Pre-existing Conditions, that are not disclosed on the application, unless the expenses are incurred more than 12 months after the Insured's coverage has been in effect, and are not otherwise limited or excluded by the Certificate or any riders, amendments, or endorsements attached hereto;
- Any Specified Disease loss or expense which is incurred before the expiration of 6 months from the Issue Date which results from the diagnosis, care or treatment of hernia, hemorrhoids, varicose veins, tonsils and/or adenoids, or otitis media shall be limited under the Certificate to \$500 provided that (i) such loss or expenses constitutes Covered Expenses incurred by an Insured on or after the Issue Date, (ii) such Specified Diseases are not otherwise limited or excluded by the Certificate or any riders, endorsements, or amendments attached to the Certificate, (iii) care for such Specified Disease is Provided on an Emergency basis, and such Specified Disease is not a Pre-existing Condition;
- If as the result of an Emergency treatment of a Specified Disease services are rendered for an Insured by a Non-Participating Provider when a Participating Provider was not reasonably available in connection with either: (i) on an Outpatient basis in the emergency room of a Hospital, or (ii) an Emergency Inpatient admission to a Hospital, then the Covered Expenses incurred will be reimbursed by Us as if such Non-Participating Provider were a Participating Provider up to the point when the Insured can be safely transferred to a Participating Provider. If the Insured refuses or is unwilling to be transferred to the care of a Participating Provider after such Insured can be safely transferred, then reimbursement shall thereafter be reduced to the Company's Insurance Percentage for Non-Participating Providers;
- Specified Disease Benefits under the Certificate for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, shall be limited to only the Usual and Customary charges for services, supplies, care or treatment covered under the Certificate that are not payable or reimbursable by Medicare and/or its amendments, subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in the Certificate; and
- Only applicable when a limited Lifetime Certificate Maximum is selected: \$2,000,000 is the maximum total amount of all applicable annual increases in the Lifetime Certificate Maximum Per Insured that can be conditionally received after the Issue Date pursuant to Section VIII. INCREASE IN THE LIFETIME CERTIFICATE MAXIMUM of the Certificate; and Except as contained and specifically set forth in the INCREASE IN THE LIFETIME CERTIFICATE MAXIMUM Section of the Certificate, there shall be no increase in the amount of the Lifetime Certificate Maximum Per Insured.

SecureAdvantage Specified Disease/Sickness Plan Non-Covered Items

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

- any cost item, charge or expense which does not constitute Covered Expenses;
- any accidental bodily injury suffered by an Insured;
- any disease, ailment, illness or sickness that is not a Specified Disease;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Certificate Issue Date;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under the Certificate terminates, regardless of when the sickness or disease occurred;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which exceed the Lifetime Certificate Maximum Per Insured;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured which exceed the Lifetime Transplant Maximum Per Insured for all Solid Organ Transplants, Bone Marrow Transplants, and Stem Cell Transplants received by each Insured including any applicable expense for professional fees and facility fee incurred in connection with harvesting the applicable donor organ or donor bone marrow for the purposes of such transplantation;
- any Prescription Drugs;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services, except for Medicaid;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
- any cochlear implants;
- any voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- any medical condition excluded by name or specific description by either the Certificate or any riders, endorsements, or amendments attached to the Certificate;
- any treatment, care, procedures, services or supplies incurred by an Insured which were caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from Bacterial Infection or Viral Infection; (ii) to correct a normal bodily function in connection with the treatment of a covered Specified Disease or congenital defects that qualify as a Specified Disease; or (iii) such cosmetic surgery constitutes Breast Reconstruction that is incident to a Mastectomy; provided any of the above occurred while the Insured was covered under the Certificate;
- any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
- any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
- any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any treatment, care, procedures, services or supplies (including Prescriptions) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
- any contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- any spinal manipulation;
- any programs, treatment or procedures for tobacco use cessation
- any treatment, care, procedures, services or supplies of Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- any treatment received outside of the United States, except as provided for in the EXTRATERRITORIAL MEDICAL EXPENSES provision; and
- any services or supplies for personal convenience, including custodial care or homemaker services, except as provided for in the Certificate.

SecureAdvantage Accident Plan¹

Non-Fatal Injuries Resulted in \$311 Billion in Medical Costs during 2021.²

Count on Your SecureAdvantage Accident Plan to Cover Your Accidental Bodily Injury Medical Costs.³



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

²CDC-WISQARS Cost Of Injury Data/Hospitals and Emergency Rooms/2021

³Subject to Exclusions and Limitations of the Plan (see pages 13-15).

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

SecureAdvantage Accident Plan Benefit Options

Customize Your Calendar Year Deductible for Participating Providers (PPO)^{1,2:}

☐ \$2,500

☐ \$3,750

☐ \$5,000

Choose Your Coinsurance Option^{3,4:}

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

Select Your Maximums Per Insured:

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

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

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

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

⁴Does not include Calendar Year Deductible or Access Fees.



SecureAdvantage Accident Plan Coverages

BENEFITS PROVIDED FOR COVERED ACCIDENTS:

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

SecureAdvantage Accident Plan Features

Annual Increase in Lifetime Maximum

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

Premium Rate Adjustments

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

Additional Deductible for Failure to Pre-Authorize

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

Renewability

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

Termination

Your coverage will end upon the occurrence of one of the following: You are no longer an eligible individual; the Group Policy for such plan is terminated by the Group Policyholder; premium was due and not paid; You terminate coverage for such plan by notifying Us of the date You desire coverage to terminate for such plan and specify the Insured whose coverage is to terminate; We are required by the order of an appropriate regulatory authority to non-renew or cancel the Certificate or Group Policy for such plan; We cease offering and renewing coverage of the same form of coverage as the Certificate for such plan in Your state as described in Termination of Coverage for such plan; the total amount of any Benefit payments made by Us are equal to the lifetime maximum for such plan; the month following attainment of age 65 for You or Your Spouse, or in the event You or Your Spouse are eligible for Medicare; or the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for the Certificate for such plan or in filing a claim for Benefits under the Certificate.

SecureAdvantage Accident Plan Waiting Periods & Limitations

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

- If as the result of an Emergency treatment of an Accidental Bodily Injury services are rendered for an Insured by a Non-Participating Provider when a Participating Provider was not reasonably available in connection with either: (i) on an Outpatient basis in the emergency room of a Hospital, or (ii) an Emergency Inpatient admission to a Hospital, then the Covered Expenses incurred will be reimbursed by Us as if such Non-Participating Provider were a Participating Provider up to the point when the Insured can be safely transferred to a Participating Provider. If the Insured refuses or is unwilling to be transferred to the care of a Participating Provider after such Insured can be safely transferred, then reimbursement shall thereafter be reduced to the Company's Insurance Percentage for Non-Participating Providers;
- Accidental Bodily Injury Benefits under the Certificate for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, shall be limited to only the Usual and Customary charges for services, supplies, care or treatment covered under the Certificate that are not payable or reimbursable by Medicare and/or its amendments, subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in the Certificate; and
- Only applicable when a limited Lifetime Certificate Maximum is selected: \$2,000,000 is the maximum total amount of all applicable annual increases in the Lifetime Certificate Maximum Per Insured that can be conditionally received after the Issue Date pursuant to Section VIII. INCREASE IN THE LIFETIME CERTIFICATE MAXIMUM of the Certificate; and Except as contained and specifically set forth in the INCREASE IN THE LIFETIME CERTIFICATE MAXIMUM Section of the Certificate, there shall be no increase in the amount of the Lifetime Certificate Maximum Per Insured.

SecureAdvantage Accident Plan Non-Covered Items

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

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

SecureAdvantage Accident Plan Non-Covered Items Continued

- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is engaged in hang gliding, paragliding, hot air ballooning or any other form of aviation, except as a fare paying passenger traveling on a regularly scheduled commercial airline flight;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is participating, as a professional contestant, in any boxing, martial arts or mixed martial arts event, including the sanctioned practice thereof;
- any damage or harm to the physical structure of the body of an Insured while the Insured is participating, as driver or passenger contestant (professional or amateur), in any race competition, race, or speed contest, including sanctioned practice thereof, involving any land vehicle or water craft;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is participating, as a professional contestant, in any race competition, race or speed contest, including sanctioned practice thereof, on snow skis or a snowboard;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is intoxicated or under the influence of alcohol or any drug, narcotic or hallucinogens unless administered via a prescription and on the advice of a Provider, and taken in accordance with the limits of such advice. An Insured is conclusively determined to be intoxicated by drug or alcohol if (i) a chemical test administered in the jurisdiction where either the Accident occurred or the Insured was medically treated is at or above the legal limit set by that jurisdiction or (ii) the level of alcohol was such that a person's coordination, ability to reason, was impaired, regardless of the legal limit set by that jurisdiction;
- any damage or harm to the physical structure of the body of an Insured occurring during any surgical procedure or operation performed in the treatment of any disease, illness, sickness or ailment;
- any damage or harm to the physical structure of the body of an Insured occurring as a result of the intentional inhalation or ingestion of any poison, gas or fumes;
- any damage or harm to the physical structure of the body of an Insured occurring as a result of the operation by an Insured of any motor vehicle without the permission/consent of the owner of such vehicle;
- any damage or harm to the physical structure of the body of an Insured occurring as a result of the operation by an Insured of any motor vehicle without a valid operator's license/permit;
- any cost item, charge or expense which does not constitute Covered Expenses;
- any damage or harm to the physical structure of the body of an Insured that did not occur Accidentally;
- any disease, illness, ailment or sickness of any type or character suffered or sustained by an Insured;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Certificate Issue Date;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under the Certificate terminates, regardless of when the Bodily Injury occurred;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which exceed the Lifetime Certificate Maximum Per Insured;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured which exceed the Lifetime Transplant Maximum Per Insured for all Solid Organ Transplants, Bone Marrow Transplants, and Stem Cell Transplants received by each Insured including any applicable expense for professional fees and facility fee incurred in connection with harvesting the applicable donor organ or donor bone marrow for the purposes of such transplantation;
- any Prescription Drugs;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services, except for Medicaid;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- any damage or harm to the physical structure of the body of an Insured received as a result of any voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- any medical condition excluded by name or specific description by either the Certificate or any riders, endorsements, or amendments attached to the Certificate;
- cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery in treatment of a Bodily Injury; (ii) to correct a normal bodily function in connection with the treatment of a covered Bodily Injury; or (iii) such cosmetic surgery constitutes Breast Reconstruction that is incident to a Mastectomy performed in treatment of a Bodily Injury; provided any of the above occurred while the Insured was covered under the Certificate;
- any damage or harm to the physical structure of the body of an Insured received as a result of any voluntary or elective surgical procedure, including breast reduction or augmentation or other cosmetic procedure;
- any damage or harm to the physical structure of the body of an Insured received as a result of any voluntary sterilization procedure or sterilization reversal procedure;
- any damage or harm to the physical structure of the body of an Insured received as a result of any treatment of infertility, including fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
- any damage or harm to the physical structure of the body of an Insured received as a result of any for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- any diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
- any diagnosis, care or treatment of Alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- any diagnosis, care or treatment of cirrhosis of the liver;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- any spinal manipulation;
- any Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- any treatment received outside of the United States, except as provided for in the EXTRATERRITORIAL MEDICAL EXPENSES provision; and
- any services or supplies for personal convenience, including custodial care or homemaker services, except as provided for in the Certificate.

SecureAdvantage Health & Wellness *PLUS* Plans¹



Health

1 Billion Doctor's Office Visits
in the United States

~ National Ambulatory Medical Care Survey:
2019 National Summary Tables, table 1

Child Immunizations

Almost **93%** of kindergartners received
state-required vaccines for the 2021-2022
school year

~ CDC, 2023

Preventative Care

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

~ American Cancer Society 2023

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

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

SecureAdvantage Health & Wellness *PLUS* Plans

Coverage for Everyday Medical Needs

- **No Annual Deductible or Co-Pay**
Enables You to receive benefit payments sooner than a traditional Major Medical plan.
- **Any Doctor You Choose**
You can stretch Your dollars further by choosing an In-Network Provider.¹
- **12-Month Rate Guarantee²**

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

SecureAdvantage Health & Wellness *PLUS* Plan

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

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

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

| | | | | |
|--------------------------------------|---|--------------------|--------------------|--------------------|
| Wellness & Health Screening Benefits | Physical Examination | \$125/1 Exam | \$150/1 Exam | \$200/1 Exam |
| | Health Screening Diagnostic Labs | \$30/2 Days | \$35/2 Days | \$45/2 Days |
| | Children Routine Immunizations³ | \$50/10 Per Child | \$50/10 Per Child | \$50/10 Per Child |
| | Pap Smear | \$35/1 Pap Smear | \$35/1 Pap Smear | \$35/1 Pap Smear |
| | Mammogram³ | \$250/1 Mammogram | \$250/1 Mammogram | \$250/1 Mammogram |
| | PSA Test³ | \$25/1 Test | \$25/1 Test | \$25/1 Test |
| | Colonoscopy³ | \$450/1 Exam | \$550/1 Exam | \$650/1 Exam |
| | Osteoporosis Screening³ | \$100/1 Screening | \$125/1 Screening | \$150/1 Screening |
| | Health Screening Chest X-Ray | \$100/1 X-Ray | \$150/1 X-Ray | \$200/1 X-Ray |
| | EKG³ | \$50/1 EKG | \$50/1 EKG | \$50/1 EKG |
| | Stress EKG³ | \$100/1 Stress EKG | \$100/1 Stress EKG | \$100/1 Stress EKG |

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

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

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

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

SecureAdvantage Health & Wellness *PLUS* Plan Features

Premium Rate Adjustments

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

Renewability

Coverage under the SecureAdvantage Health & Wellness *PLUS* Plan is conditionally renewable up to age 65.

Termination

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

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

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

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

◦ **Childhood Routine Immunizations** - Ten covered immunizations per Insured per Policy Year are available to Insureds under the age of 18 under the Childhood Routine Immunizations Wellness & Health Screening Benefit.

◦ **Mammogram** - One Mammogram Wellness & Health Screening Benefit per Policy Year is available to female Insureds who are age 35 or older.

◦ **PSA Test** - One PSA Test Wellness & Health Screening Benefit per Insured per Policy Year is available to male Insureds who are at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of prostate cancer or another prostate cancer risk factor.

◦ **Colonoscopy** - One Colonoscopy Wellness & Health Screening Benefit per Insured per Policy Year is available to Insureds at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of colon cancer or another colon cancer risk factor.

◦ **Osteoporosis Screening** - One Osteoporosis Screening Wellness & Health Screening Benefit per Insured per Policy Year is available to High Risk Female Insureds who are between the ages of 40 and 65 by undergoing a Bone Density Test.

◦ **EKG** - One EKG Wellness and Health Screening Benefit per Insured per Policy Year is available to Insureds at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of cardiovascular disease or another cardiovascular disease risk factor.

◦ **Stress EKG** - One Stress EKG Wellness and Health Screening Benefit per Insured per Policy Year is available to Insureds at least 50 years of age and asymptomatic, or at least 40 years of age with either a Family history of cardiovascular disease or another cardiovascular disease risk factor.



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

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

- treatments, care, procedures, services or supplies which do not constitute Covered Services;
- treatments, care, procedures, services or supplies received before the Certificate Issue Date;
- Covered Services received after the Certificate terminates, regardless of when the condition originated, except as provided in the EXTENSION OF BENEFITS provision;
- any treatments, care, procedures, services or supplies which are not specifically Enumerated in the COVERED SERVICES section of the Certificate and any optional coverage rider attached hereto;
- any professional services for which the Insured and/or any covered family member are not legally liable for payment;
- any professional services for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- Injury or Sickness due to any act of war (whether declared or undeclared);
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services, except for Medicaid;
- drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
- administration of experimental drugs, childhood immunizations, or substances or investigational use or experimental use of Prescription Drugs except for any Prescription Drug prescribed to treat a covered chronic, disabling, life-threatening Sickness or Injury, but only if the investigational or experimental drug in question: a. has been approved by the FDA for at least one indication; b. is recognized for treatment of the indication for which the drug is prescribed in: 1. a standard drug reference compendia; or 2. substantially accepted peer-reviewed medical literature; c. drugs labeled "Caution – limited by Federal law to investigational use";
- experimental procedures or treatment methods not approved by the American Medical Association, or other appropriate medical society;
- eye refractions, eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids, and exams for their prescription or fitting;
- cochlear implants;
- any professional and medical services Provided to an Insured in treatment of a Sickness or Injury caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- intentionally self-inflicted Injury, suicide or any suicide attempt while sane or insane;
- Sickness or Injury while serving in one of the branches of the armed forces of the United States of America;
- Sickness or Injury while in a foreign country and serving on active duty in the United States Army, Navy, Marine Corp, Air Force Reserves or the National Guard;
- Sickness or Injury while serving on active duty in the armed forces of any foreign country or any international authority but premiums will be refunded;
- voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- any medical condition excluded by name or specific description by either the Certificate or any riders, endorsements, or amendments attached to the Certificate;
- any loss to which a contributing cause was the Insured's being engaged in an illegal occupation or illegal activity;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- cosmetic surgery or cosmetic dentistry, except for Medically Necessary cosmetic surgery performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from trauma or infection to correct a normal bodily function or (ii) such cosmetic surgery constitutes Breast Reconstruction that is incident to a Mastectomy provided any of the above occurred while the Insured was covered under the Certificate;
- breast reduction or augmentation or complications arising from these procedures;
- Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
- voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
- any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any Injury which was caused or contributed by an Insured racing any land or water vehicle;
- medical services Provided and received for the diagnosis, care or treatment of Mental & Emotional Disorders, Alcoholism, and drug addiction/abuse;
- Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
- except for Complications of Pregnancy, routine maternity related to childbirth, including routine nursery services and well-baby care;
- contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
- Outpatient Prescription Drugs that are dispensed by a Provider, Hospital or other state-licensed facility;
- Prescription Drugs produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products, or immunization agents, biological or allergy sera, hematinics, blood or blood products administered on an Outpatient basis;
- level one controlled substances;
- Prescription Drugs used to treat or cure hair loss or baldness;
- Prescription Drugs that are classified as anabolic steroids or growth hormones;
- compounded Prescription Drugs;
- fluoride products;
- allergy kits intended for future emergency treatment of possible future allergic reactions;
- replacement of a prior filled Prescription for Prescription Drugs that was covered and is replaced because the original Prescription was lost, stolen or damaged;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- programs, treatment or procedures for tobacco use cessation;
- Prescription Drugs that are classified as tobacco cessation products;
- drugs prescribed for the treatment of any disease, illness or condition that has been excluded from coverage under the Certificate by exclusionary rider, limitation or exclusion;
- treatment of autism;
- Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- treatment received outside of the United States except as provided in the EXTRATERRITORIAL MEDICAL EXPENSES provision; and
- Prescriptions, treatment or services for behavioral or learning disorders, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD).

SecureAdvantage Health & Wellness Plans¹



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

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

SecureAdvantage Health & Wellness Plans

Coverage for Everyday Medical Needs

- **No Annual Deductible or Co-Pay**
Enables You to receive benefit payments sooner than a traditional Major Medical plan.
- **Any Doctor, Any Hospital**
You can stretch Your dollars further by choosing an In-Network Provider.¹
- **Your initial rate is guaranteed for 12 months at no extra charge!²**

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



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

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

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

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

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

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

SecureAdvantage Health & Wellness Plan Features

Premium Rate Adjustments

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

Renewability

Coverage under the SecureAdvantage Health & Wellness Plan is conditionally renewable up to age 65.

Termination

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

SecureAdvantage Health & Wellness Plan Limitations

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

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

SecureAdvantage Health & Wellness Plan Non-Covered Items

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

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

► Optional Critical Illness ◀

MedGuard III¹

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

Filling The Gap Between Health Coverage And Life Insurance²

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

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

| Critical Illness Condition/Surgery | Benefit |
|--|---------------------------|
| Kidney Failure | 100% of the Death Benefit |
| Life Threatening Cancer | 100% of the Death Benefit |
| Major Organ Transplant | 100% of the Death Benefit |
| Permanent Paralysis | 100% of the Death Benefit |
| Heart Attack | 100% of the Death Benefit |
| Stroke | 100% of the Death Benefit |
| Terminal Illness | 100% of the Death Benefit |
| Blindness | 100% of the Death Benefit |
| Coma | 100% of the Death Benefit |
| Aorta Graft Surgery | 25% of the Death Benefit |
| Coronary Artery Bypass Surgery | 25% of the Death Benefit |
| Heart Valve Surgery | 25% of the Death Benefit |
| COVID-19 Infection Complications Resulting in Inpatient Hospital Confinement | 25% of the Death Benefit |
| Coronary Angioplasty | 10% of the Death Benefit |
| 1st through 90th day Death Benefit for any Life Threatening Cancer | \$500 |
| 1st through 30th day Death Benefit other than Life Threatening Cancer | \$500 |

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

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

Coverage under the MedGuard III Plan ends at age 70.

Cancer

There are **18.1 Million** cancer survivors in the U.S.

~National Cancer Institute Statistics 2022

Heart Attack

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

~American Heart Association
Heart Disease and Stroke Statistics 2023

Strokes

Account for about **1 of every 6 deaths** in America

~CDC Stroke Facts 2021

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

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

► Optional Critical Illness ◀

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



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

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

EASY Monthly Premium Options

MedGuard III 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.



Monthly administrative fee of \$4.95 applies.

► Optional Critical Illness ◀

MedGuard III Plan Benefits

Death Benefit

If the Primary Insured dies while coverage under the Group Policy and Certificate is in force, We will pay the Death Benefit to the Beneficiary, subject to the provisions of the Group Policy and Certificate. The Death Benefit will be reduced by any amount payable under the Critical Illness Benefit. If a Dependent dies while coverage under the Group Policy and Certificate is in force, We will pay the Death Benefit to the Primary Insured, subject to the provisions of the Group Policy and Certificate. The Death Benefit will be reduced by any amount payable under the Critical Illness Benefit.

Critical Illness Accelerated Death Benefit Payment

All or a portion of a Primary Insured or Dependent's Life Insurance Benefit may be paid before his or her death. If an Insured has a First Occurrence of a Specified Critical Illness Event or Specified Critical Illness Surgery while covered under the Group Policy and Certificate, and satisfies the applicable Accelerated Critical Illness Benefit Payment Requirement, then We will pay the specified percentage of the Death Benefit to You.

When a Specified Critical Illness Event or Specified Critical Illness Surgery First Occurs during the first 30 days following the Issue Date, We will pay a Death Benefit of \$500 for the 1st through 30th day for any Specified Critical Illness Event or Specified Critical Illness Surgery shown in the Certificate Schedule. When an instance of Life-Threatening Cancer First Occurs within the first 90 days following the Issue Date, We will pay a Death Benefit of \$500.

MedGuard III Plan Features

Renewal Options

Your insurance coverage under the Group Policy and Certificate may be renewed at the end of the first term period (i.e. after the first 5 years), and any later term period until You reach age 70 or the date Your coverage under the Group Policy and Certificate ends. To renew, just send Us the applicable Renewal Premium within 31 days after the end of the preceding term period and while the Group Policy and Certificate are in force.

Premium Adjustments

We may change Premium Rates and apply a new table of Premium Rates based on class. The current table of rates includes scheduled increases based upon age.

Termination of Insurance

An Insured's coverage ends on the earlier of the following: with respect to Your Spouse, the premium due date in the month following the effective date of Your divorce decree, annulment or court approved separation; with respect to Your children who are covered, the premium due date in the month following Your child reaching the limiting age; the date of the Insured's 70th birthday; payment by Us of 100% of the Death Benefit; the Group Policy and Certificate is terminated by the Group Policyholder; premium was due and not paid; You terminate coverage by notifying Us of the date You desire coverage to terminate and specify the Insured whose coverage is to terminate; We are required by the order of an appropriate regulatory authority to non-renew or cancel the Certificate or Group Policy; We cease offering and renewing coverage of the same form of coverage as the Certificate in Your state upon a minimum of 30 days prior written notice mailed to Your last known address; the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for Your coverage or the coverage of Your Spouse or Children.

MedGuard III Limitations

- For each Insured, Benefits payable under the Group Policy and Certificate for all Specified Critical Illness Events or Specified Critical Illness Surgery combined will not exceed the Death Benefit that applies to the Insured. We will reduce what We pay for a claim so that the amount that We pay, when combined with amounts for all claims We have previously paid for the same Insured does not exceed the Death Benefit that was in effect for that Insured on the date of the most recent Specified Critical Illness Event or Specified Critical Illness Surgery.
- We will pay the Benefits for any Specified Critical Illness Event or Specified Critical Illness Surgery that First Occurs after the first 30 days immediately following the Issue Date, or as a result of diagnostic testing performed after the first 30 days immediately following the Issue Date, except for the limited Benefit amount shown in the Certificate Schedule for the 1st through 30th day for any Specified Critical Illness Event or Specified Critical Illness Surgery other than Life Threatening Cancer. Life Threatening Cancer will be limited to the amount shown on the Certificate Schedule during the first 90 days immediately following the Issue Date.

MedGuard III Non-Covered Items

No Benefits shall be payable under the Group Policy and Certificate for any loss caused by, in whole or in part, contributed to or resulting from, directly or indirectly, any of the following incidents, events, occurrences or activities involving any Insured for:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane, within two (2) years from the Insured's Issue Date;
- engaging in any illegal activity;
- serving in the armed forces or an auxiliary unit of the armed forces of any country;
- war or any act of war, even if war is not declared, during military service;
- a diagnosis which is made outside the United States, unless a Definitive Diagnosis of a Specified Critical Illness Event or a Specified Critical Illness Surgery is confirmed in the United States;
- an Insured being intoxicated or under the influence of alcohol or any drug, narcotic or hallucinogens unless administered via a prescription and on the advice of a Doctor and taken in accordance with the limits of such advice. An Insured is conclusively determined to be intoxicated by drug or alcohol if (i) a chemical test administered in the jurisdiction where the loss or cause of loss occurred is at or above the legal limit set by that jurisdiction or (ii) the level of alcohol was such that a person's coordination, ability to reason, was impaired, regardless of the legal limit set by that jurisdiction;
- with respect to Critical Illness-Accelerated Death Benefit Payment section V.B. of the Certificate, any Specified Critical Illness Event or Specified Critical Illness Surgery suffered, diagnosed and/or sustained by an Insured prior to the Issue Date; and
- with respect to Critical Illness-Accelerated Death Benefit Payment section V.B. of the Certificate, any medical condition that is not a Specified Critical Illness Event or Specified Critical Illness Surgery.



► Optional Dental ◀

If additional coverage for dental expenses is appropriate for You and/or Your family, You may be interested in the **SecureDental PLUS** Plans.

SecureDental PLUS¹

DENTAL INSURANCE

EVERYONE DESERVES A HEALTHY SMILE²

SecureDental PLUS 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 \$2,000;
Orthodontic Calendar Year Maximum Per Insured \$500

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 Contracted Dentists.
Calendar Year Maximum Per Insured \$1,500

Saver Plan

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



Preventive Care

Benefits include:

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

Basic Care

Benefits include:

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

Major Care

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

Benefits include:

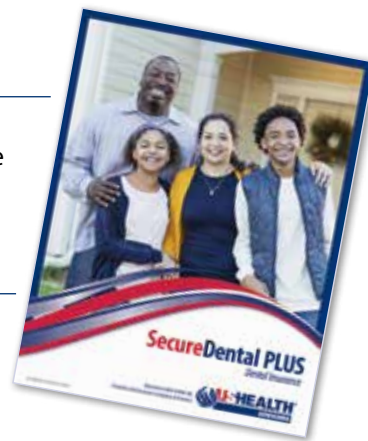
- Single Crown restorations
- Dentures, including fixed or removable prosthetic devices, complete Dentures, upper & lower
- Root Canal Therapy, including treatment plan & follow-up care
- ... and more

Orthodontic Care

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



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

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



SecureDental PLUS Renewability & Termination

Your Certificate is guaranteed renewable to age sixty-five (65) or in the event an Insured otherwise becomes a Medicare enrollee subject to the termination provisions.

An Insured's coverage ends on the earlier of: with respect to Your Spouse who is covered under the Certificate, the premium due date in the month following the effective date of Your divorce decree, annulment or court approved separation; the date Your child(ren) who are covered under the Certificate reach the limiting age as defined by Your state; the due date of any unpaid Renewal Premium, subject to the grace period; the date You terminate coverage by notifying Us of the date You desire coverage to terminate and specify the Insured whose coverage is to terminate; We are required by the order of an appropriate regulatory authority to non-renew or cancel the Certificate or Group Dental Insurance Policy; We cease or discontinue offering and renewing coverage of the same form of coverage as the Certificate in Your state upon a minimum of ninety (90) days prior written notice mailed to Your last known address; the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for the Certificate or in filing a claim for Benefits under the Certificate.

SecureDental PLUS Coordination of Benefits

Benefits payable under the Certificate will be proportionately reduced by any Other Valid Insurance Coverage You maintain. Other Valid Insurance Coverage will reduce the Benefits payable under the Certificate. When Your Benefits are reduced due to Other Valid Insurance, We will return part of the last monthly premium that You paid prior to the commencement of a loss covered under the Certificate.

SecureDental PLUS Pre-Treatment Estimate of Benefits

An Insured may find the amount payable by the Certificate prior to having a Dentist begin any extensive treatment. Your Dentist may submit the treatment plan to Us prior to services being performed. We will notify You and the Dentist, in advance regarding what benefits are considered Covered Dental Expenses or Covered Orthodontic Expenses, how much is payable under the Certificate and how much You will be responsible for paying.

The Pre-Treatment Estimate is not a guarantee of payment. Benefits are payable if coverage is in effect on the date Covered Dental Expenses or Covered Orthodontic Expenses are performed, subject to the definitions, exclusions, limitations, and Benefit Waiting Periods.

► Optional Dental ◀

SecureDental PLUS Premium Plan Limitations

In addition to any other provisions of the Certificate, Benefits and coverage are limited as follows:

- The amount of the Calendar Year Maximum Dental Benefit Per Insured shall not exceed the sum of \$2,000, with an additional \$500 Calendar Year Maximum Orthodontic Benefit per Insured and Lifetime Maximum Orthodontic Benefit Per Insured of \$1,500.
- No Benefits are payable under the BASIC DENTAL CARE provision unless they are incurred at least one (1) month after the Issue Date.
- No Benefits are payable under the MAJOR DENTAL CARE provision unless they are incurred at least twelve (12) months after the Issue Date.
- No Benefits are payable under the ORTHODONTIC DENTAL EXPENSES provision unless they are incurred at least twelve (12) months after the Issue Date.

SecureDental PLUS Premium Plan Non-Covered Items

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

- any expenses for treatments, care, procedures, services or supplies which are not Covered Dental Expenses or Covered Orthodontic Expenses incurred by a Covered Insured, and which are not specifically enumerated in the COVERED DENTAL EXPENSE or COVERED ORTHODONTIC EXPENSE section of the Certificate;
- treatments, care, procedures, services or supplies received before the Certificate Issue Date;
- Covered Dental Expense or Covered Orthodontic Expense received after the Certificate terminates, regardless of when the condition originated;
- Covered Dental Expenses that exceed the amount of the Calendar Year Maximum Dental Benefit Per Insured;
- Covered Orthodontic Expenses that exceed the amount of the Calendar Year Maximum Orthodontic Benefit Per Insured;
- Prescription Drugs;
- any treatments, care, procedures, services or supplies which are not specifically enumerated in the COVERED DENTAL EXPENSES or COVERED ORTHODONTIC EXPENSE sections of the Certificate and any optional coverage rider attached to the Certificate;
- any professional services for which the Insured and/or any covered family member are not legally liable for payment;
- any professional services for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- Dental Injury or Dental Sickness due to any act of war (whether declared or undeclared);
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services, except for Medicaid;
- any dental conditions for which the covered Insured has received or is entitled to receive compensation for that particular dental condition under any Worker's Compensation or Occupational Disease Law;
- expenses incurred for oral hygiene instructions, a plaque control program or dietary instructions;
- expenses incurred for dental care which is not customarily performed, which is experimental in nature or which is not considered acceptable by the American Dental Association or Federal Drug Administration;
- any professional and dental services provided an Insured in treatment of a Dental Sickness or Dental Injury caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- intentionally self-inflicted Dental Injury, suicide or any suicide attempt while sane or insane;
- Dental Sickness or Dental Injury while serving in one of the branches of the armed forces of the United States of America;
- Dental Sickness or Dental Injury while in a foreign country and serving on active duty in the United States Army, Navy, Marine Corp or Air Force Reserves or the National Guard;
- Dental Sickness or Dental Injury while serving on active duty in the armed forces of any foreign country or any international authority;
- any dental condition excluded by name or specific description by either the Certificate or any riders, endorsements, or amendments attached to the Certificate;
- any loss to which a contributing cause was the Insured's being engaged in an illegal occupation or illegal activity;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- cosmetic surgery or cosmetic dentistry, except for Dentally Necessary cosmetic surgery which is incidental to or following surgery resulting from trauma or infection to correct a normal bodily function;
- Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- treatment received outside of the United States;
- treatment on or to the teeth or gums for cosmetic purposes, including charges for personalizations, characterizations or Dentures;
- replacement of lost or stolen prosthetics;
- restorative services (i.e. the initial placement of a complete or Partial Denture or for Fixed Bridgework) or Endodontic therapy if it involves the replacement of one or more natural teeth missing on the Issue Date of the Certificate or when initial preparations were started prior to the Issue Date as shown on the Certificate Schedule;
- restorative services for one (1) or more natural teeth missing on the Issue Date as shown on the Certificate Schedule of the Certificate will be considered Covered Dental Service if incurred five (5) years after the Issue Date;
- dental services performed in a hospital and any related expenses;
- replacement of an appliance or prosthetic device, Crown, cast restoration or a Fixed Bridge within five (5) years after the date it was last placed. This exclusion does not apply if replacement is due to accidental Dental Injury received while covered under the Certificate;
- treatment of cleft palate, except for a newborn child covered under the Certificate from birth, and/or mandibular prognathism;
- general anesthesia, except as specifically provided in the COVERED DENTAL EXPENSES section;
- placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
- the use of unilateral, removable prosthetics;
- Orthodontic diagnosis or treatment, except as provided in the COVERED ORTHODONTIC EXPENSE provision;
- charges incurred by an Insured due to broken or cancelled appointments;
- Crowns for teeth that are restorable by other means or for the purpose of periodontal splinting;
- Crowns, fillings or appliances that are used to correct (splint) teeth, or change or alter the way the teeth meet, including altering the vertical dimension, restoring the bite (occlusion) or for cosmetic purposes;
- orthognathic surgery; and
- expenses which exceed 100% of those actually incurred by the covered Insured.

► Optional Dental ◀

SecureDental PLUS Saver Plus Plan Limitations

In addition to any other provisions of the Certificate, Benefits and coverage are limited as follows:

- The amount of the Calendar Year Maximum Dental Benefit Per Insured shall not exceed the sum of \$1,500.
- No Benefits are payable under the BASIC DENTAL CARE provision unless they are incurred at least one (1) month after the Issue Date.
- No Benefits are payable under the MAJOR DENTAL CARE provision unless they are incurred at least twelve (12) months after the Issue Date.

SecureDental PLUS Saver Plus Plan Non-Covered Items

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

- any expenses for treatment, care, procedures, services or supplies which are not Covered Dental Expenses incurred by a Covered Insured, and which are not specifically enumerated in the COVERED DENTAL EXPENSE section of the Certificate;
- treatments, care, procedures, services or supplies received before the Certificate Issue Date;
- Covered Dental Expense received after the Certificate terminates, regardless of when the condition originated;
- Covered Dental Expenses that exceed the amount of the Calendar Year Maximum Dental Benefit Per Insured;
- Prescription Drugs;
- any treatments, care, procedures, services or supplies which are not specifically enumerated in the COVERED DENTAL EXPENSES section of the Certificate and any optional coverage rider attached to the Certificate;
- any professional services for which the Insured and/or any covered family member are not legally liable for payment;
- any professional services for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- Dental Injury or Dental Sickness due to any act of war (whether declared or undeclared);
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services, except for Medicaid;
- any dental conditions for which the covered Insured has received or is entitled to receive compensation for that particular dental condition under any Worker's Compensation or Occupational Disease Law;
- expenses incurred for oral hygiene instructions, a plaque control program or dietary instructions;
- expenses incurred for dental care which is not customarily performed, which is experimental in nature or which is not considered acceptable by the American Dental Association or Federal Drug Administration;
- any professional and dental services provided an Insured in treatment of a Dental Sickness or Dental Injury caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- intentionally self-inflicted Dental Injury, suicide or any suicide attempt while sane or insane;
- Dental Sickness or Dental Injury while serving in one of the branches of the armed forces of the United States of America;
- Dental Sickness or Dental Injury while in a foreign country and serving on active duty in the United States Army, Navy, Marine Corp or Air Force Reserves or the National Guard;
- Dental Sickness or Dental Injury while serving on active duty in the armed forces of any foreign country or any international authority;
- any dental condition excluded by name or specific description by either the Certificate or any riders, endorsements, or amendments attached to the Certificate;
- any loss to which a contributing cause was the Insured's being engaged in an illegal occupation or illegal activity;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- cosmetic surgery or cosmetic dentistry, except for Dentally Necessary cosmetic surgery which is incidental to or following surgery resulting from trauma or infection to correct a normal bodily function;
- Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- treatment received outside of the United States;
- treatment on or to the teeth or gums for cosmetic purposes, including charges for personalizations, characterizations or Dentures;
- replacement of lost or stolen prosthetics;
- restorative services (i.e. the initial placement of a complete or Partial Denture or for Fixed Bridgework) or Endodontic therapy if it involves the replacement of one or more natural teeth missing on the Issue Date of the Certificate or when initial preparations were started prior to the Issue Date as shown on the Certificate Schedule;
- restorative services for one (1) or more natural teeth missing on the Issue Date as shown on the Certificate Schedule of the Certificate will be considered Covered Dental Service if incurred five (5) years after the Issue Date;
- dental services performed in a hospital and any related expenses;
- replacement of an appliance or prosthetic device, Crown, cast restoration or a Fixed Bridge within five (5) years after the date it was last placed. This exclusion does not apply if replacement is due to accidental Dental Injury received while covered under the Certificate;
- treatment of cleft palate, except for a newborn child covered under the Certificate from birth, andontia or mandibular prognathicism;
- general anesthesia, except as specifically provided in the COVERED DENTAL EXPENSES section;
- placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
- the use of unilateral, removable prosthetics;
- Orthodontic diagnosis or treatment;
- charges incurred by an Insured due to broken or cancelled appointments;
- Crowns for teeth that are restorable by other means or for the purpose of periodontal splinting;
- Crowns, fillings or appliances that are used to correct (splint) teeth, or change or alter the way the teeth meet, including altering the vertical dimension, restoring the bite (occlusion) or for cosmetic purposes;
- orthognathic surgery; and
- expenses which exceed 100% of those actually incurred by the covered Insured.

► Optional Dental ◀

SecureDental PLUS Saver Plan Limitations

In addition to any other provisions of the Certificate, Benefits and coverage are limited as follows:

- The amount of the Calendar Year Maximum Dental Benefit Per Insured shall not exceed the sum of \$1,000.
- No Benefits are payable under the BASIC DENTAL CARE provision unless they are incurred at least one (1) month after the Issue Date.

SecureDental PLUS Saver Plan Non-Covered Items

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

- any expenses for treatment, care, procedures, services or supplies which are not Covered Dental Expenses incurred by a Covered Insured, and which are not specifically enumerated in the COVERED DENTAL EXPENSE section of the Certificate;
- treatments, care, procedures, services or supplies received before the Certificate Issue Date;
- Covered Dental Expense received after the Certificate terminates, regardless of when the condition originated;
- Covered Dental Expenses that exceed the amount of the Calendar Year Maximum Dental Benefit Per Insured;
- Prescription Drugs;
- any treatments, care, procedures, services or supplies which are not specifically enumerated in the COVERED DENTAL EXPENSES section of the Certificate and any optional coverage rider attached to the Certificate;
- any professional services for which the Insured and/or any covered family member are not legally liable for payment;
- any professional services for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- Dental Injury or Dental Sickness due to any act of war (whether declared or undeclared);
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services, except for Medicaid;
- any dental conditions for which the covered Insured has received or is entitled to receive compensation for that particular dental condition under any Worker's Compensation or Occupational Disease Law;
- expenses incurred for oral hygiene instructions, a plaque control program or dietary instructions;
- expenses incurred for dental care which is not customarily performed, which is experimental in nature or which is not considered acceptable by the American Dental Association or Federal Drug Administration;
- any professional and dental services provided an Insured in treatment of a Dental Sickness or Dental Injury caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- intentionally self-inflicted Dental Injury, suicide or any suicide attempt while sane or insane;
- Dental Sickness or Dental Injury while serving in one of the branches of the armed forces of the United States of America;
- Dental Sickness or Dental Injury while in a foreign country and serving on active duty in the United States Army, Navy, Marine Corp or Air Force Reserves or the National Guard;
- Dental Sickness or Dental Injury while serving on active duty in the armed forces of any foreign country or any international authority;
- any dental condition excluded by name or specific description by either the Certificate or any riders, endorsements, or amendments attached to the Certificate;
- any loss to which a contributing cause was the Insured's being engaged in an illegal occupation or illegal activity;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- cosmetic surgery or cosmetic dentistry, except for Dentally Necessary cosmetic surgery which is incidental to or following surgery resulting from trauma or infection to correct a normal bodily function;
- Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- treatment received outside of the United States;
- treatment on or to the teeth or gums for cosmetic purposes, including charges for personalizations, characterizations or Dentures;
- replacement of lost or stolen prosthetics;
- restorative services (i.e. the initial placement of a complete or Partial Denture or for Fixed Bridgework) or Endodontic therapy if it involves the replacement of one or more natural teeth missing on the Issue Date of the Certificate or when initial preparations were started prior to the Issue Date as shown on the Certificate Schedule;
- restorative services for one (1) or more natural teeth missing on the Issue Date as shown on the Certificate Schedule of the Certificate will be considered Covered Dental Service if incurred five (5) years after the Issue Date;
- dental services performed in a hospital and any related expenses;
- replacement of an appliance or prosthetic device, Crown, cast restoration or a Fixed Bridge within five (5) years after the date it was last placed. This exclusion does not apply if replacement is due to accidental Dental Injury received while covered under the Certificate;
- treatment of cleft palate, except for a newborn child covered under the Certificate from birth, andontia or mandibular prognathicism;
- general anesthesia, except as specifically provided in the COVERED DENTAL EXPENSES section;
- placement of bone grafts or extra-oral substances in the treatment of periodontal disorders;
- the use of unilateral, removable prosthetics;
- Orthodontic diagnosis or treatment;
- charges incurred by an Insured due to broken or cancelled appointments;
- Crowns for teeth that are restorable by other means or for the purpose of periodontal splinting;
- Implants, including any appliances and/or Crowns and the surgical insertion or removal of Implants;
- Crowns, fillings or appliances that are used to correct (splint) teeth, or change or alter the way the teeth meet, including altering the vertical dimension, restoring the bite (occlusion) or for cosmetic purposes;
- orthognathic surgery; and
- expenses which exceed 100% of those actually incurred by the covered Insured.

► Optional Vision ◀

If additional coverage for vision expenses is appropriate for You and/or Your family, You may be interested in the **PremierVision** Plan.

PremierVision¹

VISION INSURANCE

SEE THE WORLD MORE CLEARLY²

How Much You Can Save!

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

| Example 1 - Adult's Glasses | PremierVision | No Coverage | Example 2 - Child's Glasses | PremierVision | No Coverage |
|----------------------------------|----------------|-----------------|----------------------------------|----------------|-----------------|
| Comprehensive eye exam | \$0.00 | \$100.00 | Comprehensive eye exam | \$0.00 | \$100.00 |
| Standard progressive lenses | \$0.00 | \$230.00 | Single vision plastic lenses | \$0.00 | \$70.00 |
| Lens copay | \$10.00 | | Lens copay | \$10.00 | |
| Standard scratch guard coating* | \$0.00 | \$28.00 | Child Polycarbonate lenses | \$0.00 | \$125.00 |
| Frame | \$180.00 | \$180.00 | Standard scratch guard coating* | \$0.00 | \$28.00 |
| | | | Frame | \$175.00 | \$175.00 |
| - \$150 allowance | (\$150.00) | | - \$150 allowance | (\$150.00) | |
| - 30% discount off \$30 balance* | (\$9.00) | | - 30% discount off \$25 balance* | (\$7.50) | |
| Frame copay | \$10.00 | | Frame copay | \$10.00 | |
| YOU PAY→ | \$41.00 | \$538.00 | YOU PAY→ | \$37.50 | \$498.00 |

93% Savings on Glasses!!**

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

| Benefits | In-Network Benefits | Out-of-Network Benefits |
|---|---|----------------------------------|
| Comprehensive Eye Exam³ | \$0 Copay per Insured; 100% Coinsurance | 100% Up to an Allowance of \$35 |
| Frames⁴ | \$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$150 | 100% Up to an Allowance of \$60 |
| Corrective Standard Lenses⁴ | | |
| Single Vision Lenses | \$10 Copay per Insured; 100% Coinsurance | 100% Up to an Allowance of \$35 |
| Lined Bifocal Lenses | \$10 Copay per Insured; 100% Coinsurance | 100% Up to an Allowance of \$55 |
| Lined Trifocal Lenses | \$10 Copay per Insured; 100% Coinsurance | 100% Up to an Allowance of \$90 |
| Standard Progressive Lenses | \$10 Copay per Insured; 100% Coinsurance | 100% Up to an Allowance of \$90 |
| Premium Progressive Lenses | \$10 Copay per Insured; 100% Coinsurance | 100% Up to an Allowance of \$90 |
| Corrective Contact Lenses⁵ | | |
| Conventional | \$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$200 | 100% Up to an Allowance of \$100 |
| Disposable | \$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$200 | 100% Up to an Allowance of \$100 |

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

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

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

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

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

► Optional Vision ◀

Non-Insurance Benefits and Discounts Provided by the Spectera Eyecare Network to Those Covered Under PremierVision

| Exam Options | |
|---|--------------------------------------|
| Standard Contact Lens Fit & Follow-Up | Up to \$60 |
| Premium Contact Lens Fit & Follow-Up | Up to \$60 |
| Lens Options | |
| UV Treatment | Member pays \$15 |
| Tint (Solid and Gradient) | Member pays \$14 |
| Standard Plastic Scratch Coating | Member pays \$0 |
| Standard Polycarbonate - Adults | Member pays \$33 |
| Standard Polycarbonate - Kids under 19 | Member pays \$0 |
| Standard Anti-Reflective Coating | Member pays \$40 |
| Polarized | Member receives 20% off Retail price |
| Photocromatic/Transitions Plastic | Member pays \$67 |
| Premium Anti-Reflective | |
| Tier 1 | Member pays \$57 |
| Tier 2 | Member pays \$68 |
| Tier 3 | Member pays 80% of charge |
| Other Add-Ons | 20% off Retail Price |

- Save up to 35% off the national average price of laser vision correction at more than 1,000 QualSight® LASIK locations nationwide.
- Visit www.myvisionlenses.com for all of your contact lens needs. Take 10% off every order just for being a Spectera Eyecare Network member.
- Any unused portion of the Benefit Allowance at the initial time of service will not carry forward to other services.
- Member benefits and discounts will not apply to certain brand name Vision Materials on which the manufacturer imposes a no discount practice.

PremierVision Plan Features

Renewability and Termination

Coverage under the PremierVision Plan is guaranteed renewable to age 65 or in the event an Insured otherwise becomes a Medicare enrollee subject to the termination provisions.

Coverage under the PremierVision Plan will end on the earlier of the following: the premium due date in the month following the date the Association Group Vision Insurance Policy is terminated by the Group Policyholder; the date the Primary Insured terminates membership or ceases to be a member in the association which is the Group Policyholder; with respect to Your Spouse who is covered under the PremierVision Plan, the premium due date in the month following the effective date of Your divorce decree or annulment; with respect to Your child(ren) who are covered under the PremierVision Plan, Your covered child(ren) reaches the limiting age as defined by Your state; the date an Insured becomes eligible for Medicare; the due date of any unpaid Monthly Renewal Premium, subject to the grace period; the date You terminate coverage by notifying Us of the date You desire coverage to terminate for the applicable Insured whose coverage You want to terminate; the applicable date We are required by the order of an appropriate regulatory authority to non-renew or cancel the PremierVision Plan; the date We elect to discontinue offering this type of vision insurance coverage in Your state and to terminate all such policies in Your state; and the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for the PremierVision Plan or in filing a claim for Benefits under the PremierVision Plan.

PremierVision Limitations at a Glance - Insurance Benefits

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

- in no event will coverage exceed the lesser of: (i) the actual cost of Covered Vision Expenses or materials, (ii) the negotiated fee for services rendered by a Participating Provider, or (iii) the Allowance as shown on the PremierVision Plan Schedule when services are rendered by a Participating Provider or a Non-Participating Provider;
- if the Participating Provider's or Non-Participating Provider's charge is less than the Allowance specified on the PremierVision Plan Schedule, We will only pay up to the Participating Provider's or Non-Participating Provider's charge; and
- materials covered by the PremierVision Plan that are lost or stolen will only be replaced at the intervals stated on the PremierVision Plan Schedule.

► Optional Vision ◀

PremierVision Non-Covered Items at a Glance - Insurance Benefits

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

- orthoptic or vision training and any associated supplemental testing;
- plano lenses;
- lens coating;
- two pair of glasses, in lieu of bifocals or trifocals;
- medical or surgical treatment of the eyes;
- any type of corrective vision surgery, including LASIK surgery;
- any eye examination, or any corrective eyewear, required by an employer as a condition of employment;
- any services or supplies when paid under any Worker's Compensation or similar law;
- Tier 4 Premium Progressive Lenses;
- photochromic transition or polycarbonate lenses;
- lenticular lenses;
- sub-normal vision aids or non-prescription lenses;
- service rendered or supplies purchased outside the U.S. or Canada, unless the Insured resides in the U.S. or Canada and the charges are incurred while on a business or pleasure trip;
- eyeglasses when the change in prescription is less than .5 Diopter;
- experimental or investigational or non-conventional treatment or device;
- eyeglass lens treatments, including "add-ons", UV coating, anti-reflective coating, scratch resistant coating, tinting or edge polishing;
- oversized lenses;
- lost or broken lenses, frames, glasses, or contact lenses will not be replaced until twelve (12) months after the last date of service;
- medically necessary contact lenses;
- high index lenses of any material type;
- fitting for corrective contact lenses;
- follow-up visits;
- charges incurred after the PremierVision Plan has terminated or coverage has ended;
- any expenses for treatments, care, procedures, services or supplies which are not Covered Vision Expenses incurred by an Insured and which are not specifically enumerated in the VISION EXPENSE BENEFITS AND CLAIM PROCEDURES section of the PremierVision Plan;
- treatments, care, procedures or supplies received before the PremierVision Plan Issue Date;
- any professional services for which the Insured and/or any covered family member are not legally liable for payment;
- any professional services for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- charges that are payable or reimbursable by either: a) a plan or program of any governmental agency (except Medicaid); or b) Medicare Part A, Part B and/or Part D (If the applicable Insured does not enroll in Medicare, We will estimate the charges that would have been paid if such enrollment had occurred);
- cosmetic items;
- broken appointment fees;
- refitting or change in lens design after the initial fitting; and
- expenses which exceed 100% of those actually incurred by the Insured.



IncomeProtector¹

SHORT TERM ACCIDENT DISABILITY INSURANCE

PROTECT AGAINST THE UNEXPECTED²

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

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

¹2020 Insurance Barometer Study conducted by the Life Insurance Marketing and Research Association (LIMRA)

^{**}National Safety Council®, Injury Facts® 2010 Ed.

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

Protect Your Income

In **3** Easy Steps!



1

Your Monthly Total Disability Benefit

- \$1,500

2

Choose Your Elimination Period

- 14 Days
- 30 Days

3

Choose Your Maximum Period for Benefit Payments

- 3 months
- 6 months
- 12 months

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

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

IncomeProtector Plan Features

Termination and Renewability

An applicable Insured's coverage ends on the earlier of the following:

- the due date of any unpaid Renewal Premium, subject to the grace period;
- the date We receive due proof that fraud or intentional misrepresentation of material fact existed in the application for Your coverage under the Certificate or in a claim for Benefits;
- the date You terminate coverage by notifying Us of the date You desire coverage to terminate; or the premium due date in the month following Your attainment of age 68;
- the premium due date in the month following the date the Certificate is terminated in which case You will be given thirty-one (31) days prior written notice of the termination, mailed to Your last known address;
- We are required by the order of an appropriate regulatory authority to non-renew or cancel the Group Short Term Accident Disability Income Insurance Policy or a Class under the Group Short Term Accident Disability Income Insurance Policy; or
- We elect to discontinue offering short term accident disability income coverage to all individuals in Your state who are covered under the same coverage form as the Certificate, in which case You will be given a minimum of thirty-one (31) days prior written notice of the termination, mailed to Your last known address.

Non-Covered Expenses at a Glance

No Benefits shall be payable under the Certificate for any loss caused by, in whole or in part, contributed to or resulting from, directly or indirectly, any of the following incidents, events, occurrences or activities involving any Insured:

- Injury due to any act of war (whether declared or undeclared);
- intentionally self-inflicted Injury;
- suicide or any suicide attempt while sane or insane;
- serving in one of the branches of the armed forces of any foreign country or any international authority;
- an Injury occurring outside the borders of the United States of America or its territories except as provided in the FOREIGN TRAVEL BENEFIT provision of the Certificate;
- any Injury while engaging, committing, or attempting to commit a felony or illegal occupation or while being arrested or incarcerated;
- participation in hang gliding, paragliding, hot air ballooning or any other form of aviation, except as a fare-paying passenger traveling on a regularly scheduled commercial airline flight;
- participating, as driver or passenger, in any competition, race or speed contest, including sanctioned practice thereof, of any land or water vehicle;
- engaging in bungee jumping, parachuting, rock climbing, parasailing, parakiting, surfing, mountaineering, skateboarding, or any other hazardous avocation;
- participation in rodeo or equestrian events, semi-professional or professional sports or any other hazardous activity for wage, compensation, or profit;
- participating in intercollegiate sports or club sports activities;
- Injuries from raising, caring, handling or working with dangerous animals;
- Mental and Emotional Disorders;
- an Insured being intoxicated or under the influence of alcohol or any drug, narcotic or hallucinogens unless administered via a prescription and on the advice of a Provider, and taken in accordance with the limits of such advice. An Insured is conclusively determined to be intoxicated by drug or alcohol if: (i) a chemical test administered in the jurisdiction where either the Accident occurred or the Insured was medically treated is at or above the legal limit set by that jurisdiction; or (ii) the level of alcohol or drug was such that a person's coordination and/or ability to reason was impaired, regardless of the legal limit set by that jurisdiction;
- sickness;
- the unintended or accidental results of any surgery or operation performed either for cosmetic purposes or in an attempt to surgically treat any sickness;
- the unintended or accidental result of any procedure, surgery or operation performed for cosmetic purpose or in an attempt to surgically treat any sickness, or any elective procedures not medically necessary, including but not limited to organ donation and elective sterilization;
- intentional inhalation or ingestion of any poison, gas or fumes;
- the operation by an Insured of any motor vehicle without the permission/consent of the owner of such vehicle;
- the operation by an Insured of any motor vehicle without a valid operator's license/permit;
- bacterial or viral infection, except such infection occurring with or through a cut or wound in the skin sustained in an Accident or the accidental ingestion of contaminated material;
- participating as a driver or passenger on a motorcycle, or an off-road or ATV vehicle;
- actively serving in any armed forces, including National Guard or Army Reserves; and
- Injuries from being arrested or incarcerated or caused while incarcerated in penal institution or government detention facility.

► Optional Term Life ◀

LifeProtector¹

10 YEAR TRADITIONAL TERM LIFE INSURANCE

PROVIDE PEACE OF MIND FOR YOUR LOVED ONES

- Odds of dying as a consequence of heart disease – 1 in 5*
- Odds of dying as a consequence of cancer – 1 in 7*
- Total odds of dying, any cause – 1 in 1 (100%)*

**National Safety Council*



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

LIFEPROTECTOR IS THE RIGHT CHOICE!²

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

Advantages of America's Choice LifeProtector

Convenient

LifeProtector is a great option to add to Your portfolio.

Pure & Simple

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

Peace of Mind

Provides protection in the event of unforeseen death.

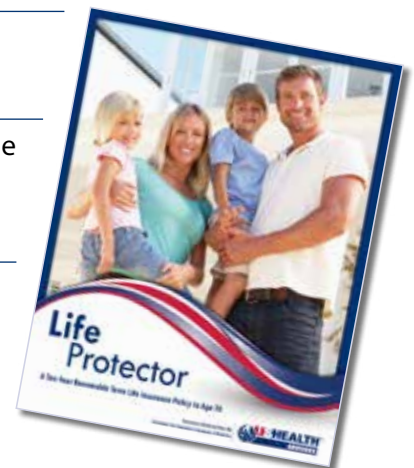
Not Taxable to Beneficiaries

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

Economical

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

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



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

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

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

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ACA Individual Mandate & Shared Responsibility Payment

The ACA generally requires individuals to maintain “minimum essential coverage” or be subject to the payment of what is described in the federal regulations as a “shared responsibility payment” with the payment of their taxes to the federal government from 2014 – 2018. The “shared responsibility payment” for 2014 – 2018 has also been referred to in the media as the ACA individual tax or ACA individual penalty. The “shared responsibility payment” was applicable to individuals who did not maintain ACA “minimum essential coverage” from 2014 – 2018, or otherwise receive an exemption from the federal government from the ACA individual mandate for those years. The amount of the “shared responsibility payment” for 2014 – 2018 was based in part, upon the individual’s household income each year.

Congress eliminated the ACA “shared responsibility payment” in 2019 and beyond. This means that individuals who do not maintain ACA “minimum essential coverage” during 2019 or any year thereafter are no longer required to pay the federal government any “shared responsibility payment” if they do not maintain ACA “minimum essential coverage” in-force during 2019 and beyond. For more information on the elimination of the ACA “shared responsibility payment” for 2019 and beyond or other ACA matters, please visit www.healthcare.gov, which is the federal government’s website.

Group Policy: GRP-P-06-FLIC/GRP-P-13-FLIC

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

