

# PremierAdvantage<sup>SM</sup>

*Health Coverage You Can Count On*



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

As a member of the American Independent Business Coalition, You have the right to apply for coverage under one of Freedom Life's underwritten medical plans issued to the Association for the benefit of interested members. This includes the PremierAdvantage Fixed Indemnity Plans. Choose from three levels of coverage, which are designed to meet Your individual needs and budget.

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

### Experience

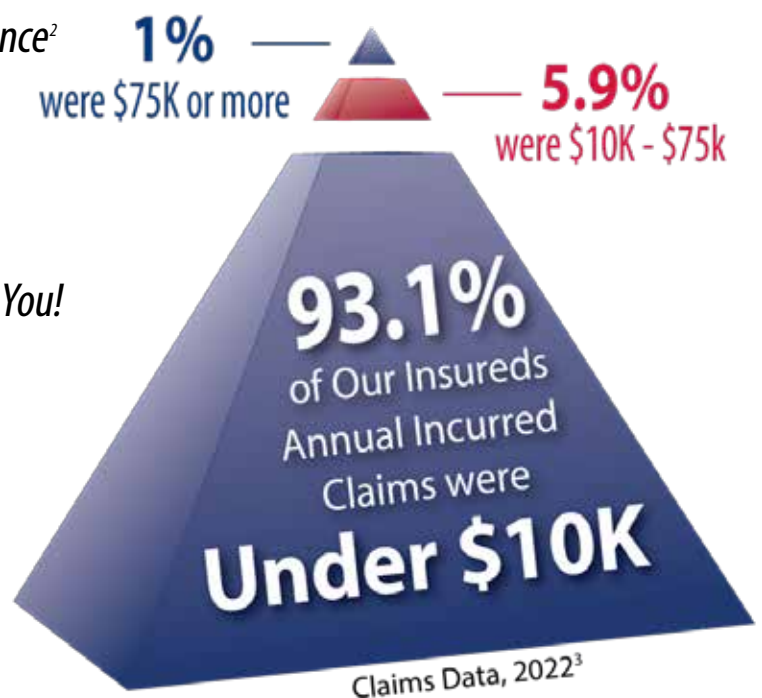
- Over **150 collective years** of insurance experience<sup>2</sup>
- Over **15 million** customers served<sup>2</sup>

### Convenience

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

### Dependability

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



<sup>1</sup>National Federation of Business website 2023.

<sup>2</sup>Cumulative 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.

<sup>3</sup>Analysis 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.

# The PremierAdvantage<sup>SM</sup> Plan Difference

## PremierAdvantage Fixed Indemnity Plans<sup>1</sup>

- ▶ With the PremierAdvantage Fixed Indemnity Plans, **You have access to a PPO network** that is available for Your state.
- ▶ **You May Choose Any Doctor and Any Hospital!** The PremierAdvantage Fixed Indemnity Plans pay the same fixed dollar amount shown on the schedule of benefits regardless of whether services are provided in or out of network. **But You can stretch Your dollars further by choosing an In-Network Provider.**
- ▶ **No Calendar Year Deductibles to Satisfy!**
- ▶ The PremierAdvantage Fixed Indemnity Plans pay *in addition* to any coverage You have in force.
- ▶ **Your initial rate is guaranteed for 24 months** at no extra charge!<sup>2</sup>
- ▶ **24-Hour coverage, on or off the job.**
- ▶ **Portable coverage You can take with You** even if You move or change jobs.
- ▶ The PremierAdvantage Fixed Indemnity Plans are not essential health benefit plans under the Affordable Care Act ("ACA"). Instead, they will supplement an essential health benefit plan under which You must first satisfy a deductible every year before You are eligible to receive benefit payments.<sup>3</sup>



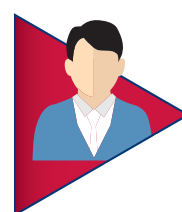
### **Dependability:**

**Any Doctor  
Any Hospital**



### **Stability:**

**24-Month Rate  
Guarantee**



### **Portability:**

**Take your  
coverage with  
you**

THIS COVERAGE IS NOT REQUIRED TO COMPLY WITH CERTAIN FEDERAL MARKET REQUIREMENTS FOR HEALTH INSURANCE, PRINCIPALLY THOSE CONTAINED IN THE AFFORDABLE CARE ACT. BE SURE TO CHECK YOUR CERTIFICATE CAREFULLY TO MAKE SURE YOU ARE AWARE OF ANY EXCLUSIONS OR LIMITATIONS REGARDING COVERAGE OF PREEXISTING CONDITIONS OR HEALTH BENEFITS (SUCH AS HOSPITALIZATION, EMERGENCY SERVICES, MATERNITY CARE, PREVENTIVE CARE, PRESCRIPTION DRUGS, AND MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES). YOUR CERTIFICATE MIGHT ALSO HAVE LIFETIME AND/OR ANNUAL DOLLAR LIMITS ON HEALTH BENEFITS. CANCELLATION OF THE PREMIERADVANTAGE PLAN DOES NOT CONSTITUTE A SPECIAL ENROLLMENT EVENT UNDER THE ACA.

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

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

<sup>3</sup>The PremierAdvantage Fixed Indemnity Plans provide benefits for covered medical services but are not traditional major medical plans nor Workers' Compensation plans under state law. The PremierAdvantage Fixed Indemnity 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.)



# PremierAdvantage<sup>SM</sup> Fixed Indemnity Plans<sup>1</sup>

## *The Benefits You Need... When You Need Them.*

► Some of the more popular Outpatient Benefits include coverage for:

- ✓ Doctor Office Visits
- ✓ X-Rays
- ✓ Prescription Drugs
- ✓ Emergency Room Benefits
- ✓ Ambulance Transports
- ✓ Radiology
- ✓ Outpatient Surgery
- ✓ MRIs
- ✓ Diabetes



### Prescription Drugs

Almost **50%** of the population used prescription drugs in the past 30 days

~National Center for Health Statistics.  
Health, United States, 2019

### Doctor Office Visits

About **85%** of American Adults visited a Doctor in the past year

~Interactive Summary Health Statistics for Adults:  
National Health Review, 2019

### Diabetes

People with diabetes have medical costs **twice as high** as people without diabetes

~CDC - Diabetes Fast Facts 2020

<sup>1</sup>The Plans are underwritten by Freedom Life Insurance Company of America and are subject to the Exclusions and Limitations of the Plans (see pages 13-15).

The PremierAdvantage Fixed Indemnity Plans provide benefits for covered medical services but are not traditional major medical plans nor Workers' Compensation plans under state law. The PremierAdvantage Fixed Indemnity 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.)

# PremierAdvantage<sup>SM</sup> Fixed Indemnity Plans

Outpatient Fixed Indemnity Benefits	Plan 1	Plan 2	Plan 3
<b>Doctor Office Visit Benefit</b>			
Amount Per Visit	\$75	\$100	\$100
Visits Per Insured Per Policy Year	6	6	6
Unused Doctor Office Visits Rollover to the Next Policy Year	Yes	Yes	Yes
<b>Outpatient Spinal Manipulation Office Visit Benefit</b>			
Amount Per Visit	\$75	\$100	\$100
Visits Per Insured Per Policy Year	6	6	6
<b>Outpatient Urgent Care Facility Benefit</b>			
Amount Per Visit	\$75	\$100	\$100
Visits Per Insured Per Policy Year	1	1	1
<b>Outpatient X-Ray Benefit</b>			
Amount Per Calendar Day	\$50	\$50	\$50
Calendar Days Per Insured Per Policy Year	2	3	4
<b>Outpatient Radiologist Benefit</b>			
Amount Per Calendar Day	\$50	\$50	\$50
Calendar Days Per Insured Per Policy Year	4	4	4
<b>Outpatient Laboratory Benefit</b>			
Amount Per Calendar Day	\$30	\$30	\$30
Calendar Days Per Insured Per Policy Year	4	4	4
<b>Outpatient Pathologist Benefit</b>			
Amount Per Calendar Day	\$50	\$50	\$50
Calendar Days Per Insured Per Policy Year	4	4	4
<b>Prescription Drug Benefit</b>			
Amount Per Generic Drug	\$10	\$10	\$10
Amount Per Brand Name Drug	\$40	\$40	\$40
Policy Year Maximum for all Prescriptions	\$800	\$900	\$1,250
<b>Emergency Room Benefit</b>			
Amount Per Calendar Day	\$250	\$250	\$250
Calendar Days Per Insured Per Policy Year	1	1	1
<b>Emergency Room Physician</b>			
Amount Per Calendar Day	\$100	\$100	\$100
Calendar Days Per Insured Per Policy Year	1	1	1
<b>Emergency Ambulance Benefit</b>			
Ground - Amount Per Calendar Day	\$100	\$100	\$100
Ground - Transports Per Insured Per Policy Year	1	1	1
Air - Amount Per Calendar Day	\$2,500	\$2,500	\$2,500
Air - Transports Per Insured Per Policy Year	1	1	1
<b>Specialty Radiology Benefit</b>			
Outpatient CAT Scan - Amount Per Calendar Day	\$150	\$175	\$200
Outpatient CAT Scan - Calendar Days Per Insured Per Policy Year	1	1	1
Outpatient PET Scan - Amount Per Calendar Day	\$150	\$200	\$300
Outpatient PET Scan - Calendar Days Per Insured Per Policy Year	1	1	1
Outpatient MRI - Amount Per Calendar Day	\$300	\$400	\$500
Outpatient MRI - Calendar Days Per Insured Per Policy Year	1	1	1
<b>Outpatient Surgery Facility Benefit</b>			
Amount Per Calendar Day	–	\$400	\$1,200
Calendar Days Per Insured Per Policy Year	–	1	1

# PremierAdvantage<sup>SM</sup> Fixed Indemnity Plans

Outpatient Fixed Indemnity Benefits	Plan1	Plan2	Plan3
<b>Outpatient Surgeon Benefit</b>			
Benefit varies by procedure, range is -	–	\$40-\$4,000	\$80-\$8,000
Surgeries Per Insured Per Policy Year	–	1	1
<b>Outpatient Anesthesiologist Benefit</b>			
Benefit varies by procedure, range is -	–	\$20-\$2,000	\$40-\$4,000
Surgeries per Insured per Policy Year	–	1	1
<b>Radiation/Chemotherapy Benefit</b>			
Outpatient Oral Chemotherapy Amount Per Calendar Month	\$1,500	\$2,000	\$2,000
Outpatient Oral Chemotherapy Calendar Months Per Insured Per Policy Year	3	3	3
Outpatient Intravenous Chemotherapy Amount Per Calendar Day	\$300	\$400	\$500
Outpatient Intravenous Chemotherapy Calendar Days Per Insured Per Policy Year	30	60	60
Outpatient Radiation Therapy Amount Per Calendar Day	\$300	\$400	\$500
Outpatient Radiation Therapy Calendar Days Per Insured Per Policy Year	30	60	60
<b>Outpatient Kidney Dialysis Benefit</b>			
Amount Per Calendar Day	\$500	\$500	\$500
Calendar Days Per Insured Per Policy Year	10	30	60
<b>Outpatient Diabetes Equipment Benefit</b>			
Amount Per Calendar Day	\$15	\$15	\$15
Calendar Days Per Insured Per Policy Year	1	1	1
<b>Outpatient Diabetes Self-Management Training Benefit</b>			
Amount Per Calendar Day	\$15	\$15	\$15
Calendar Days Per Insured Per Policy Year	1	1	1
<b>Outpatient Diabetes Supplies Benefit</b>			
Amount Per Calendar Day	\$15	\$15	\$15
Calendar Days Per Insured Per Policy Year	1	1	1



# PremierAdvantage<sup>SM</sup> Fixed Indemnity Plans<sup>1</sup>



## ► Some of the more popular Inpatient Benefits include coverage for:

- ✓ Inpatient Surgery
- ✓ Severe Burns
- ✓ Strokes
- ✓ Hospital Room & Board
- ✓ Heart Attacks
- ✓ Coronary Artery By-Pass
- ✓ ICU Room & Board
- ✓ Life Threatening Cancer
- ✓ Comas

### 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

### Strokes

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

~American Heart Association  
Heart Disease and Stroke Statistics 2023

<sup>1</sup>The Plans are underwritten by Freedom Life Insurance Company of America and are subject to the Exclusions and Limitations of the Plans (see pages 13-15).

The PremierAdvantage Fixed Indemnity Plans provide benefits for covered medical services but are not traditional major medical plans nor Workers' Compensation plans under state law. The PremierAdvantage Fixed Indemnity 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.)



# PremierAdvantage<sup>SM</sup> Fixed Indemnity Plans

Inpatient Fixed Indemnity Benefits	Plan 1	Plan 2	Plan 3
<b>Inpatient Surgeon Benefit</b>			
Benefit varies by procedure, range is -	-	-	\$80-\$8,000
Surgeries Per Insured Per Policy Year	-	-	1
<b>Inpatient Assistant Surgeon Benefit</b>			
Benefit varies by procedure, range is -	-	-	\$20-\$2,000
Surgeries Per Insured Per Policy Year	-	-	1
<b>Inpatient Anesthesiologist Benefit</b>			
Benefit varies by procedure, range is -	-	-	\$40-\$4,000
Surgeries per Insured per Policy Year	-	-	1
<b>Hospital Provider Visit Benefit</b>			
Amount Per Visit	\$100	\$100	\$100
Visits Per Insured Per Policy Year	4	4	4
<b>Hospital Room &amp; Board Benefit</b>			
Amount Per Calendar Day	\$400	\$700	\$700
Calendar Days Per Insured Per Policy Year	365	365	365
<b>Hospital Miscellaneous Expenses Benefit</b>			
Amount Per Calendar Day	\$400	\$700	\$700
Calendar Days Per Insured Per Policy Year	365	365	365
<b>Hospital ICU Room &amp; Board Benefit</b> <i>(in lieu of Hospital Room &amp; Board Benefits)</i>			
Amount Per Calendar Day	\$800	\$1,200	\$1,400
Calendar Days Per Insured Per Policy Year	30	30	30





# PremierAdvantage<sup>SM</sup> Fixed Indemnity Plans

If Confinement is due to one of the Sicknesses or Bodily Injuries below, the following Hospital Miscellaneous Expenses Benefits Apply.

Hospital Miscellaneous Expenses Fixed Indemnity Benefits <small>(Benefits paid in lieu of Hospital Miscellaneous Expenses Fixed Indemnity Benefit)</small>	Plan 1	Plan 2	Plan 3
<b>Acute Heart Attack Benefit</b>			
Amount Per Calendar Day	\$2,400	\$3,600	\$4,200
Calendar Days Per Insured Per Policy Year	30	30	30
<b>Life Threatening Cancer Benefit</b>			
Amount Per Calendar Day	\$2,400	\$3,600	\$4,200
Calendar Days Per Insured Per Policy Year	30	30	30
<b>Stroke Benefit</b>			
Amount Per Calendar Day	\$2,400	\$3,600	\$4,200
Calendar Days Per Insured Per Policy Year	30	30	30
<b>Coronary Artery By-Pass Surgery Benefit</b>			
Amount Per Calendar Day	\$2,400	\$3,600	\$4,200
Calendar Days Per Insured Per Policy Year	30	30	30
<b>Coma Benefit</b>			
Amount Per Calendar Day	\$2,400	\$3,600	\$4,200
Calendar Days Per Insured Per Policy Year	30	30	30
<b>Severe Burns Benefit</b>			
Amount Per Calendar Day	\$2,400	\$3,600	\$4,200
Calendar Days Per Insured Per Policy Year	30	30	30

Benefit Maximums	Plan 1	Plan 2	Plan 3
<b>Policy Year Maximum Fixed Indemnity Benefit Payments Per Insured</b>	\$150,000	\$250,000	\$300,000
<b>Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured</b>	\$5,000,000	\$5,000,000	\$5,000,000

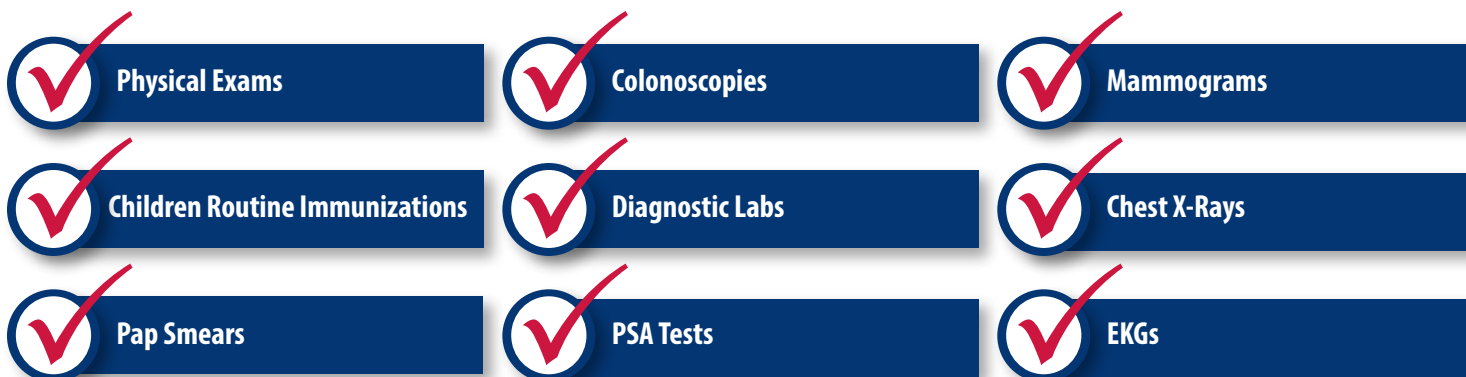


# PremierAdvantage<sup>SM</sup> Fixed Indemnity Plans Optional Well-GIST Rider<sup>1,2</sup>

At the time of application and after payment of the required premium, You have the option to purchase the Well-GIST Rider. This rider allows You to enhance Your PremierAdvantage Fixed Indemnity Plan coverage by adding Wellness and Health Screening Fixed Indemnity Benefits, in addition to a one-time right to purchase, on a guaranteed basis, without regard to Your health status or medical condition, and without application of any medical underwriting or evidence of insurability, coverage under Our Short Term Medical-Surgical Expense Plan.



► Some of the more popular Wellness & Health Screening Benefits found in the Well-GIST Rider include coverage for:



## 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

## Preventive Care

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

~ American Cancer Society 2023

<sup>1</sup>The Well-GIST Rider is underwritten by Freedom Life Insurance Company of America and is subject to the Exclusions and Limitations of the Plans (see pages 13-15).

<sup>2</sup>PremierAdvantage Fixed Indemnity Plans Optional Wellness and Health Screening Fixed Indemnity Benefits & Guaranteed Insurability under Optional Short Term Medical-Surgical Plan Rider (WELLGIST-2021-R-TX-FLIC), available for an additional premium).

The PremierAdvantage Fixed Indemnity Plans provide benefits for covered medical services but are not traditional major medical plans nor Workers' Compensation plans under state law. The PremierAdvantage Fixed Indemnity 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.)

# PremierAdvantage<sup>SM</sup> Fixed Indemnity Plans Optional Well-GIST Rider

Wellness & Health Screening Fixed Indemnity Benefits	Well-GIST Rider
<b>Physical Examination Benefit</b>	
Amount Per Calendar Day	\$200
Physical Examinations Per Insured Per Policy Year	1
<b>Health Screening Diagnostic Labs Benefit</b>	
Amount Per Calendar Day	\$45
Calendar Days Per Insured Per Policy Year	2
<b>Children Routine Immunizations Benefit<sup>1</sup></b>	
Amount Per Immunization	\$50
Immunizations Per Insured Per Policy Year	10
<b>Pap Smear Benefit</b>	
Amount Per Calendar Day	\$35
Calendar Days Per female Insured Per Policy Year	1
<b>Mammogram Benefit<sup>1</sup></b>	
Amount Per Calendar Day	\$250
Calendar Days Per female Insured Per Policy Year	1
<b>PSA Test Benefit<sup>1</sup></b>	
Amount Per Calendar Day	\$25
Calendar Days Per male Insured Per Policy Year	1
<b>Colonoscopy Benefit<sup>1</sup></b>	
Amount Per Calendar Day	\$650
Calendar Days Per Insured Per Policy Year	1
<b>Osteoporosis Screening Benefit<sup>1</sup></b>	
Amount Per Calendar Day	\$150
Calendar Days Per High Risk Female Insured Per Policy Year	1
<b>Health Screening Chest X-Ray Benefit</b>	
Amount Per Calendar Day	\$200
Calendar Days Per Insured Per Policy Year	1
<b>EKG Benefit<sup>1</sup></b>	
Amount Per Calendar Day	\$50
Calendar Days Per Insured Per Policy Year	1
<b>Stress EKG Benefit<sup>1</sup></b>	
Amount Per Calendar Day	\$100
Calendar Days Per Insured Per Policy Year	1
<b>Adult Immunizations<sup>1</sup></b>	
Amount Per Immunization	\$40
Immunizations Per Insured Per Policy Year	3

<sup>1</sup>Age-related restrictions and other limitations apply. Please see page 13 for more details.

All Well-GIST Rider Wellness & Health Screening Fixed Indemnity 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.



## PremierAdvantage<sup>SM</sup> Fixed Indemnity Plan Features

### Premium Rate Adjustments

Your initial rate is guaranteed for 24 months at no extra charge!<sup>1</sup> After this 24-month rate guarantee period, We will not raise Your premium rates on an individual basis due to Your personal claims experience. We may raise Your premium rates on Your Renewal Premium Class for all Certificates in Your state.

### Renewability

Coverage under the PremierAdvantage Fixed Indemnity Plan is guaranteed renewable, subject to the termination provisions.

### Termination

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

<sup>1</sup>The Premium Rate Guarantee Period does not apply to any rate change due to: change of address; addition of Insureds; change of benefits or options; change of Mode Of Premium Payment; group policy coverage, benefits, limitation or exclusion changes; or any future requirements of any federal or state law.



## PremierAdvantage<sup>SM</sup> Fixed Indemnity Plan Limitation

Coverage under the PremierAdvantage Fixed Indemnity Plan is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the PremierAdvantage Fixed Indemnity Plan, as well as the following pre-existing condition limitation:

- 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 is not covered under the PremierAdvantage Fixed Indemnity Plan unless such treatment, medical service, surgery, medication, equipment, claim, loss or expense constitutes Covered Medical & Surgical Services incurred by such Insured more than 12 months after the Issue Date, and such treatment, medical service, surgery, medication, equipment, claim, loss or expense is not otherwise limited or excluded by the PremierAdvantage Fixed Indemnity Plan or any riders, endorsements, or amendments attached to the PremierAdvantage Fixed Indemnity Plan;
- Pre-existing Condition means an Insured's Sickness (physical or mental) or Bodily Injury for which medical advice, diagnosis, care or treatment was recommended or received during the twelve (12) month period immediately preceding the effective date of coverage under the PremierAdvantage Fixed Indemnity Plan for such Insured; and
- The PremierAdvantage Fixed Indemnity Plan provides coverage as of the Issue Date for applicable Covered Medical & Surgical Services for Pre-existing Conditions disclosed on the application provided they are not otherwise limited or excluded by the PremierAdvantage Fixed Indemnity Plan or any riders, amendments, or endorsements attached to the PremierAdvantage Fixed Indemnity Plan. The PremierAdvantage Fixed Indemnity Plan does not provide coverage for Pre-existing Conditions that are not disclosed on the application, unless the applicable Covered Medical & Surgical Service is Provided more than twelve (12) months after the Insured's coverage has been in effect, and provided such expenses are not otherwise limited or excluded by the PremierAdvantage Fixed Indemnity Plan or any riders, amendments, or endorsements attached to the PremierAdvantage Fixed Indemnity Plan.

## PremierAdvantage<sup>SM</sup> Well-GIST Rider Limitations

Coverage under the Well-GIST Rider is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the PremierAdvantage Fixed Indemnity Plan and the Well-GIST Rider:

- **Adult Immunizations** - Three covered immunizations per Insured per Policy Year are available to Insureds 18 years of age or older.
- **Children Routine Immunizations** - Ten covered immunizations per Insured per Policy Year are available to Insureds under the age of 18 under the Children Routine Immunization Fixed Indemnity Benefit.
- **Osteoporosis Screening** - One Osteoporosis Screening Fixed Indemnity 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.
- **PSA Test** - One PSA Test Fixed Indemnity 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 Fixed Indemnity 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.
- **Mammogram** - One Mammogram Fixed Indemnity Benefit per Policy Year is available to female Insureds who are age 35 or older.
- **EKG** - One EKG Fixed Indemnity 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 Fixed Indemnity 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.



## PremierAdvantage<sup>SM</sup> Fixed Indemnity Plan and Well-GIST Rider Non-Covered Items At a Glance

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

- any cost, item, treatments, care, procedures, services or supplies which do not constitute Covered Medical & Surgical Services;
- treatments, care, procedures, services or supplies received before the PremierAdvantage Fixed Indemnity Plan Issue Date;
- Covered Medical & Surgical Services received after the PremierAdvantage Fixed Indemnity Plan terminates, regardless of when the Sickness or Bodily Injury occurred except as provided in the EXTENSION OF BENEFITS provision;
- fixed indemnity payments under the PremierAdvantage Fixed Indemnity Plan for Covered Medical & Surgical Services that in combination exceed the amount of either the Policy Year Maximum Fixed Indemnity Benefit Payments Per Insured or the Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured;
- any treatments, care, procedures, services or supplies which are not specifically Enumerated in the COVERED MEDICAL AND SURGICAL SERVICES section of the PremierAdvantage Fixed Indemnity Plan and any optional coverage rider attached thereto;
- 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 member 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 member 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 member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- Bodily Injury or Sickness due to any act of war (whether declared or undeclared);
- 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;
- drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
- administration of experimental drugs or substances or investigational use or experimental use of Prescription Drugs except for any Prescription Drug prescribed to treat a covered chronic, disabling, life-threatening Sickness or Bodily Injury, but only if the investigational or experimental drug in question: a) has been approved by the FDA for at least one indication; 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; or c) drugs labeled "Caution - limited by Federal law to investigational use";
- 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;
- eye refractions, eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids, and exams for their prescription or fitting;
- any cochlear implants;
- any professional and medical services Provided to an Insured in treatment of a Sickness or Bodily 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 Bodily Injury;
- suicide or any suicide attempt while sane or insane;
- Sickness or Bodily Injury while serving in one of the branches of the armed forces of the United States of America;
- Sickness or Bodily Injury while in a foreign country and serving on active duty in the United States Army, Navy, Marine Corps, Air Force, Reserves, or the National Guard;
- Sickness or Bodily Injury while serving on active duty in the armed forces of any foreign country or any international authority but premiums will be refunded;
- 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 PremierAdvantage Fixed Indemnity Plan or any riders, endorsements, or amendments attached to the PremierAdvantage Fixed Indemnity Plan;
- 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;
- any Bodily Injury caused or contributed to while racing a land or water vehicle, or participation in hazardous avocation including, but not limited to, martial arts, boxing, hang gliding, paragliding, sky diving, hot air ballooning, mountain/cliff climbing, organized competitive sports, ATV riding, or snowmobiling;
- 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 Sickness or Bodily Injury, 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 PremierAdvantage Fixed Indemnity Plan;



## PremierAdvantage<sup>SM</sup> Fixed Indemnity Plan and Well-GIST Rider Non-Covered Items At a Glance - Continued

- any treatments, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
- Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
- any treatments, 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 Bodily Injury which was caused by or contributed to by an Insured racing any air, land, or water vehicle;
- any treatment, care, procedures, services, or supplies incurred for the diagnosis, care, or treatment of Mental & Emotional Disorders, Alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
- 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 services and well-baby care, other than Complications of Pregnancy;
- 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;
- any 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;
- any 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 PremierAdvantage Fixed Indemnity Plan by exclusionary rider, limitation, or exclusion;
- any charges for blood, blood plasma, or derivatives that has been replaced;
- any treatment, care, procedures, services, or supplies for the diagnosis, care, or treatment of Autism Spectrum Disorder;
- any treatment, care, procedures, services or supplies for TMJ Disorder and Craniomandibular Disorder (CMD);
- any treatment received outside of the United States, except as provided for in the EXTRATERRITORIAL MEDICAL EXPENSES provision;
- any treatment, care, procedures, services, or supplies (including Prescription Drugs) incurred for the diagnosis, care, or treatment or services for behavioral or learning disorders, 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 cirrhosis of the liver due to chronic alcohol abuse; and
- any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the PremierAdvantage Fixed Indemnity Plan.



# PremierMed<sup>1</sup>

## SHORT TERM MEDICAL-SURGICAL EXPENSE PLAN

### Deductibles, Coinsurance & Out-of-Pocket Maximums

Short Term Certificate Deductible	
Benefit Deductible In-Network per Insured	\$3,000
<i>Separate Deductible for Out-of-Network \$6,000<sup>2</sup> per Insured</i>	
<i>Separate Deductible for Maternity \$2,000<sup>3</sup> per Insured, up to a Maximum of \$6,000</i>	
<i>Failure to Pre-Authorize Treatment Deductible \$500 per Insured</i>	
Short Term Certificate Coinsurance	
In-Network Company Coinsurance Percentage (Sickness & Injury Benefits, Wellness & Screening Benefits)	100%
In-Network Insured Coinsurance Percentage (Sickness & Injury Benefits, Wellness & Screening Benefits)	0%
Out-Of-Network Company Coinsurance Percentage (Sickness & Injury Benefits, Wellness & Screening Benefits)	100%
Out-Of-Network Insured Coinsurance Percentage (Sickness & Injury Benefits, Wellness & Screening Benefits)	0%
Short Term Out-of-Pocket Maximums	
In-Network Out-of-Pocket Maximum per Insured	\$3,000
Out-of-Network Out-of-Pocket Maximum per Insured	\$9,000

With the purchase of one of the **PremierAdvantage<sup>SM</sup>** Fixed Indemnity Plans and Our Well-GIST Rider, You have the one-time right to obtain additional coverage under Our **PremierMed** Short Term Medical-Surgical Expense Plan **without additional medical underwriting or evidence of Insurability**. Under the Well-GIST Rider You can exercise this option when You decide You need it, anytime, **even in the middle of a claim**.

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

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

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

<sup>2</sup>Separate Deductible for Out of Network is in addition to the Benefit Deductible.

<sup>3</sup>Separate Deductible for Maternity is in addition to the Benefit Deductible.

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

# PremierMed Overview of Benefits

## Sickness & Bodily Injury Benefits

### Inpatient Hospital Care

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

*Does not include personal convenience items.*

- Provider Visits

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

### Inpatient Surgery

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

### Mastectomy

### Breast Reconstruction Incident to Mastectomy

### Reconstructive Surgery

### Inpatient Laboratory & Diagnostic Tests

### Inpatient Radiation Therapy & Chemotherapy

### Inpatient Therapy

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

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

### Inpatient Transplants

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

### Orthognathic Surgery

### Inpatient Maternity

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

### Newborn Care

## Emergency Room & Other Outpatient Benefits

### Emergency Room Services

### Emergency & Urgent Care Facility

### Emergency Transportation to Hospital by Ambulance

### Outpatient Surgery

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

### Outpatient Provider Office Visits

### Second Opinions

### Outpatient Prescriptions

### Outpatient Laboratory & Diagnostic Tests

### Medical Equipment & Supplies

### Internal Prosthetic/Medical Appliances

### Clinical Trials

### Autism Spectrum Disorder Services

### Home Health Care

### Hospice Care

### Chiropractic Services

### Temporomandibular Joint (TMJ) Disorder

### Outpatient Radiation Therapy & Chemotherapy

### Inherited Metabolic Disorders

### Telemedicine

### Fertility Preservation

### Hearing Aids and Cochlear Implants

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

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

### Outpatient Therapy\*

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

*\*Limited to 60 visits per Insured.*

### Outpatient Habilitation Therapy\*

- Occupational Therapy
- Physical Therapy
- Speech Therapy

*\*Limited to 60 visits per Insured.*

### Dental Services – Accident Only

### Skilled Nursing Home

*Limited to 90 days per Insured.*

### Supplies & Services Associated with the Treatment of Diabetes

### Acquired Brain Injuries

### Serious Mental Illness

### Chemical Dependency

### Craniofacial Abnormalities

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

### Orthotic Device & Prosthetic Device Benefit

### Outpatient Contraceptive Services



# PremierMed Overview of Benefits - Continued

## Wellness & Screening Benefits

### Wellness & Preventive Benefits

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

- **Adult Wellness & Preventive Care**

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

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

- **Childhood Wellness & Preventive Care**

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

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

### Screening & Examination Benefits

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

- **Screening and Diagnostic Imaging for Mammography**

*For female Insureds age thirty-five (35) and over, one Mammogram is covered once every twelve (12) months or non-routine screening Provided more frequently based on recommendations of the Insured's Provider.*

### Screening & Examination Benefits, cont'd

- **Prostate Cancer Screening**

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

- **Routine Annual Physical Examination**

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

- **Newborn Hearing Screening**

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

- **Osteoporosis Screening**

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

- **Cervical Cancer Screening**

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

- **Cardiovascular Disease Screening**

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

- **Colorectal Cancer Screening**

*Services Provided to Insureds age 45 and older and at normal risk for developing colon cancer. Services include all colorectal cancer examinations, preventive services, and laboratory tests assigned a grade of "A" or "B" by the USPSTF for average-risk individuals, including the services that may be assigned a grade of "A" or "B" in the future. This includes an initial colonoscopy or other medical test or procedure for colorectal cancer screening and a follow-up colonoscopy if the results of the initial colonoscopy, test, or procedure are abnormal.*

- **Ovarian Cancer Screening**

*Services Provided during the benefit period for a CA 125 blood test annually or any test or screening approved by the United States FDA for female Insureds over age eighteen (18), to detect ovarian cancer.*

- **Newborn Screening**

*Services Provided for newborn screening tests and the cost of the screening test kits.*

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

## PremierMed Plan Features

### Monthly Renewal Premium Rate Adjustments

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

### Coordination Of Benefits

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

### Non-Renewability

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

### Termination

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

## PremierMed Plan Limitations

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

- Any loss or expense incurred as a result of an Insured's Pre-existing Condition is not covered under the PremierMed Short Term Medical-Surgical Expense Plan<sup>1</sup>;
- If, as the result of an Emergency Sickness or an Emergency Bodily Injury, services are rendered for an Insured by a Non-Participating Provider when a Participating Provider was not reasonably available in connection with either (i) on an Outpatient basis in the emergency room of a Hospital or (ii) an Emergency Inpatient admission to a Hospital, then the Covered Expenses incurred will be reimbursed by Us as if such Non-Participating Provider were a Participating Provider, up to the point when the Insured can be safely transferred to a Participating Provider. If the Insured refuses or is unwilling to be transferred to the care of a Participating Provider after such Insured can be safely transferred, then reimbursement shall thereafter be reduced to the Company's Insurance Percentage for Non-Participating Providers;
- Insureds have the right to obtain Prescriptions from the pharmacy of their choice. However, if an Insured: (i) uses a Non-Participating Pharmacy to fill a Prescription or (ii) does not present his/her correct ID card when the Prescription is filled at a Participating Pharmacy, then such Insured must pay the applicable pharmacy in full and file a claim form with the Company for reimbursement. In either event, the Insured will be reimbursed by the Company at the discounted or negotiated rate for such Prescription that would have been paid to a Participating Pharmacy by the Company under the PremierMed Short Term Medical-Surgical Expense Plan if the Insured had used a Participating Pharmacy and properly presented the correct ID card at the time the Prescription was filled; and
- Because the Benefit Deductible under the PremierMed Short Term Medical-Surgical Expense Plan is calculated on the basis of Covered Expenses, it is possible that every dollar an Insured pays for Prescription Drugs at a Participating Pharmacy may not apply toward meeting the applicable Benefit Deductible.

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<sup>1</sup>Pre-existing Conditions that Manifested after the effective date of coverage under the PremierAdvantage Fixed Indemnity Plan are waived when the PremierMed Short Term Medical-Surgical Expense Plan is purchased via the Well-GIST Rider (WELLGIST-2021-R-TX-FLIC).

## PremierMed Plan Non-Covered Items

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

- the amount of any professional fees or other medical expenses or charges for treatments, care, procedures, services or supplies which do not constitute Covered Expenses;
- Covered Expenses incurred before the PremierMed Short Term Medical-Surgical Expense Plan Issue Date;
- Covered Expenses incurred after the expiration of the Scheduled Termination Date, regardless of when the condition originated; except as Provided in the EXTENSION OF BENEFITS provision;
- Covered Expenses that are not incurred while coverage under the PremierMed Short Term Medical-Surgical Expense Plan is in full force and effect for the applicable Insured that incurred such expenses;
- any professional fees or other medical expenses incurred for the diagnosis, care or treatment of Mental and Emotional Disorders and Substance Abuse, except as specifically enumerated in the SICKNESS AND BODILY INJURY BENEFITS section of the PremierMed Short Term Medical-Surgical Expense Plan;
- the amount of any professional fees or other medical expenses contained on a billing statement to an Insured which exceed the amount of the Maximum Allowable Charge;
- any professional fees or other medical expenses for treatments, care, procedures, services or supplies which are not specifically enumerated in the SICKNESS AND BODILY INJURY BENEFITS or WELLNESS AND SCREENING BENEFITS sections of the PremierMed Short Term Medical-Surgical Expense Plan and any optional coverage rider attached to the PremierMed Short Term Medical-Surgical Expense Plan;
- Covered Expenses You or Your covered family members are not required to pay, which are covered by other insurance, or that would not have been billed if no insurance existed;
- any professional fees or expenses for which the Insured and/or any covered family member are not legally liable for payment;
- any professional fees or expenses for which the Insured and/or any covered family member were once legally liable for payment, but from which liability the Insured and/or family member were released;
- treatment of the teeth, the surrounding tissue or structure, including the gums and tooth sockets of adult Insureds. This exclusion does not apply to treatment: (a) due to Dental Injury to natural teeth (treatment must be Provided within 90 days of the date of the Dental Injury) or (b) for malignant tumors;
- Bodily Injury or Sickness due to any act of war (whether declared or undeclared) or participation in an act of terrorism;
- services provided by any state or federal government agency, including the Veterans Administration, unless, by law, an Insured must pay for such services;
- Covered Expenses that are payable under any motor vehicle no fault law insurance policy or certificate;
- drugs or medication not used for a Food and Drug Administration (FDA) approved use or indication;
- any Bodily Injury or Sickness covered by any Workers' Compensation insurance coverage, or similar coverage underwritten in connection with any Occupational Disease Law, or Employer's Liability Law, regardless of whether You file a claim for benefits thereunder;
- administration of experimental drugs or substances, or investigational use or experimental use of Prescription Drugs, except for any Prescription Drug prescribed to treat a covered chronic, disabling, life-threatening Sickness or Bodily Injury, but only if the investigational or experimental drug in question: a) has been approved by the FDA for at least one indication; and b) is recognized for treatment of the indication for which the drug is prescribed in: 1) a standard drug reference compendia; 2) substantially accepted peer-reviewed medical literature; or 3) drugs labeled "Caution –limited by Federal law to investigational use". c) experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- eyeglasses, contact lenses, radial keratotomy, and lasik surgery;
- any professional fees or other medical expenses incurred by an Insured which were caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- intentionally self-inflicted Bodily Injury, suicide, or any suicide attempt, while sane or insane;
- serving in one of the branches of the armed forces of the United States or of any foreign country or any international authority;
- voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- any medical condition excluded by name or specific description by either the PremierMed Short Term Medical-Surgical Expense Plan or any riders, endorsements, or amendments attached to the PremierMed Short Term Medical-Surgical Expense Plan;
- any loss to which a contributing cause was the Insured's being engaged in or attempting to engage in an illegal occupation or illegal activity;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- any Bodily Injury caused or contributed to while racing a land or water vehicle, or participation in hazardous avocation including, but not limited to, martial arts, boxing, hang gliding, paragliding, sky diving, hot air ballooning, mountain/cliff climbing, organized competitive sports, ATV riding, or snowmobiling;
- charges for breast reduction or augmentation or complications arising from these procedures;
- Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
- cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from trauma or infection, (ii) to correct a normal bodily function or congenital defect, or (iii) such cosmetic surgery constitutes Breast Reconstruction that is incident to a Mastectomy, provided any of the above occurred while the Insured was covered under the PremierMed Short Term Medical-Surgical Expense Plan and while coverage under the PremierMed Short Term Medical-Surgical Expense Plan is in full force and effect;



## PremierMed Plan Non-Covered Items - Continued

- fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
- voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations, or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- Prescriptions, treatment or services for behavioral or learning disorders, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- Prescription Drugs that are immunosuppressants;
- any professional fees or other medical expenses incurred as the result of a Bodily Injury which was caused or contributed by an Insured using any air, land or water vehicle;
- drugs prescribed for the treatment of any disease, illness or condition that has been excluded from coverage under the PremierMed Short Term Medical-Surgical Expense Plan by exclusionary rider, limitation or exclusion;
- Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
- Outpatient Prescription Drugs that are dispensed by a Provider, Hospital or other state-licensed facility;
- Prescription Drugs produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products, or immunization agents, biological or allergy sera, hematinics, blood or blood products administered on an Outpatient basis;
- level one controlled substances;
- Prescription Drugs used to treat or cure hair loss or baldness;
- Prescription Drugs that are classified as anabolic steroids or growth hormones except as Provided in the Benefit;
- compounded Prescription Drugs;
- fluoride products;
- allergy kits intended for future emergency treatment of possible future allergic reactions;
- replacement of a prior filled prescription for Prescription Drugs that was covered and is replaced because the original prescription was lost, stolen or damaged;
- Prescription Drugs, which have an over the counter equivalent that may be obtained without a Prescription, even though such Prescription Drugs were prescribed by a Provider;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured unless such purchase was made in accordance with the written instructions of the prescribing Provider for the treatment or control of diabetes;
- Prescription Drugs that are classified as anti-fungal medication used for treatment of onychomycosis;
- programs, treatment or procedures for tobacco use cessation;
- Prescription Drugs that are classified as tobacco cessation products;
- charges for blood, blood plasma, or derivatives that has been replaced; and
- services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the PremierMed Short Term Medical-Surgical Expense Plan.

## Scheduled Termination Date

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

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



## ► Optional Critical Illness ◀

# MedGuard III<sup>1</sup>

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

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

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

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

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

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

<sup>2</sup>The 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:**

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

## **EASY** Monthly Premium Options

**MedGuard 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 PLUS<sup>1</sup>

DENTAL INSURANCE

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

### 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:

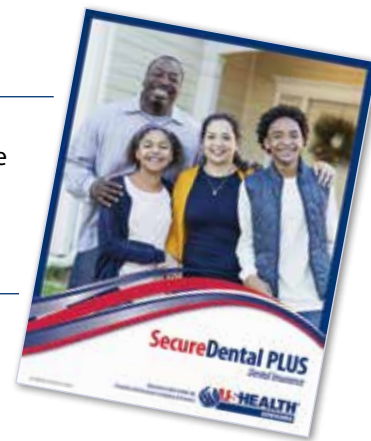
- Single Crown restorations
- Dentures, including fixed or removable prosthetic devices, complete Dentures, upper & lower
- Root Canal Therapy, including treatment plan & follow-up care
- ... and more

### 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



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

<sup>2</sup>The 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**.

# PremierVision<sup>1</sup>

VISION INSURANCE

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

### How Much You Can Save!

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

Example 1 - Adult's Glasses	PremierVision	No Coverage	Example 2 - Child's Glasses	PremierVision	No Coverage
Comprehensive eye exam	\$0.00	\$100.00	Comprehensive eye exam	\$0.00	\$100.00
Standard progressive lenses	\$0.00	\$230.00	Single vision plastic lenses	\$0.00	\$70.00
Lens copay	\$10.00		Lens copay	\$10.00	
Standard scratch guard coating*	\$0.00	\$28.00	Child Polycarbonate lenses	\$0.00	\$125.00
Frame	\$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	
<b>YOU PAY→</b>	<b>\$41.00</b>	<b>\$538.00</b>	<b>YOU PAY→</b>	<b>\$37.50</b>	<b>\$498.00</b>

**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
<b>Comprehensive Eye Exam<sup>3</sup></b>	\$0 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$35
<b>Frames<sup>4</sup></b>	\$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$150	100% Up to an Allowance of \$60
<b>Corrective Standard Lenses<sup>4</sup></b>		
Single Vision Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$35
Lined Bifocal Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$55
Lined Trifocal Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
Standard Progressive Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
Premium Progressive Lenses	\$10 Copay per Insured; 100% Coinsurance	100% Up to an Allowance of \$90
<b>Corrective Contact Lenses<sup>5</sup></b>		
Conventional	\$10 Copay per Insured; 100% Coinsurance Up to an Allowance of \$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

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

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

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

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

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

## ► 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](http://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.





# IncomeProtector<sup>1</sup>

SHORT TERM ACCIDENT DISABILITY INSURANCE

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

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

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

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

<sup>\*\*</sup>National Safety Council®, Injury Facts® 2010 Ed.

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

## Protect Your Income

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



**1**

**Your Monthly Total Disability Benefit**

- \$1,500

**2**

**Choose Your Elimination Period**

- 14 Days
- 30 Days

**3**

**Choose Your Maximum Period for Benefit Payments**

- 3 months
- 6 months
- 12 months

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

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

# Income Protector 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 ◀

# LifeProtector<sup>1</sup>

10 YEAR TRADITIONAL TERM LIFE INSURANCE

## PROVIDE PEACE OF MIND FOR YOUR LOVED ONES

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

*\*National Safety Council*



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

## LIFEPROTECTOR IS THE RIGHT CHOICE!<sup>2</sup>

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

## Advantages of America's Choice LifeProtector

### Convenient

LifeProtector is a great option to add to Your portfolio.

### Pure & Simple

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

### Peace of Mind

Provides protection in the event of unforeseen death.

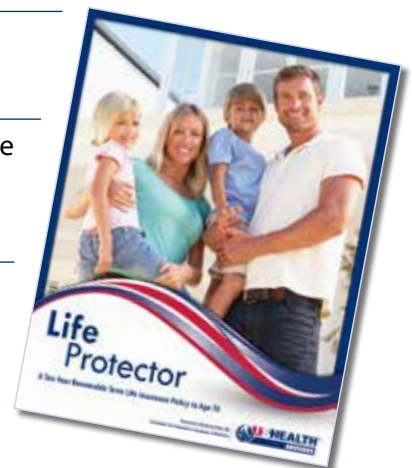
### Not Taxable to Beneficiaries

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

### Economical

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

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



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

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

## **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](http://www.healthcare.gov), which is the federal government’s website.



Group Policy: GRP-P-13-FLIC