Premier Choice
A Smart Approach to Coverage - Now & Later

PremChoice-IBR-CO-FLIC-0916
Insurance underwritten by:
Freedom Life Insurance Company of America
Increasing Healthcare Costs Are The #1 Concern Of Small Business Owners.¹

Why Choose Us?

**INNOVATIVE**
- If You do not already have essential health benefits coverage, while the PremierChoice Specified Disease/Sickness and Accident Plans and the **OPTIONAL GUARANTEED SHORT TERM INSURABILITY RIDER** are in full force and effect, You have the right to purchase Our PremierMed Short Term Medical-Surgical Expense Plan with **NO ADDITIONAL UNDERWRITING**.
- **LONG-TERM FIXED RATES**: We are the **ONLY** company in America that offers You the ability to **LOCK IN YOUR RATES FOR UP TO 36 MONTHS**.
- Over 85% of Our customers renew their Fixed Rate Health Plans.²

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

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

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

²Freedom Life Insurance Company of America; 2013 Policy Owner Services Data.
³2013 Analysis of Claims Processing Time by insurance subsidiaries of USHEALTH Group.
Why Choose PremierChoice

The PremierChoice Difference

• **No Calendar Year Deductibles to Satisfy!** You receive “first dollar” benefit payments under the PremierChoice Specified Disease/Sickness and Accident Plans without first having to satisfy any calendar year deductible, which is different from essential health benefit plans and many other plans that require the insured to first satisfy a calendar year deductible for network providers, and a separate calendar year deductible for non-network providers, before applicable medical expenses are eligible for payment.

• **First Dollar coverage, up to the applicable benefit amount, available under both the PremierChoice Specified Disease/Sickness & the Accident plans for Outpatient Doctor visits!** Special “rollover” feature in each plan; if You don’t use Your benefits, You don’t lose them.

• **Buy more coverage, if You need it, without additional underwriting,** if You are not covered under an ACA plan of “minimum essential coverage”. Ask Your Agent about the Optional Single Step-Up Rider, the Optional Double Step-Up Rider and the Optional Guaranteed Short Term Insurability Rider!

• **Any Doctor, Any Hospital!** But You can stretch Your dollars further by choosing an In-Network Provider.

• The PremierChoice Specified Disease/Sickness and Accident Plans and the Optional Guaranteed Short Term Insurability Rider are not ACA essential health benefits plans. However, while these are in full force and effect, You have the right to purchase additional coverage under Our PremierMed Short Term Medical-Surgical Expense Plan with no additional underwriting, if You are not covered under an ACA plan of “minimal essential coverage”, as a bridge to Your purchase of ACA essential health benefits coverage.*

• **This plan pays in addition** to any coverage You have in force.

• **Lock in Your rate for 12, 24 or 36 months!**

• **24 hour coverage, on or off the job.** Coverage You can depend on when You need it the most.

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

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

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

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

*The individual mandate under the Affordable Care Act (“ACA”) generally requires individuals to maintain “minimum essential coverage” in 2014 and beyond, or be subject to payment of the annual shared responsibility payment, the amount of which is based, in part, upon the individual’s household income each year (See page 14 of this brochure for details). The PremierChoice Specified Disease/Sickness Plan and Accident Plans are insurance plans which provide benefits on an expense incurred basis up to a maximum daily/monthly/annual amount for covered services and are neither “essential health benefits plans” under the ACA, traditional major medical insurance plans, nor Workers Compensation plans under state law. PremierChoice Specified Disease/Sickness Plan and Accident Plans are “excepted benefit plans” under the ACA, but are not considered “minimum essential coverage” under it. Therefore, unless an insured under one of our PremierChoice Specified Disease/Sickness Plans and/or Accident Plans has an exemption from the ACA’s individual mandate or maintains “minimum essential coverage” under the ACA, the insured will be subject to the ACA’s “shared responsibility payment” (See page 14 of this brochure for details).

**The Premium Rate Guarantee Period does not apply to any rate change due to: change of address; addition of Insureds; change of benefits or options; change of Mode Of Premium Payment; benefits, limitation or exclusion changes; or any future requirements of any federal or state law.
Build Security for Yourself & Your Family

4 Easy Steps!

1. Choose the plans of coverage that best suit your needs.

2. Lock in your rate on each plan!
   - 12 months,
   - 24 months or
   - 36 months!

3. Increase your coverage if you need it with our optional single step-up rider or optional double step-up rider and our optional guaranteed short term insurability rider!

4. Choose optional supplemental coverage to enhance your overall protection:
   - Critical Illness¹
   - Accident¹
   - Dental¹
   - Accident Disability Income¹
   - Life Insurance¹
   - Vision Insurance¹

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

Taking Steps to Make Health Coverage Affordable
Planning for an uncertain future can be challenging. You always want to make the best choices to take care of Your family now, while being prepared for the unexpected later.

If You already have essential health benefits coverage, PremierChoice Specified Disease/Sickness and Accident Plans can supplement the coverage You have. If not, the PremierChoice approach helps You get protection now, while giving You the ability to increase Your coverage if and when You decide Your circumstances require it. Our Optional Guaranteed Short Term Insurability Rider gives You the one-time right to move to Our PremierMed Short Term Medical-Surgical Expense Plan without additional medical underwriting or evidence of insurability when You decide You need it, anytime, even in the middle of a claim*. This unique option helps You bridge the gap between the PremierChoice Specified Disease/Sickness and Accident Plans to the earliest of the following dates: (i) the earliest possible effective date of coverage for an ACA “qualified health plan” that could be purchased by You through a state or federal administered health insurance exchange in Your state of residence, (ii) the effective date of Your coverage under any health plan that constitutes “minimum essential coverage” under federal law, and (iii) the date coverage under the PremierMed Short Term Medical-Surgical Expense Plan otherwise terminates under the termination of coverage section of such plan.

*Insured required to contact Freedom Life Insurance Company of America to upgrade to the PremierMed Short Term Medical-Surgical Expense benefits plan.
The PremierChoice Specified Disease/Sickness Plan provides benefits for covered Specified Diseases/Sicknesses, but unlike a major medical plan, it does not cover accidental bodily injuries or wellness exams. If accident coverage is appropriate for You and/or Your family, please ask Your agent for details on available options.

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

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

Specified Disease/Sickness Plan covers the following Diseases and Illnesses²

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

Just a Few Examples of Covered Major Specified Diseases/Sicknesses

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

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

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

¹CNN Health, Study by the American Journal of Medicine.
²Subject to Exclusions and Limitations of the plan (see pages 12-14).

The PremierChoice Specified Disease/Sickness Plan provides benefits for covered Specified Diseases/Sicknesses, but unlike a major medical plan, it does not cover accidental bodily injuries or wellness exams. If accident coverage is appropriate for You and/or Your family, please ask Your agent for details on available options.
Non-Fatal Injuries Resulted in Over $111 Billion in Medical Costs.¹

**WHEN ACCIDENTS HAPPEN**

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

Accidental Bodily Injuries such as:

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

¹Centers for Disease Control and Prevention Data and Statistics: Cost of Injury Reports, Unintentional Non-Fatal Injuries, U.S., both sexes, all ages, most recent data available as of October, 2014.
²Subject to Exclusions and Limitations of the Plan (see pages 12-14).

The PremierChoice Accident Plan provides benefits for covered accidents, but unlike a major medical plan, it does not cover Specified Diseases/Sicknesses or wellness exams. If Specified Disease/Sickness coverage is appropriate for You and/or Your family, please ask Your agent for details on available options.
We will pay expenses incurred for covered services up to the maximum amount listed on a daily/monthly/annual basis (see pages 9-10 for plan options & amounts) for the following covered medical and surgical services. Terms, conditions, limitations and exclusions may apply.

### Specified Disease/Sickness Plan
#### Outpatient Daily/Monthly Benefits
- Doctor Office Visit
- Prescription Drugs
- X-Ray
- Labs
- Spinal Manipulation Office Visit
- Emergency Room
- Emergency Air/Ground Ambulance
- Specialty Radiology
  - CAT Scan
  - PET Scan
  - MRI
- Radiation Therapy
- Oral Chemotherapy
- IV Chemotherapy
- Urgent Care Facility
- Diabetes Equipment, Supplies & Training
- Outpatient Medical Foods
- Outpatient Surgeon Benefit*
- Surgery Facility*
- Kidney Dialysis
- Home Health Care
- Hospice
- Bereavement Support Services

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

### Accident Plan
#### Outpatient Daily/Monthly Benefits
- Doctor Office Visit
- Prescription Drugs
- X-Ray
- Labs
- Spinal Manipulation Office Visit
- Emergency Room
- Emergency Air/Ground Ambulance
- Specialty Radiology
  - CAT Scan
  - MRI
- Urgent Care Facility
- Outpatient Surgeon Benefit*
- Surgery Facility*

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

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

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

The individual mandate under the Affordable Care Act (“ACA”) generally requires individuals to maintain “minimum essential coverage” in 2014 and beyond, or be subject to payment of the annual shared responsibility payment, the amount of which is based, in part, upon the individual’s household income each year (See page 14 of this brochure for details). The PremierChoice Specified Disease/Sickness and Accident Plans are insurance plans which provide benefits on an expense incurred basis up to a maximum daily/monthly/annual amount for covered services and are neither “essential health benefits plans” under the ACA, traditional major medical insurance plans, nor Workers Compensation plans under state law. PremierChoice Specified Disease/Sickness and Accident Plans are “excepted benefit plans” under the ACA, but are not considered “minimum essential coverage” under it. Therefore, unless an insured under one of our PremierChoice Specified Disease/Sickness and/or Accident Plans has an exemption from the ACA’s individual mandate or maintains “minimum essential coverage” under the ACA, the insured will be subject to the ACA’s “shared responsibility payment” (See page 14 of this brochure for details).
As marked below, the following benefits apply to the Specified Disease/Sickness Plan. As marked below, the following benefits apply separately to the Accident Plan. Benefits for covered Specified Diseases/Sicknesses and Accidents are payable based on expenses incurred up to the amount shown below. (Example: With Specified Disease/Sickness Plan 1, You get three (3) Doctor Office Visits. With Accident Plan 1, You get three (3) Doctor Office Visits).

<table>
<thead>
<tr>
<th>Specified Disease/Sickness Plan</th>
<th>Accident Plan</th>
<th>Benefit Description</th>
<th>Plan 1</th>
<th>Plan 2</th>
<th>Plan 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
<td>Doctor Office Visit Benefit</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Maximum Per Visit</td>
<td>$75</td>
<td>$100</td>
<td>$100</td>
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<tr>
<td></td>
<td></td>
<td>Policy Year Maximum</td>
<td>3</td>
<td>4</td>
<td>4</td>
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<tr>
<td></td>
<td></td>
<td>Unused Doctor Office Visits Rollover to the Next Calendar Year</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
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<td>Prescription Drug Benefit</td>
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<tr>
<td></td>
<td></td>
<td>Maximum Per Generic Drug</td>
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<td>$10</td>
<td>$10</td>
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<tr>
<td></td>
<td></td>
<td>Maximum Per Brand Name Drug</td>
<td>$30</td>
<td>$30</td>
<td>$30</td>
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<td></td>
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<td>Policy Year Maximum for all Prescriptions</td>
<td>$400</td>
<td>$500</td>
<td>$600</td>
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<tr>
<td>✓</td>
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<td>Outpatient X-Ray</td>
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<td>Daily Maximum</td>
<td>$50</td>
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<td>Policy Year Maximum</td>
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<td>$150</td>
<td>$200</td>
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<tr>
<td>✓</td>
<td>✓</td>
<td>Outpatient Laboratory</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>Daily Maximum</td>
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<td>Outpatient Spinal Manipulation Office Visit</td>
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<tr>
<td></td>
<td></td>
<td>Daily Maximum</td>
<td>$75</td>
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<td>$100</td>
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<tr>
<td></td>
<td></td>
<td>Policy Year Maximum</td>
<td>$225</td>
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<td>Emergency Room Benefit</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Daily / Policy Year Maximum</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
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<tr>
<td>✓</td>
<td>✓</td>
<td>Emergency Ambulance Benefit</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Ground - Daily / Policy Year Maximum</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Air - Daily / Policy Year Maximum</td>
<td>$2,500</td>
<td>$2,500</td>
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<tr>
<td>✓</td>
<td>✓</td>
<td>Specialty Radiology Benefit</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Outpatient CAT Scan - Daily / Policy Year Maximum</td>
<td>$150</td>
<td>$175</td>
<td>$200</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outpatient PET Scan - Daily / Policy Year Maximum*</td>
<td>$150</td>
<td>$200</td>
<td>$300</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outpatient MRI - Daily / Policy Year Maximum</td>
<td>$300</td>
<td>$400</td>
<td>$500</td>
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<tr>
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<td>✓</td>
<td>Radiation/Chemotherapy Benefit</td>
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<tr>
<td></td>
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<td>Outpatient Oral Chemotherapy - Monthly Maximum</td>
<td>$1,500</td>
<td>$2,000</td>
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<tr>
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<td>Outpatient Oral Chemotherapy - Policy Year Maximum</td>
<td>$4,500</td>
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<tr>
<td></td>
<td></td>
<td>Outpatient Intravenous Chemotherapy - Daily Maximum</td>
<td>$300</td>
<td>$400</td>
<td>$500</td>
</tr>
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<td></td>
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<td>Outpatient Intravenous Chemotherapy - Policy Year Maximum</td>
<td>$9,000</td>
<td>$24,000</td>
<td>$30,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outpatient Radiation Therapy - Daily Maximum</td>
<td>$300</td>
<td>$400</td>
<td>$500</td>
</tr>
<tr>
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<td>Outpatient Radiation Therapy - Policy Year Maximum</td>
<td>$9,000</td>
<td>$24,000</td>
<td>$30,000</td>
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<tr>
<td>✓</td>
<td>✓</td>
<td>Outpatient Urgent Care Facility Benefit</td>
<td></td>
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<td></td>
<td></td>
<td>Daily / Policy Year Maximum</td>
<td>$75</td>
<td>$100</td>
<td>$100</td>
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<tr>
<td>✓</td>
<td></td>
<td>Outpatient Medical Foods</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>50% of expenses incurred for Inherited Metabolic Disorder per Policy Year</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
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<tr>
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<td></td>
<td>Home Health Care</td>
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<td></td>
<td></td>
<td>Daily Maximum</td>
<td>$60</td>
<td>$60</td>
<td>$60</td>
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<tr>
<td></td>
<td></td>
<td>Policy Year Maximum</td>
<td>$3,600</td>
<td>$3,600</td>
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<tr>
<td>✓</td>
<td></td>
<td>Hospice Care</td>
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<tr>
<td></td>
<td></td>
<td>Daily Maximum</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
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<td></td>
<td></td>
<td>Policy Year Maximum</td>
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<td>$13,500</td>
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<td>✓</td>
<td></td>
<td>Bereavement Support Services</td>
<td></td>
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<td></td>
<td></td>
<td>Daily Maximum</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
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<td></td>
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<td>Policy Year Maximum</td>
<td>$1,400</td>
<td>$1,400</td>
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<td>✓</td>
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<td>Outpatient Surgery Facility</td>
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<td>Maximum per Policy Year</td>
<td>-</td>
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<td>$1,200</td>
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<tr>
<td>✓</td>
<td></td>
<td>Outpatient Surgeon</td>
<td></td>
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<td></td>
<td></td>
<td>Benefit varies by procedure, maximum range is -</td>
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<tr>
<td></td>
<td></td>
<td>Surgeries per Insured per Policy year</td>
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</tr>
</tbody>
</table>

*Only available on the Specified Disease/Sickness Plan.
Coverage also included under the Specified Disease/Sickness Plan with a Daily/Policy Year Maximum up to $15 for each of the following: Outpatient Diabetes Equipment, Outpatient Diabetes Self-Management Training, and Outpatient Diabetes Supplies.
PremierChoice Specified Disease/Sickness Plans & Accident Plans

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

### OUTPATIENT BENEFITS - SPECIFIED DISEASE/SICKNESS PLAN & ACCIDENT PLAN

<table>
<thead>
<tr>
<th>Specified Disease/Sickness Plan</th>
<th>Accident Plan</th>
<th>Benefit Description</th>
<th>Plan 1</th>
<th>Plan 2</th>
<th>Plan 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td></td>
<td>Outpatient Kidney Dialysis Benefit</td>
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<td></td>
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<td>Daily Max Up To</td>
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<tr>
<td></td>
<td></td>
<td>Kidney Dialysis Benefit - Annual Max Up To</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specified Disease/Sickness Plan</th>
<th>Accident Plan</th>
<th>Benefit Description</th>
<th>Plan 1</th>
<th>Plan 2</th>
<th>Plan 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
<td>Hospital Room &amp; Board Benefit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>Daily Max up to 365 days</td>
<td>$400</td>
<td>$600</td>
<td>$700</td>
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<tr>
<td>✓</td>
<td>✓</td>
<td>Hospital Miscellaneous Expense</td>
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<tr>
<td></td>
<td>✓</td>
<td>Daily Max up to 365 days</td>
<td>$400</td>
<td>$600</td>
<td>$700</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>Hospital ICU Room &amp; Board Benefit</td>
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<td></td>
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<tr>
<td></td>
<td>✓</td>
<td>Daily Maximum</td>
<td>$800</td>
<td>$1,200</td>
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<tr>
<td></td>
<td>✓</td>
<td>Policy Year Maximum</td>
<td>$24,000</td>
<td>$36,000</td>
<td>$42,000</td>
</tr>
</tbody>
</table>

### INPATIENT BENEFITS - SPECIFIED DISEASE/SICKNESS PLAN & ACCIDENT PLAN

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

<table>
<thead>
<tr>
<th>Specified Disease/Sickness Plan</th>
<th>Accident Plan</th>
<th>Benefit Description</th>
<th>Plan 1</th>
<th>Plan 2</th>
<th>Plan 3</th>
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<tbody>
<tr>
<td>✓</td>
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<td>Stroke Benefit</td>
<td></td>
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<tr>
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<td>$3,600</td>
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<tr>
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<td></td>
<td>Policy Year Maximum</td>
<td>$72,000</td>
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<td>Coma Benefit</td>
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<td>Daily Maximum</td>
<td>$2,400</td>
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<td>Policy Year Maximum</td>
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### POLICY YEAR BENEFIT MAXIMUM - SPECIFIED DISEASE/SICKNESS PLAN & ACCIDENT PLAN

<table>
<thead>
<tr>
<th>Specified Disease/Sickness Plan</th>
<th>Accident Plan</th>
<th>Benefit Description</th>
<th>Plan 1</th>
<th>Plan 2</th>
<th>Plan 3</th>
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Both Specified Disease/Sickness & Accident Plans have a Lifetime Policy Maximum Benefit Per Insured of $5 Million.
Plan Features cont’d

Optional Guaranteed Short Term Insurability Rider* (UP2GIST-IR-FLIC, available for an additional premium)
At the time of application, You must lock in Your Guaranteed Short Term Insurability Rider option. If You are not already covered under an ACA essential health benefits plan, this rider allows You to purchase Our PremierMed Short Term Medical-Surgical Expense Plan** if You are still a resident of this state without evidence of insurability, on a guaranteed issue basis and with a waiver of the pre-existing benefit limitation contained in the PremierMed Short Term Medical-Surgical Expense Plan, which would otherwise have applied to any medical condition of such Insured, if such medical condition manifested after the effective date of coverage for such Insured under the Policy to which the rider is attached.

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

The Optional Guaranteed Short Term Insurability Rider is subject to all the terms, conditions, limitations, exclusions and definitions contained in the Policy.

Optional Single Step-Up Rider
(UP2STEPUP1-R-FLIC, available for PremierChoice Specified Disease/Sickness Plan 1 or 2 and PremierChoice Accident Plan 1 or 2 for an additional premium)
At the time of application, You must lock in Your one-time upgrade option to Step Up Your plan’s coverage at any time to the next PremierChoice Specified Disease/Sickness or Accident Plan level for each plan with no additional underwriting. To utilize the Optional Single Step-Up Rider as a one-time upgrade to increase Your benefit maximums for each covered service to the next plan’s level, You must notify the Company in writing and pay the difference of premium between Your current plan’s and the next available plan’s levels from Your original date of coverage.

Premiums paid after exercising Your Step Up option will be at the new upgraded plan amount. Once You have exercised the Optional Single Step-Up Rider, We will review any claims processed 90 days before the date of Step Up and re-adjudicate those claims based on the new plan level selected.

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

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

Optional Double Step-Up Rider
(UP2STEPUP2-R-FLIC, available for PremierChoice Specified Disease/Sickness Plan 1 and PremierChoice Accident Plan 1 for an additional premium)
At the time of application, You must lock in Your one-time upgrade option to Step Up Your plan’s coverage at any time by two full PremierChoice Specified Disease/Sickness or Accident Plan levels for each plan with no additional underwriting. To utilize the Optional Double Step-Up Rider as a one-time upgrade to increase Your benefit maximums for each covered service two full levels in the applicable plan, You must notify the Company in writing and pay the difference of premium between Your current plan’s and the new available plan’s level from Your original date of coverage.

Premiums paid after exercising Your Step Up option will be at the new upgraded plan amount for each plan. Once You have exercised the Optional Double Step-Up Rider, We will review any claims processed 90 days before the date of Step Up and re-adjudicate those claims based on the new plan level selected.

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

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

Premium Rate Adjustments
We will not raise Your premium rates on an individual basis due to Your personal claims experience on either plan. We may raise Your premium rates on Your Renewal Premium Class for all Policies in Your state on both plans. Renewal Premiums are calculated based on a variety of factors, some of which are each plan of coverage, age, place of residence, number of dependents, past claims experience of Your Renewal Premium Class, and other reasons permitted by state law. Rates for individuals of the same age may vary by Issue Date. Insureds are always free to request and apply for new underwritten coverage on this or other available plans.

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

Your coverage will end on the earlier of the following: with respect to Your Spouse, who is covered, 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 as defined by Your state; the due date of any unpaid premium (subject to the grace period); the date You terminate coverage by notifying Us; We are required by an appropriate regulatory authority to non-renew or cancel the policy; We cease offering and renewing the same form of coverage as the Policy 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; a month following attainment of age 65 for You or Your Spouse or in the event You or Your Spouse are eligible for Medicare; or the total amount of any benefit payments made by Us are equal to the lifetime maximum.

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

**STUP2-2014-IP-CO-FLIC
**PremierChoice Specified Disease/Sickness Plan Waiting Periods & Limitations**

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

- Any Specified Disease/Sickness loss or expense which results from the diagnosis, care or treatment of hernia, Reproductive System Disease, hemorrhoids, varicose veins, tonsils and/or adenoids, or otitis media shall be covered only if (i) such loss or expense constitutes Covered Expenses incurred by an Insured after the PremierChoice Specified Disease/Sickness Plan has been in force for a period of six (6) months from the Issue Date, (ii) such Specified Diseases/Sicknesses are not otherwise limited or excluded by any riders, endorsements, or amendments attached to the PremierChoice Specified Disease/Sickness Plan, (iii) care for such Specified Disease/Sickness is provided on an Emergency basis; and (iv) such Specified Disease/Sickness is not a Pre-existing Condition; and

- The PremierChoice Specified Disease/Sickness Plan provides coverage as of the Issue Date for Pre-existing Conditions, disclosed on the application, provided they are not otherwise limited or excluded by the PremierChoice Specified Disease/Sickness Plan or any riders, amendments, or endorsements attached to the PremierChoice Specified Disease/Sickness Plan. The PremierChoice Specified Disease/Sickness Plan does not cover expenses for Pre-existing Conditions that are not disclosed on the application, unless the expenses are incurred more than twelve (12) months after the Insured’s coverage has been in effect, and are not otherwise limited or excluded by the PremierChoice Specified Disease/Sickness Plan or any riders, amendments, or endorsements attached to the PremierChoice Specified Disease/Sickness Plan.

**PremierChoice Accident Plan Waiting Periods & Limitations**

- Pre-existing Condition means a Bodily Injury for which medical advice, diagnosis, care or treatment was recommended or received during the twelve (12) month period immediately preceding the effective date of coverage under the PremierChoice Accident Plan for the Insured incurring the expense;

- The PremierChoice Accident Plan provides coverage as of the Issue Date for Pre-existing Conditions, disclosed on the application, provided they are not otherwise limited or excluded by the PremierChoice Accident Plan or any riders, amendments, or endorsements attached to the PremierChoice Accident Plan; and

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

**Non-Waiver**

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

**PremierChoice Specified Disease/Sickness Plan Non-Covered Items**

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

- any cost item, charge or expense which does not constitute Covered Expenses;
- any Bodily Injuries suffered by an Insured;
- any disease, ailment, illness or sickness that is not a Specified Disease/Sickness;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the PremierChoice Specified Disease/Sickness Plan Issue Date;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured’s coverage under the PremierChoice Specified Disease/Sickness Plan terminates, regardless of when the Specified Disease/Sickness occurred;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which exceed the Lifetime Policy Maximum Per Insured;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not legally liable for payment, but from which liability the Insured and/or any covered family members were forgiven and released by the applicable Provider without payment or promise of payment;
**PremierChoice Specified Disease/Sickness Plan Non-Covered Items, cont’d.**

- any treatment, care, procedures, services or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration, unless by law, an Insured must pay for such services;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;

**PremierChoice Accident Plan Non-Covered Items**

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

- any medical care, service, treatments, procedures, services or supplies received, provided to, or incurred by an Insured before the PremierChoice Accident Plan Issue Date;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured’s coverage under the PremierChoice Accident Plan terminates, regardless of when the Bodily Injury occurred;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured which exceed the Lifetime Policy Maximum Per Insured;
- any medical care, service, treatments, procedures, or supplies incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- any medical care, service, treatments, procedures, 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 medical care, service, treatments, procedures, or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- any medical care, service, treatments, procedures, or supplies for treatment of a covered Bodily Injury;
- any programs, treatment or procedures for tobacco use cessation;
- any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
- any services provided to a Provider who is a member of an Insured’s family;
- any medical condition excluded by name or specific description by either the PremierChoice Accident Plan or any riders, endorsements, or amendments attached to the plan;
- any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from Bacterial Infection or (ii) to correct a normal bodily function in connection with the treatment of a covered Bodily Injury;
- any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
- any treatment, care, procedures, services or supplies for 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 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 condition or treatment of Alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- any charges for blood, blood plasma, or derivatives that has been replaced;
- any services or supplies for personal convenience, including Custodial Care or Homemaker Services, except as provided for in the PremierChoice Specified Disease/Sickness Plan.

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PremierChoice Accident Plan Non-Covered Items cont’d

- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
- any fluoride products;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- any programs, treatment or procedures for tobacco use cessation;
- any charges for blood, blood plasma, or derivatives that has been replaced;
- any treatment, care, procedures, services or supplies of Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- any treatment received outside of the United States, except as provided for in the EXTRATERRESTRIAL MEDICAL EXPENSES provision; and
- any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the PremierChoice Accident Plan.

ACA Individual Mandate & Shared Responsibility Payment

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

Mandatory Dispute Resolution

The PremierChoice Specified Disease/Sickness and PremierChoice Accident Plans contain Mandatory Dispute Resolution Procedures for the prompt, fair and efficient resolution of any Dispute. This provision provides for the parties to first attempt to achieve resolution of any Dispute through negotiation. If the parties cannot reach an agreement through negotiation, this provision provides for resolution to be then attempted through non-binding mediation. Finally, if the parties cannot reach an agreement through mediation, this provision provides for a neutral arbitrator to assist the parties with resolution through mandatory, binding arbitration.

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

BEFORE YOUR 1ST POSSIBLE EHB EFFECTIVE DATE

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

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

Deductibles, Coinsurance & Out-of-Pocket Maximums

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<td>Benefit Deductible In-Network per Insured</td>
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<tr>
<td>Separate Deductible for Out-of-Network $10,000* per Insured</td>
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<tr>
<td>Inpatient Maternity limited to a Maximum of $6,000</td>
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<td>Failure to Pre-Certify Treatment Deductible $1,000 per Insured</td>
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<tr>
<td>Company Insurance Percentage Out-of-Network (Sickness &amp; Injury Benefits, Wellness &amp; Screening Benefits)</td>
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<tr>
<td>Insured Coinsurance Percentage Out-of-Network (Sickness &amp; Injury Benefits, Wellness &amp; Screening Benefits)</td>
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<tr>
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*Separate Deductible for Out of Network is in addition to the Benefit Deductible.

STUP2-2014-IP-CO-FLIC is not available in all states. Limitations and Exclusions apply. The PremierMed Short Term Medical-Surgical Expense Plan has a separate brochure. If interested in this coverage, please see the PremierMed Short Term Medical-Surgical Expense Plan brochure and Policy for complete details.

The individual mandate of the Affordable Care Act (“ACA”) generally requires individuals to maintain “minimum essential coverage” in 2014 and beyond, or be subject to the payment of the annual shared responsibility payment, the amount of which is based, in part, upon the individual’s household income each year (See page 14 of this brochure for details). The PremierMed Short Term Medical-Surgical Expense Plan provides benefits on an expense incurred basis for covered services after satisfaction of the benefit deductible and applicable coinsurance percentage, if any, but it is not Workers Compensation coverage under state law or an “essential health benefits” plan under the ACA and it is not considered “minimum essential coverage” under the ACA. Therefore, unless an Insured under the PremierMed Short Term Medical-Surgical Expense Plan has an exemption from the ACA’s individual mandate or maintains “minimum essential coverage” under the ACA, the Insured will be subject to the ACA’s shared responsibility payment. (See page 14 of this brochure for details).
Overview of Benefits

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

Sickness & Bodily Injury Benefits

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

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

Inpatient Breast Reconstruction Incident to Mastectomy
Reconstructive Surgery
Inpatient Laboratory & Diagnostic Tests

Inpatient Radiation Therapy & Chemotherapy

Inpatient Therapy
- Occupational Therapy*
- Physical Therapy*
- Rehabilitation Therapy
- Speech Therapy*
  *Occupational, physical and speech therapy are limited to $50 per visit up to $2,000 maximum per type of therapy per Insured.

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

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.

Inpatient 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

Telemedicine
  - If Provided to an Insured receiving the service in a Rural Region of the state and the Provider is a Participating Provider.

Second Opinions

Outpatient Prescriptions

Outpatient Laboratory & Diagnostic Tests

Medical Equipment & Supplies

Prosthetic Device & Internal Prosthetic/Medical Appliances

Cancer Clinical Trials

Behavioral Services for Treatment of Autism Spectrum Disorder

Outpatient Radiation Therapy & Chemotherapy

Inherited Enzymatic Disorder
  Prescribed or ordered Medical Foods, metabolic supplements and gastric disorder formulas are covered at fifty (50%) percent up to a maximum of $5,000 per Insured.
  Prescribed or ordered amino acid-based formulas for eosinophilic gastrointestinal disorder are covered at seventy-five (75%) percent up to a maximum of $20,000 per Insured.

This benefit is not subject to the Benefit Deductible or Participating Provider Coinsurance but is subject to the Separate Deductible for Non-Participating Providers and the Non-Participating Provider Insured Coinsurance.

Outpatient Therapy*
- Occupational Therapy
- Rehabilitation Therapy
- Physical Therapy
- Speech Therapy
- Cardiac Rehabilitation Therapy
- Pulmonary Rehabilitation Therapy
  *Limited to sixty (60) visits per Insured

Outpatient Habilitation Therapy*
- Occupational Therapy
- Physical Therapy
- Speech Therapy
  *Limited to sixty (60) visits per Insured.

Home Health Care
  Limited to sixty (60) visits per Insured.

Hospice Care
Emergency Room & Other Outpatient Benefits, cont’d

- Chiropractic Services
- Temporomandibular Joint (TMJ) Disorder
- Dental Services – Accident Only
- Hearing Aids
  For Insureds age eighteen (18) and under.
- General Anesthesia For Dental Procedures
  For Dependent Children
- Skilled Nursing Home
  Limited to ninety (90) days per Insured.
- Supplies & Services Associated with the Treatment of Diabetes
- Inpatient And Outpatient Treatment Of Biologically Based Mental Illnesses And Mental And Emotional Disorders

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 Policy 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 Policy 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.

  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 Policy, 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 Policy 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:

- Mammography Screening
  One baseline Mammogram for female Insureds between thirty-five (35) and thirty-nine (39) years of age; one Mammogram per year per Insured ages forty (40) and over; or non-routine screening Provided more frequently than above is covered based on recommendation of the Insured’s Provider.

- Prostate Cancer Screening
  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 Policy for Insureds ages four (4) and up with examination performed by a Participating Provider.

THIS IS A SHORT-TERM LIMITED DURATION HEALTH INSURANCE POLICY THAT IS NOT INTENDED TO AND DOES NOT QUALIFY AS THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA). UNLESS YOU PURCHASE A POLICY THAT PROVIDES MINIMUM ESSENTIAL COVERAGE IN ACCORDANCE WITH THE ACA, YOU MAY BE SUBJECT TO A FEDERAL TAX PENALTY. ALSO, THE TERMINATION OR LOSS OF THIS POLICY DOES NOT ENTITLE YOU TO A SPECIAL ENROLLMENT PERIOD TO PURCHASE A HEALTH INSURANCE POLICY THAT QUALIFIES AS MINIMUM ESSENTIAL COVERAGE OUTSIDE OF AN OPEN ENROLLMENT PERIOD.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.
Critical Illness Statistics:

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

¹www.cancer.org/cancer/cancerbasics/lifetime-probability-of-developing-or-dying-from-cancer
³From the Heart Disease and Stroke Statistics - 2015 Update http://circ.ahajournals.org/content/early/2014/12/18/CIR.0000000000000152
⁴www.heart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm_470704.pdf

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

Benefits are reduced by 50% at age 65.
Benefits are reduced by the amount of the Critical Illness Benefit paid.
**Why MedGuard?**

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

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

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

<table>
<thead>
<tr>
<th>Protect</th>
<th>Pay</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your assets from being spent on recovery</td>
<td>COBRA or other insurance premiums</td>
<td>Your taxes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Replace</th>
<th>Pay</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>lost income for You and Your care-giving spouse</td>
<td>home healthcare expenses</td>
<td>travel and temporary housing expenses for You and Your Family while receiving care away from home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pay</th>
<th>Pay</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your mortgage or other obligations</td>
<td>tuition expenses if You need to return to school</td>
<td>for childcare</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pay</th>
<th>Reduce</th>
<th>Finance or protect</th>
<th>Maintain</th>
</tr>
</thead>
<tbody>
<tr>
<td>out-of-pocket or medical expenses not covered by insurance</td>
<td>Your debt</td>
<td>Your children’s college tuition</td>
<td>Your Family’s lifestyle</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pay</th>
<th>Maintain</th>
</tr>
</thead>
<tbody>
<tr>
<td>for experimental treatment</td>
<td>Your business during recovery</td>
</tr>
</tbody>
</table>

**EASY Monthly Premium Options**

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

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

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

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

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

²NCIPC: Web-based Injury Statistics Query and Reporting System (WISQARS)
³Centers for Disease Control and Prevention Safe Kids Fact sheet
⁴Centers for Disease Control and Prevention Healthy People 2020 Data

---

**Excess Medical Expense Coverages:**

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

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

**Benefits are subject to Your Excess Medical Expense Deductible per Accident per Insured.**
Accidental Death and Dismemberment
Unintentional Injuries continue to be the fifth leading cause of death in America. With Accident Protector, if an Insured’s Injury results in a loss, We will pay You up to 100% of the AD&D maximum based on this schedule:

<table>
<thead>
<tr>
<th>Covered Losses</th>
<th>AD&amp;D Maximums²</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Loss of Life</td>
<td>100%</td>
</tr>
<tr>
<td>✓ Loss of Limbs (two or more)</td>
<td>100%</td>
</tr>
<tr>
<td>✓ Loss of Speech &amp; Loss of Hearing (both ears)</td>
<td>100%</td>
</tr>
<tr>
<td>✓ Loss of Sight (both eyes)</td>
<td>100%</td>
</tr>
<tr>
<td>✓ Loss of Limb (one)</td>
<td>50%</td>
</tr>
<tr>
<td>✓ Loss of Speech</td>
<td>50%</td>
</tr>
<tr>
<td>✓ Loss of Hearing (both ears)</td>
<td>50%</td>
</tr>
<tr>
<td>✓ Loss of Sight (one eye)</td>
<td>50%</td>
</tr>
<tr>
<td>✓ Loss of Hand (one)</td>
<td>50%</td>
</tr>
<tr>
<td>✓ Loss of Foot (one)</td>
<td>50%</td>
</tr>
<tr>
<td>✓ Loss of Hearing (one ear)</td>
<td>25%</td>
</tr>
<tr>
<td>✓ Loss of Thumb &amp; Index Finger (same hand)</td>
<td>25%</td>
</tr>
</tbody>
</table>

Utilize Accident Protector to provide You with a financial advantage:

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

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

Up to $4,000 per Accident per Insured

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

We give You the option to select coverage that fits Your budget and needs. Choose Your coverage amount from the list below:

<table>
<thead>
<tr>
<th>Coverage Selections &amp; Deductible</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ $2,500 per Insured with $100 deductible</td>
<td>☐ $5,000 per Insured with $250 deductible</td>
</tr>
<tr>
<td>☐ $7,500 per Insured with $250 deductible</td>
<td>☐ $10,000 per Insured with $500 deductible</td>
</tr>
<tr>
<td>☐ $12,500 per Insured with $500 deductible</td>
<td>☐ $15,000 per Insured with $500 deductible</td>
</tr>
</tbody>
</table>

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

¹Benefits reduce by 50% on the 65th birthday of the Primary Insured and the spouse of the Primary Insured.
²AD&D Maximum equal to Excess Medical Expense Coverage Maximum Benefit selected.
SecureDental Offers 3 Plans:

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

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

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

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

**Basic Care**
Benefits include:
- Amalgam, silicate cement, acrylic or plastic fillings
- Simple tooth Extractions
- Oral Surgery
  ... and more

**Major Care**
(Covered on Premium Plan & Saver Plus Plans. For Saver Plan, Insured(s) receive discounted services at participating providers for Major Care.)
Benefits include:
- Single Crown restorations
- Dentures, including fixed or removable prosthetic devices, complete Dentures, upper & lower
- Root Canal Therapy, including treatment plan & follow-up care
  ... and more

**Orthodontic Care**
(Covered on Premium Plan. For Saver Plus Plan & Saver Plans, Insured(s) receive discounted services at participating providers for Orthodontic Care.)
Benefits include:
- Comprehensive Orthodontic Treatment of the adult dentition
- Comprehensive Orthodontic Treatment of the adolescent dentition
- Orthodontic retention (removal of appliances, construction & placement of retainer(s))
  ... and more

See Brochure for a complete listing of SecureDental Benefits

*DENTAL-2013-IP1-FLIC is not available in all states. Limitations, Waiting Periods and Exclusions apply. SecureDental has a separate brochure. If interested in this coverage, please see the SecureDental brochure and Policy for complete details.*
How Long Could You Survive Financially Without a Paycheck?

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

¹The Disability Survey conducted by Kelton Research on behalf of the LIFE Foundation, April 2009
²National Safety Council®, Injury Facts® 2010 Ed.

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

Protect Your Income

In 3 Easy Steps!

1. Choose Your Maximum Period for Benefit Payments
   - 3 months
   - 6 months
   - 12 months

2. Choose Your Monthly Total Disability Benefits
   - $500
   - $1,000
   - $1,500

3. Choose Your Elimination Period
   - 14 Days
   - 30 Days

*ACCIS-2011-IP-CO-FLIC is not available in all states. Limitations and Exclusions apply. The IncomeProtector Plan has a separate brochure. If interested in this coverage, please see the IncomeProtector brochure and Policy for complete details.
LifeProtector* 10 Year Term Life Insurance

Provide Peace of Mind for Your Loved Ones

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

¹National Safety Council

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

LifeProtector is the Right Choice!

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

Advantages of America’s Choice LifeProtector

Convenient
LifeProtector is a great option to add to Your portfolio.

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

Peace of Mind
Provides protection in the event of unforeseen death.

Not Taxable to Beneficiaries
Provides valuable life insurance benefits that in most instances are free from income tax for the beneficiary.

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

☐ $10  ☐ $15  ☐ $20  ☐ $25  ☐ $30
☐ $35  ☐ $40  ☐ $45  ☐ $50

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

**VISION INSURANCE**

SEE THE WORLD MORE CLEARLY

84% SAVINGS!!**

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

<table>
<thead>
<tr>
<th>PremierVision</th>
<th>No Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam copay</td>
<td>Exam</td>
</tr>
<tr>
<td>Frames copay</td>
<td>Frames</td>
</tr>
<tr>
<td>-$120 allowance</td>
<td>-20% discount off $43 balance*</td>
</tr>
<tr>
<td>Single Vision Lenses copay</td>
<td>Single Vision Lenses</td>
</tr>
</tbody>
</table>

You Pay $54.40

You Pay $347.00

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

<table>
<thead>
<tr>
<th>Benefits</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Eye Exam¹</td>
<td>$0 Copay per Insured; 100% Coinsurance</td>
<td>100% Up to an Allowance of $35</td>
</tr>
<tr>
<td>Frames²</td>
<td>$10 Copay per Insured; 100% Coinsurance Up to an Allowance of $120</td>
<td>100% Up to an Allowance of $60</td>
</tr>
<tr>
<td>Corrective Standard Lenses²</td>
<td>$10 Copay per Insured; 100% Coinsurance</td>
<td>100% Up to an Allowance of $35</td>
</tr>
<tr>
<td>Lined Bifocal Lenses</td>
<td>$10 Copay per Insured; 100% Coinsurance</td>
<td>100% Up to an Allowance of $55</td>
</tr>
<tr>
<td>Lined Trifocal Lenses</td>
<td>$10 Copay per Insured; 100% Coinsurance</td>
<td>100% Up to an Allowance of $90</td>
</tr>
<tr>
<td>Standard Progressive Lenses</td>
<td>$10 Copay per Insured; 100% Coinsurance</td>
<td>100% Up to an Allowance of $90</td>
</tr>
<tr>
<td>Premium Progressive Lenses</td>
<td>$10 Copay per Insured; 100% Coinsurance</td>
<td>100% Up to an Allowance of $90</td>
</tr>
<tr>
<td>Corrective Contact Lenses³</td>
<td>$10 Copay per Insured; 100% Coinsurance Up to an Allowance of $120</td>
<td>100% Up to an Allowance of $100</td>
</tr>
</tbody>
</table>

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

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

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

*VISION-2015-IP1-CO-FLIC is not available in all states. Limitations and Exclusions apply. The PremierVision Plans have a separate brochure. If interested in this coverage, please see the PremierVision brochure and Certificate for complete details.
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 Policy sets forth, in detail, the rights and obligations of both You and the insurance company, and only the Policy defines and controls the rights and obligations of the parties. It is, therefore important that You READ THE Policy CAREFULLY!