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

Why Choose Us?

As a member of the Southern Consumers Alliance, with an active, in-force PremierChoice Specified Disease/Sickness Plan and Optional Medical Inflation Protection & Guaranteed Insurability Rider², You have the right to apply for coverage under Freedom Life’s Short Term Medical-Surgical Expense Plan issued to the Association. The PremierMed Short Term Medical-Surgical Expense Plan provides coverage of a limited duration if You are not covered under a plan that constitutes “minimum essential coverage” under federal law. The PremierMed Short Term Medical-Surgical Expense Plan is not an essential health benefits plan.

INNOVATIVE

➢ Pioneered the only short term bridge to open enrollment for essential health benefits coverage with NO ADDITIONAL UNDERWRITING.

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 DAYS³
➢ Reinsured with a reinsurer rated A by AM Best

CONVENIENT

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

¹National Federation of Independent Business Website 2014.
²Optional Medical Inflation Protection & Guaranteed Insurability Under Optional Short Term Medical-Surgical Expense Plan Rider
³2013 Analysis of Claims Processing Time by insurance subsidiaries of USHEALTH Group.
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*Separate Deductible for Out of Network is in addition to the Benefit Deductible.

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

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 9 of this brochure for details). The PremierMed Short Term Medical-Surgical Expense Plan is an insurance plan which provides benefits for a limited duration for covered services and is neither an “essential health benefits plan” under the ACA, a traditional major medical insurance plan, nor a Workers Compensation plan under state law. The PremierMed Short Term Medical-Surgical Expense Plan is “Short Term Medical-Surgical Insurance” and is not considered “minimum essential coverage” under the ACA. Therefore, unless an Insured under our 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 9 of this brochure for details).
The PremierMed Short Term Medical-Surgical Expense Plan can provide Benefits until You become eligible for 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.

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, cesarean section delivery, and Complications of Pregnancy, 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

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

Internal Prosthetic/Medical Appliances

Cancer Clinical Trials

Behavioral Services for Treatment of Autism Spectrum Disorder

Outpatient Radiation Therapy & Chemotherapy

Inherited Metabolic Disorders
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 forty-two (42) visits per Insured.
PremierMed Benefits At a Glance

Emergency Room & Other Outpatient Benefits, cont’d

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<td>Skilled Nursing Home</td>
<td>Limited to ninety (90) days per Insured.</td>
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<td>Supplies &amp; Services Associated with the Treatment of Diabetes</td>
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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.

  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:

- 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 Certificate for Insureds ages four (4) and up with examination performed by a Participating Provider.
PremierMed Optional Rider

Optional Guaranteed Short Term Medical-Surgical Expense Plan Insurability Rider

(Stup2Gist-R-FLIC available for an additional premium)

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 6 months 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 may select the Optional Guaranteed Short Term Medical-Surgical Expense Plan Insurability Rider with your PremierMed Short Term Medical-Surgical Expense Plan, which will permit you to purchase a second PremierMed Short Term Medical-Surgical Expense Plan on a guaranteed issue basis, which is available to residents of your current state of residence, with a coverage period on the second PremierMed Short Term Medical-Surgical Expense Plan commencing on the termination date of your first PremierMed Short Term Medical-Surgical Expense Plan and terminating on the earliest to occur of (i) January 1 of the following year (i.e., the earliest possible effective date of coverage under an ACA essential health benefits plan following the next ACA open enrollment period) or (ii) the date you otherwise become covered under an ACA essential health benefits plan. If a second PremierMed Short Term Medical-Surgical Expense Plan is purchased under the terms of such rider, the Pre-existing Conditions coverage waiting period contained in the second PremierMed Short Term Medical-Surgical Expense Plan will be waived.

The Optional Guaranteed Short Term Medical-Surgical Expense Plan Insurability Rider is subject to all terms, conditions, limitations, exclusions and definitions contained in such rider and the Certificate of coverage to which it is attached.

PremierMed Plan Features

Monthly Renewal Premium Rate Adjustments

Monthly renewal premium rates may be increased by us 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, if any; a change occurs in benefits, limitations, exclusions, premium or other material matter; any change in coverage, limitations, exclusions, or premium is required pursuant to any federal or state law or regulation; after the issue date you change to a different optional participating provider network available in your state, if any; a change occurs in the relationship between us and your participating provider network; the participating provider network availability changes for your state; and/or the participating provider negotiated discounts change.

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 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 six (6) months from the issue date.

Termination

Coverage will also terminate for the following reasons: when the association group short term medical-surgical expense policy is terminated by the group policyholder; the date the primary insured is no longer a member of the association; the scheduled termination date; your spouse, on the date of your divorce decree, annulment or court approved separation; your child(ren) nineteenth (19th) birthday (twenty-fourth (24th) if a Full Time Student); with respect to coverage that is extended after proper notice and premium payment to a newborn of any insured who is your unmarried, dependent child under age nineteen (19) (twenty-four (24) if a Full-Time Student), eighteen (18) months after the date of such newborn's birth; the date an insured becomes eligible for Medicare; the due date of any unpaid monthly renewal premium; the date you terminate coverage; the date we elect to discontinue offering this type of short term medical insurance coverage in your state and to terminate all such policies in your state; the effective date of the commencement of coverage for each insured under an Essential Health Benefits Plan or any other coverage that constitutes "minimum essential coverage" under federal law; the date we receive due proof that fraud or intentional misrepresentation of material fact existed in applying for coverage or in filing a claim for benefits under this coverage; and the date upon which any insured is covered under any other short term medical insurance plan.
PremierMed Limitations at a Glance

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 unless such loss or expense constitutes Covered Expenses incurred by such Insured more than twelve (12) months after the Issue Date, and is not otherwise limited or excluded by the PremierMed Short Term Medical-Surgical Expense Plan or any riders, endorsements, or amendments attached to the PremierMed Short Term Medical-Surgical Expense Plan;¹
- 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.

PremierMed Non-Covered Items at a Glance

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 Schedule 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;
- 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 which have been paid or will be paid under any other in-force insurance coverage maintained by, on behalf of, or which provides coverage or benefits to or for the benefit of the applicable Insured;
- 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 ninety (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 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;
- 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);
- drugs or medication not used for a Food and Drug Administration (FDA) approved use or indication;

¹Pre-existing Conditions that Manifested after the effective date of coverage under the PremierChoice Specified Disease/Sickness and Accident are waived when the PremierMed Short Term Medical-Surgical Expense Plan is purchased via the Optional Medical Inflation Protection & Guaranteed Insurability Rider (SMIGIST-2015-R-FLIC)
PremierMed Non-Covered Items at a Glance, cont’d

- 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;
- services or expenses incurred that are covered under any Essential Health Benefits Plan;
- services or expenses incurred that are covered under any other short term medical plan;
- 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, lasik surgery, hearing aids and exams for their prescription or fitting;
- cochlear implants;
- 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;
- services Provided by You or a Provider who is a member of an Insured’s Family;
- 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.
- 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 (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;
- 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;
- 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 racing any air, land or water vehicle;
- drugs prescribed for the treatment of any disease, illness or condition that has been excluded from coverage 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, hematincs, 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;
- Prescription Drugs that are classified as anti-fungal medication used for treatment of onychomycosis;
PremierMed Non-Covered Items at a Glance, cont’d

- 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.

PremierMed Non-Waiver

- If billed or submitted charges for medical care and treatment received by all Insureds while coverage under the PremierMed Short Term Medical-Surgical Expense Plan is in full force and effect are paid by Us by mistake or in error, it does not mean We have any liability for coverage or the payment of any Sickness and Bodily Injury Benefits under the PremierMed Short Term Medical-Surgical Expense Plan for the Sickness, Bodily Injury or condition that resulted in such expenses, and any such mistake and error by Us shall not constitute a waiver of or modification to any of the conditions, terms, definitions, limitations or exclusions contained in either the PremierMed Short Term Medical-Surgical Expense Plan or any exclusionary rider attached to the PremierMed Short Term Medical-Surgical Expense Plan.

- Expenses that are mistakenly applied by Us to the Benefit Deductible or erroneously paid by Us under any section or provision of the PremierMed Short Term Medical-Surgical Expense Plan shall not: a) constitute a waiver of or modification to any conditions, terms, definitions or limitations contained in the PremierMed Short Term Medical-Surgical Expense Plan, specifically including, but not by way of limitation, the definitions of Sickness and Bodily Injury as well as any exclusion, limitation and/or exclusionary riders which may be attached to the PremierMed Short Term Medical-Surgical Expense Plan, or otherwise operate to alter, amend, affect, abridge or modify the PremierMed Short Term Medical-Surgical Expense Plan to which it is attached; b) create or establish coverage of any medical condition, Sickness, disease or Bodily Injury under the PremierMed Short Term Medical-Surgical Expense Plan or under any exclusion, limitation and/or exclusionary riders which may be attached to the PremierMed Short Term Medical-Surgical Expense Plan; or c) affect, alter, amend, abridge, constitute or act as a waiver of the Company’s ability to rely upon, assert and apply such terms, definitions, limitations or exclusions of the PremierMed Short Term Medical-Surgical Expense Plan or any amendments to the PremierMed Short Term Medical-Surgical Expense 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. Short term medical 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 the PremierMed Short Term Medical-Surgical Expense Plan. 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.

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 six (6) months from the Issue Date.

Mandatory Dispute Resolution

The PremierMed Short Term Medical-Surgical Expense Plan contains 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.
Complete Your Protection With Our Optional Supplemental Coverages

**Critical Illness | Excess Accident | Term Life | Disability | Vision | Dental**

- **MedGuard**
  Critical Illness Protection
  Filling the gap between health coverage and life insurance

- **Accident Protector**
  Excess Medical Accident Insurance
  Extra coverage for life’s unpredictable mishaps

- **Life Protector**
  Term Life Insurance
  Provide peace of mind for Your loved ones

- **Income Protector**
  Short Term Accident Disability Insurance
  Protect against the unexpected

- **Premier Vision**
  Vision Insurance
  Let us help You see the world more clearly

- **Secure Dental**
  Dental Insurance
  A healthy smile is priceless
The underwriting insurance company in Your state has agreed to perform or cause to be performed certain monthly administrative services on behalf of the association including the collection of certain enrollment fees and monthly membership dues on behalf of the association, and transmission to the association of monthly membership census data. The underwriting insurance company in Your state is paid a monthly fee by the association for these administrative services.

Group Policy: GRP-P-06-FLIC