Dependable
Member Privileges & Benefits

Economical
Member Business Solutions

Secure
Member Blanket Coverage

SecureAccess
Association Membership

American Business Coalition

Providing secure access to the solutions you need
The SecureAccess Membership Blanket Group Sickness & Blanket Group Accident Plans Have

- **No Calendar Year Deductibles to Satisfy!** You receive “first dollar” benefit payments under the SecureAccess Blanket Group Sickness and Blanket Group 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 Blanket Group Sickness & the Blanket Group Accident plans for Outpatient Doctor visits!** Special “rollover” feature in each plan; if You don’t use Your benefits, You don’t lose them.

- **Any Doctor, Any Hospital!** But Members can stretch their dollars further by choosing an In-Network Provider.

- **The Daily Schedule of Operations provides a larger payment during the Surgical Period than many competitors that limit their surgery payments to the Medicare allowable charge for the same surgery!**

- **This is not an essential health benefits plan.**

- **Pays in addition to your coverage under an essential health benefits plan.**

- **24-hour coverage, on or off the job** Coverage Members can depend on when they need it the most.

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**The Blanket Group Sickness Plan and Blanket Group Accident Plan** allows You to receive **first dollar payments** for expenses incurred up to a benefit maximum for covered healthcare services.

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.

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*You will be responsible for charges that exceed Your Blanket Group Sickness Plan and/or Blanket Group Accident Plan benefit amount and the network discount.

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*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 12 of this brochure for details). The SecureAccess Blanket Group Sickness Plans and Blanket Group 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. SecureAccess Blanket Group Sickness Plans and Blanket Group 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 Blanket Group Sickness Plans and/or Blanket Group 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 12 of this brochure for details).
In addition to the Privileges and Benefits of Association Membership listed below, Your SecureAccess Membership in the American Business Coalition includes PHCS Network information and also includes guaranteed Blanket Group Sickness and Blanket Group Accident Benefits, Supplemental Accident Excess Medical Expenses and AD&D Insurance Benefits, and Supplemental First Diagnosis Critical Illness Insurance Lump Sum Benefit issued to the Association for the benefit of its members.

## For the Self-Employed & Small Business Owner

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Essential</th>
<th>Choice</th>
<th>Premium</th>
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<td>Big Bark Discounted Printing, Wearables &amp; Promotional Products</td>
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<td>Office Depot Discount</td>
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<td>Penny Wise Office Supplies Discount</td>
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## For the Cost-Conscious Consumer

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<td>Identity Theft Insurance</td>
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<td>Roadside Assistance</td>
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<td>SafetyNet Child ID Card Services</td>
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<td>Savers Club*</td>
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<td>Travel Club</td>
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## For the Health-Conscious Consumer

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<td>Association Hearing Services</td>
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<td>Gold's Gym® Discount</td>
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<td>HealthFitLabs Vitamin Discount</td>
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<td>LensCrafters Discount</td>
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<td>Travel Assistance Plan*</td>
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*Not available to residents of Florida
SecureAccess Membership Levels

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

### Outpatient Doctor Office Visit Benefit
- Benefit per Insured, per Calendar Day up to a maximum of $75.
- Benefit payments are limited to a maximum of $75.

### Outpatient Prescription Drug Benefit
- Generic Drug Prescription up to a maximum of $10.
- Brand Name Drug Prescription up to a maximum of $10.
- Benefit per Insured, per Membership Year up to a maximum of $500.

### Outpatient X-Ray Benefit, per Calendar Day
- Benefit per Insured, per Membership Year up to a maximum of $25.

### Outpatient Laboratory Services Benefit, per Calendar Day
- Benefit per Insured, per Membership Year up to a maximum of $25.

### Outpatient Surgeon Benefit, per Calendar Day
- Benefit per Insured, per Membership Year up to a maximum of $1,200.

### Outpatient Anesthesiologist Surgery Benefit, per Calendar Day
- Benefit per Insured, per Membership Year up to a maximum of $1,600.

### Outpatient Radiation Therapy Benefit, per Calendar Day
- Benefit per Insured, per Membership Year up to a maximum of $6,400.

### Emergency Room Benefit, per Calendar Day
- Benefit per Insured, per Membership Year up to a maximum of $150.

### Emergency Ambulance Transport Benefit
- Ground/Up to a Maximum Benefit payment per Insured, per Member Year $300.
- Air/ Up to a Maximum Benefit payment per Insured, per Member Year $1,000.

### Specialty Radiology Benefits
- Outpatient CAT Scan Benefit, per Calendar Day
  - Benefit per Insured, per Membership Year up to a maximum of $100.
  - Benefit per Insured, per Membership Year up to a maximum of $300.

- Outpatient MRI Benefit, per Calendar Day
  - Benefit per Insured, per Membership Year up to a maximum of $100.
  - Benefit per Insured, per Membership Year up to a maximum of $300.

- Outpatient PET Scan Benefit, per Calendar Day
  - Benefit per Insured, per Membership Year up to a maximum of $100.

### Outpatient Diabetes Self-Management Training Benefit
- Benefit per Insured, per Membership Year up to a maximum of $15.

### Outpatient Radiation & Chemotherapy Benefits

### Outpatient Intravenous Chemotherapy Benefit, per Calendar Day
- Benefit per Insured, per Membership Year up to a maximum of $6,000.

### Outpatient Oral Chemotherapy Benefit, per Calendar Month
- Benefit per Insured, per Membership Year up to a maximum of $9,000.

### Outpatient Radiation Therapy Benefit, per Calendar Day
- Benefit per Insured, per Membership Year up to a maximum of $6,000.

### Outpatient Diabetes Supplies Benefit
- Benefit per Insured, per Membership Year up to a maximum of $15.

### Outpatient Diabetes Equipment Benefit
- Benefit per Insured, per Membership Year up to a maximum of $15.

### Outpatient Medical Foods
- 50% of expenses incurred for Inherited Metabolic Disorder, up to a Maximum of $5,000.

### SecureAccess Membership Levels

- Only available on the Blanket Group Sickness Plan

- Please see Daily Schedule of Operations for full details

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*Only available on the Blanket Group Sickness Plan*
As marked below, the following benefits apply to the Sickness Plan. As marked below, the following benefits apply separately to the Accident Plan. Benefits for covered Sicknesses and Accidents are payable based on expenses incurred up to the amount shown below.

## HOSPITAL SERVICES

<table>
<thead>
<tr>
<th>Sickness</th>
<th>Accident</th>
<th>Benefits Paid Per Member</th>
<th>Essential</th>
<th>Choice</th>
<th>Premium</th>
<th>Prime</th>
<th>Executive Prime</th>
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<tr>
<td>✓ ✓</td>
<td>Hospital Room &amp; Board Benefit, per Calendar Day</td>
<td>$400</td>
<td>$600</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$2,500</td>
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<tr>
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<td>Benefit per Insured, per Membership Year up to a maximum of</td>
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<td>$36,000</td>
<td>$60,000</td>
<td>$120,000</td>
<td>$150,000</td>
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<tr>
<td>✓ ✓</td>
<td>ICU Room &amp; Board Benefit, per Calendar Day</td>
<td>$1,200</td>
<td>$1,800</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$2,500</td>
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<tr>
<td>✓ ✓</td>
<td>Benefit per Insured, per Membership Year up to a maximum of</td>
<td>$36,000</td>
<td>$54,000</td>
<td>$60,000</td>
<td>$60,000</td>
<td>$75,000</td>
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<td>✓ ✓</td>
<td>Hospital Surgeon Benefits, per Calendar Day</td>
<td>Benefit varies by Procedure, range is:</td>
<td>$64-$6,400</td>
<td>$64-$6,400</td>
<td>$64-$6,400</td>
<td>$64-$6,400</td>
<td>$64-$6,400</td>
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<tr>
<td>✓ ✓</td>
<td>Hospital Anesthesiologist Surgery Benefit (% of Surgeon's Fee Benefit)</td>
<td>$16-$1,600</td>
<td>$16-$1,600</td>
<td>$16-$1,600</td>
<td>$16-$1,600</td>
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1 Maximum of two Daily Benefits per Insured, per Membership Year
2 Please see Daily Schedule of Operations for full details

## LIFETIME MAXIMUM

<table>
<thead>
<tr>
<th>Sickness</th>
<th>Accident</th>
<th>Benefits Paid Per Member</th>
<th>Essential</th>
<th>Choice</th>
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<td>Lifetime Maximum per Insured</td>
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## BLANKET GROUP SICKNESS PLAN WAITING PERIODS & LIMITATIONS

Coverage under this Blanket Group Specified Disease/Illness Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of this Blanket Group Specified Disease/Illness Insurance Policy, as well as the following limitations and waiting periods:

- Any treatment, medical service, surgery, medication, equipment, claim, or loss Provided and received under the Hospital Room & Board Benefits, Hospital Intensive Care Unit Room & Board Benefits, Hospital Surgeon Benefits, Hospital Anesthesiologist Surgery Benefits, Outpatient Surgeon Benefits, and Outpatient Anesthesiologist Surgery Benefits, as a result of an Insured’s Pre-existing Condition are not covered under this Blanket Group Specified Diseases/Ilnesses Insurance Policy unless such treatment, medical service, surgery, medication, equipment, claim, or loss constitutes Covered Medical & Surgical Services Provided to and received by such Insured more than twelve (12) months after the Effective Date, and are not otherwise limited or excluded by this Blanket Group Specified Diseases/Ilnesses Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Specified Diseases/Ilnesses Insurance Policy;

- Covered Medical Services Benefits under this Blanket Group Specified Disease/Ilnesses Insurance Policy for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, regardless of whether such Insured is enrolled in Medicare shall be limited to only the Usual and Customary Expenses for services, supplies, care or treatment covered under this Blanket Group Specified Disease/Ilnesses Insurance Policy that are not or would not have been payable or reimbursable by Medicare and/or its amendments (assuming such enrollment), subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in this Blanket Group Specified Disease/Ilnesses Insurance Policy;

- Any Covered Medical Services payable under this Blanket Group Specified Disease/Ilnesses Insurance Policy will be reduced by fifty percent (50%) when the applicable Insured is age sixty-five (65) or older, based on the Insured’s most recent birthday, on the date the Benefit becomes payable; and

- In no event will the total amount of benefits payable for any one Insured exceed the Lifetime Policy Maximum Per Insured.

## BLANKET GROUP ACCIDENT WAITING PERIODS & LIMITATIONS

Coverage under this Blanket Group Accident Only Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of this Blanket Group Accident Only Insurance Policy, as well as the following limitations and waiting periods:

- Any treatment, medical service, surgery, medication, equipment, claim, or loss Provided and received under the Hospital Room & Board Benefits, Hospital Intensive Care Unit Room & Board Benefits, Hospital Surgeon Benefits, Hospital Anesthesiologist Surgery Benefits, Outpatient Surgeon Benefits, and Outpatient Anesthesiologist Surgery Benefits, as a result of an Insured’s Pre-existing Condition are not covered under this Blanket Group Accident Only Insurance Policy unless such treatment, medical service, surgery, medication, equipment, claim, or loss constitutes Covered Medical & Surgical Services Provided to and received by such Insured more than twelve (12) months after the Effective Date, and are not otherwise limited or excluded by this Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Accident Only Insurance Policy;

- Covered Medical & Surgical Services Benefits under this Blanket Group Accident Only Insurance Policy for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, regardless of whether such Insured is enrolled in Medicare shall be limited to only the Usual and Customary Expenses for services, supplies, care or treatment covered under this Policy that are not or would not have been payable or reimbursable by Medicare and/or its amendments (assuming such enrollment), subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in this Policy;

- Any Covered Medical & Surgical Services payable under this Blanket Group Accident Only Insurance Policy will be reduced by fifty percent (50%) when the applicable Insured is age sixty-five (65) or older, based on the Insured’s most recent birthday, on the date the Benefit becomes payable; and

- In no event will the total amount of benefits payable for any one Insured exceed the Lifetime Policy Maximum Per Insured.
BLANKET GROUP SICKNESS PLAN NON-COVERED ITEMS AT A GLANCE

Coverage under this Blanket Group Specified Disease/Illness Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of this Blanket Group Specified Disease/Illness Insurance Policy. In addition, this Blanket Group Specified Disease/Illness Insurance Policy does not provide coverage for the amount of any professional fees or other medical expenses or charges for treatments, care, procedures, services or supplies incurred for the diagnosis, care or treatment charged to an Insured or any payment obligation for Us under this Blanket Group Specified Disease/Illness Insurance Policy 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/Illness;
• any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Blanket Group Specified Disease/Illness Insurance Policy Issue Date and the Primary Insured Effective Date;
• any treatments, care, procedures, services or supplies which are not specifically enumerated in the SPECIFIED DISEASE/ILLNESS BENEFITS AND CLAIM PROCEDURES section of this Blanket Group Specified Disease/Illness Insurance Policy;
• any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after the Blanket Group Specified Disease/Illness Insurance Policy terminates, regardless of when the sickness or disease occurred;
• any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which exceed the Lifetime Insurance 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 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 voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
• any 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 this Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Specified Disease/Illness Insurance Policy;
• any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from Bacterial Infection or Viral Infection, (ii) to correct a normal bodily function in connection with the treatment of a covered Specified Disease/Illness, 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 this Blanket Group Specified Disease/Illness Insurance Policy;
• Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
• any Cochlear implants;
• Specified Disease/Illness while serving in one of the branches of the armed forces of the United States of America;
• Specified Disease/Illness while in a foreign country and serving on active duty in one of the branches of the armed services of the United States of America;
• Specified Disease/Illness while serving on active duty in the armed forces of any foreign country or any international authority;
• any professional and medical services Provided an Insured in treatment of a Specified Disease/Illness caused or contributed to by such Insured’s being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
• any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
• any level one controlled substances;
• any services Provided in connection with a covered Specified Disease/Illness, 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; or 2. substantially accepted peer-reviewed medical literature. c. drugs labeled “Caution – limited by Federal law to investigational use;”
• any professional or medical services Provided an Insured in treatment of a Specified Disease/Illness caused or contributed to by such Insured’s being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
• any disease, ailment, illness or sickness that is not a Specified Disease/Illness;
BLANKET GROUP SICKNESS PLAN NON-COVERED ITEMS AT A GLANCE CONT’D

- 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 that are classified as psychotherapeutic drugs, including antidepressants;
- any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
- any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type fertility therapy, artificial insemination or any other direct conception;
- any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any treatment, care, procedures, services or supplies (including Prescription Drugs) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism spectrum disorder;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Alcoholism, addiction to illegal drugs or substances, and/or abuse or illegal drugs or substances;
- any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
- any contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
- any 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 Spinal Manipulations;
- 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; and
- any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in this Blanket Group Specified Disease/illness Insurance Policy.

BLANKET GROUP ACCIDENT PLAN NON-COVERED ITEMS AT A GLANCE

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

- any cost item, charge or expense which does not constitute Covered Expenses;
- any disease, ailment, illness or sickness suffered by an Insured, except a covered Bacterial Infection;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Blanket Group Accident Only Insurance Policy Issue Date and the Primary Insured Effective Date;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured’s coverage under this Blanket Group Accident Only Insurance Policy 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 received, provided to, or incurred by an Insured and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- Bodily Injury due to any act of war (whether declared or undeclared);
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
• drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
• administration of experimental drugs or substances or investigational use or experimental use of Prescription Drugs except for any Prescription Drug prescribed to treat a covered chronic, disabling, life-threatening Bodily Injury, but only if the investigational or experimental drug in question: d. has been approved by the FDA for at least one indication; and e. is recognized for treatment of the indication for which the drug is prescribed in: 3. a standard drug reference compendia; or 4. substantially accepted peer-reviewed medical literature. c. drugs labeled “Caution – limited by Federal law to investigational use”;
• intentionally self-inflicted Bodily Injury, suicide or any suicide attempt while sane or insane;
• Bodily Injury while serving in one of the branches of the armed forces of the United States of America;
• Bodily Injury while in a foreign country and serving on active duty in the United States Army, Navy Marine Corp or Air Force Reserves or the National Guard;
• Bodily Injury while serving on active duty in the armed forces 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 this Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Accident Only Insurance Policy;
• any loss to which a contributing cause was the Insured’s being engaged in an illegal occupation or illegal activity;
• participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
• any Injury which was caused or contributed by an Insured racing any land or water vehicle;
• Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
• Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
• Outpatient Prescription Drugs that are dispensed by a Provider, Hospital or other state-licensed facility;
• Prescription Drugs produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products, or immunization agents, biological or allergy sera, hematinics, blood or blood products administered on an Outpatient basis;
• level one controlled substances;
• Prescription Drugs that are classified as anabolic steroids or growth hormones;
• compounded Prescription Drugs;
• allergy kits intended for future emergency treatment of possible future allergic reactions;
• replacement of a prior filled Prescription for Prescription Drugs that was covered and is replaced because the original Prescription was lost, stolen or damaged;
• any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
• any Cochlear implants;
• any 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 this Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to this Blanket Group Accident Only Insurance Policy;
• 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 procedure, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
• any procedure, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
• any procedure, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type fertility therapy, artificial insemination or any other direct conception;
• any procedure, 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 procedure, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
• any procedure, care, procedures, services or supplies (including Prescriptions) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
• any procedure, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
• any procedure, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism;
• any procedure, 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 procedure, care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
• any procedure, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
• any contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
• any 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 Spinal Manipulations;
• any programs, treatment or procedures for tobacco use cessation;
BLANKET GROUP ACCIDENT PLAN NON-COVERED ITEMS AT A GLANCE CONT’D

• any charges for blood, blood plasma, or derivatives that has been replaced;
• any treatment received outside of the United States; and
• any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in this Blanket Group Accident Only Insurance Policy.

BLANKET GROUP SICKNESS PLAN NON-WAIVER

Expenses that are mistakenly or erroneously paid by Us under any Section or provision of this Blanket Group Specified Disease/Illness Insurance Policy shall not:

• constitute a waiver of or modification to any conditions, terms, definitions or limitations contained in the Blanket Group Specified Disease/Illness Insurance Policy, specifically including, but not by way of limitation, the definition of Bodily Injuries, Bodily Injury, Medical Necessity or Covered Expenses, the limitation of coverage under the Blanket Group Accident Only Insurance Policy for Pre-existing Conditions, as well as any exclusion, limitation and/or exclusionary riders which may be attached to the Blanket Group Accident Only Insurance Policy, or otherwise operate to alter, amend, affect, abridge or modify the Blanket Group Specified Disease/Illness Insurance Policy to which it is attached;
• create or establish coverage of any medical condition, illness, or disease under the Blanket Group Specified Disease/Illness Insurance Policy or under any exclusion, limitation and/or exclusionary riders which may be attached to the Blanket Group Specified Disease/Illness Insurance Policy; or
• 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 Blanket Group Specified Disease/Illness Insurance Policy or any amendments thereto.

BLANKET GROUP ACCIDENT PLAN NON-WAIVER

Expenses that are mistakenly or erroneously paid by Us under any Section or provision of this Blanket Group Accident Only Insurance Policy shall not:

• constitute a waiver of or modification to any conditions, terms, definitions or limitations contained in the Policy, specifically including, but not by way of limitation, the definition of Bodily Injuries, Bodily Injury, Medical Necessity or Covered Expenses, the limitation of coverage under the Blanket Group Accident Only Insurance Policy for Pre-existing Conditions, as well as any exclusion, limitation and/or exclusionary riders which may be attached to the Blanket Group Accident Only Insurance Policy, or otherwise operate to alter, amend, affect, abridge or modify the Blanket Group Accident Only Insurance Policy to which it is attached;
• create or establish coverage of any medical condition, illness, or disease under the Blanket Group Accident Only Insurance Policy or under any exclusion, limitation and/or exclusionary riders which may be attached to the Blanket Group Accident Only Insurance Policy; or
• 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 Blanket Group Accident Only Insurance Policy or any amendments thereto.

There is a twelve (12) month Pre-existing Condition waiting period for Hospital Confinement and Surgery relating to a Pre-existing Condition. A Pre-existing condition means either (a) a condition, whether physical or mental, and regardless of the cause: (1) 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 this Blanket Group Specified Disease/Illness Insurance Policy for the Insured incurring the expense or (2) which Manifested during the twelve (12) month period immediately preceding the effective date of coverage under the Blanket Group Specified Disease/Illness Insurance Policy for the Insured incurring the expense; or (b) a Bodily Injury: (1) 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 this Blanket Group Accident Only Insurance Policy for the Insured incurring the expense; or (2) resulting from an Accident that occurred before the Effective Date for the Insured incurring the expense.

Benefits reduce by fifty percent (50%) when an Insured member reaches age sixty-five (65). The Blanket Group Sickness and Accident Insurance forms BLKACCUP2-2014-P-FLIC/BLKACCUP2-2014-P-NFL; BLKACCUP2-2014-AE-FLIC/BLKACCUP2-2014-AE-NFL; BLKSDUP2-2014-P-FLIC/BLKSDUP2-2014-P-NFL; and BLKSDUP2-2014-AE-FLIC/BLKSDUP2-2014-AE-NFL are underwritten and issued by Freedom Life Insurance Company of America and National Foundation Life Insurance Company and issued to ABC. This Blanket Group coverage is available to each individual enrolled member of ABC who has timely and properly paid their monthly dues to ABC and who has been identified by ABC to Freedom Life Insurance Company of America or National Foundation Life Insurance Company. The COVERAGE UNDER THE BLANKET GROUP SICKNESS & ACCIDENT INSURANCE POLICIES DOES NOT PROVIDE MAJOR MEDICAL INSURANCE COVERAGE, AND IS NEITHER MINIMUM ESSENTIAL COVERAGE UNDER FEDERAL LAW NOR WORKERS’ COMPENSATION INSURANCE UNDER STATE LAW. THESE POLICIES PROVIDE ONLY SPECIFIED DISEASE/ILLNESS AND ACCIDENT-ONLY INSURANCE COVERAGE THAT PAYS IN ADDITION TO ANY OTHER IN-FORCE COVERAGE. IF INSUREDS DO NOT HAVE MINIMUM ESSENTIAL COVERAGE UNDER FEDERAL LAW, AN ADDITIONAL PAYMENT WITH THEIR TAXES MAY BE REQUIRED UNDER FEDERAL LAW.
NON-COVERED CRITICAL ILLNESS ITEMS AT A GLANCE

- any Specified Critical Illness or Specified Critical Illness Surgery suffered, diagnosed and/or sustained by an Insured prior to the Effective Date;
- any medical conditions that is not a Specified Critical Illness or Specified Critical Illness Surgery;
- a diagnosis which is made outside the United States, unless a Definite Diagnosis of a Specified Critical Illness or a Specified Critical Illness Surgery is confirmed in the United States;
- war, or any act of war, regardless of whether war is actually declared;
- serving in one of the branches of the armed forces of any foreign country or any international authority;
- an Insured being intoxicated or under the influence of alcohol or any drug, narcotic or hallucinogens unless administered via a prescription and on the advice of a Provider, and taken in accordance with the limits of such advice. An Insured is conclusively determined to be intoxicated by drug or alcohol if (i) a chemical test administered in the jurisdiction where the loss or cause of loss occurred is at or above the legal limit set by that jurisdiction or (ii) the level of alcohol was such that a person’s coordination, ability to reason, was impaired, regardless of the legal limit set by that jurisdiction;
- intentionally self inflicted Injury, suicide or any suicide attempt while sane or insane;
- travel by or participation in aviation, except as fare‑paying passenger traveling on a regular scheduled commercial airline flight;
- participating in a felony, riot or insurrection;
- engaging in any illegal activity;
- the unintended or accidental results of any surgery or operation performed either for cosmetic purposes or in an attempt to surgically treat any Sickness or Injury;
- intentional inhalation or ingestion of any poison, gas or fumes;
- participating, as driver or passenger, in any competition, race or speed contest, including sanctioned practice thereof, of any land or water vehicle;
- the operation by such Insured of any motor vehicle without the permission/consent of the owner of such vehicle;
- the operation by such Insured of any motor vehicle without a valid operators license/permit; and
- bacterial or viral infection.

CRITICAL ILLNESS LUMP SUM LIMITATIONS AT A GLANCE

- The Maximum Critical Illness Benefit as specified in the Blanket Group Policy Schedule.
- The Maximum Critical Illness Benefit will be reduced by fifty percent (50%) when the applicable Insured is age sixty-five (65) or older, based on the Insured’s most recent birthday, on the date the Benefit becomes payable.
- For an Insured, Benefits payable under the CRITICAL ILLNESS BENEFIT provision for Critical Illness will not exceed the Maximum Critical Illness Benefit shown on the Blanket Group Policy Schedule.

Benefits Paid Per Member

<table>
<thead>
<tr>
<th>Benefits Paid Per Member</th>
<th>Essential</th>
<th>Choice</th>
<th>Premium</th>
<th>Prime</th>
<th>Executive Prime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lump Sum Benefit amount</td>
<td>$7,000</td>
<td>$8,000</td>
<td>$9,000</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

Maximum Critical Illness One Time, Lump Sum Benefit Amount

Lump Sum Benefit payment provided for the first diagnosis of a covered event during Member’s Lifetime. Covered events include Life Threatening Cancer, CVA (Stroke), Kidney Failure, Coronary Artery Bypass Surgery, First Diagnosis Heart Attack, Major Organ Transplant, Permanent Paralysis, Terminal Illness, Aorta Graft Surgery, Heart Valve Surgery and Coronary Angioplasty.
## SecureAccess Membership Levels

### Accident Excess Medical Expenses & AD&D Insurance Benefits

<table>
<thead>
<tr>
<th>Benefits Paid Per Member</th>
<th>Essential</th>
<th>Choice</th>
<th>Premium</th>
<th>Prime</th>
<th>Executive Prime</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accident Excess Medical Expense Benefit</strong>¹ ²</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible per Accident</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>Up to a Maximum Benefit per Accident</td>
<td>$2,000</td>
<td>$3,000</td>
<td>$4,000</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Accidental Death &amp; Dismemberment Benefit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Insured</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Spouse</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Children (per Child)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Accidental Death &amp; Dismemberment Benefits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of life</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$75,000</td>
</tr>
<tr>
<td>Loss of two or more limbs</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$75,000</td>
</tr>
<tr>
<td>Loss of Speech and Loss of Hearing (both ears)</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$75,000</td>
</tr>
<tr>
<td>Loss of Sight (both eyes)</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$75,000</td>
</tr>
<tr>
<td>Loss of one limb</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$22,500</td>
</tr>
<tr>
<td>Loss of Speech</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$22,500</td>
</tr>
<tr>
<td>Loss of Hearing (both ears)</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$22,500</td>
</tr>
<tr>
<td>Loss of Sight (one eye)</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$15,000</td>
<td>$22,500</td>
</tr>
<tr>
<td>Loss of one hand</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$11,250</td>
</tr>
<tr>
<td>Loss of one foot</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$11,250</td>
</tr>
<tr>
<td>Loss of Hearing (one ear)</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$11,250</td>
</tr>
<tr>
<td>Loss of Thumb and Index Finger (same hand)</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$11,250</td>
</tr>
</tbody>
</table>

*Benefits reduce by fifty percent (50%) at age seventy (70)
¹Coverage pays benefits excess of any other valid coverage, health plan, automobile medical payments coverage, government provided coverage, workers compensation coverage or any other employer/employee liability coverage.
²The Accident Medical Expense coverage is provided on an excess basis. Charges Incurred by a Member for medical services in the treatment of covered Bodily Injuries sustained in an Accident will be eligible for payment after first deducting the benefit payments due under or pursuant to any other valid insurance coverage of the Member or benefit entitlement plan for the Member for the Accident. See Certificate of Coverage for details.

### Limitations

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

- Coverage for AD&D and Excess Medical Expense commences on the Primary Insured Effective Date for each Primary Insured;
- The AD&D Maximum Benefit for the Primary Insured is $50,000 for Essential, Choice, Premium & Prime, $75,000 for Executive Prime;
- The AD&D Maximum Benefit for the Spouse Of Primary Insured is $25,000 for Essential, Choice, Premium & Prime, $37,500 for Executive Prime;
- The AD&D Maximum Benefit for the Children Of Primary Insured is $25,000 for Essential, Choice, Premium & Prime per child, $37,500 for Executive Prime per child;
- The Excess Medical Expense Coverage Maximum Benefit is $2,000-$5,000 as selected in writing by the Blanket Group Policyholder prior to the Issue Date;
- The maximum dollar amount recoverable by an Insured for AD&D is the applicable AD&D Maximum Benefit, regardless of the number of Accidents or Bodily Injuries sustained by an Insured; and
- The applicable AD&D Maximum Benefit and the Excess Medical Expense Coverage Maximum Benefit automatically reduce by fifty percent (50%) on the seventieth (70th) birthday of the Primary Insured and Spouse of Primary Insured.

### Non-Covered Accident and Accidental Death & Dismemberment Items at a Glance

The Blanket Group Accident Policy does not provide any Benefit, coverage or payment for any loss caused by, in whole or in part, contributed to or resulting from, directly or indirectly, any of the following incidents, events, occurrences or activities involving such Insured:

- war, or any act of war, regardless of whether war is actually declared;
- serving in one of the branches of the armed forces of any foreign country or any international authority;
- such Insured being intoxicated or under the influence of alcohol or any drug, narcotic or hallucinogens unless administered via a prescription and on the advice of a Provider, and taken in accordance with the limits of such advice;
- intentionally self inflicted Bodily Injury;
- suicide or any attempt thereof, while sane;
- Sickness;
- travel by or participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- engaging in and being charged with any felony criminal offense;
- a Bodily Injury occurring outside the borders of the United States of America or its territories;
- the unintended or accidental results of any surgery or operation performed either for cosmetic purposes or in an attempt to surgically treat any Sickness;
- intentional inhalation or ingestion of any poison, gas or fumes;
- expenses Incurred for the diagnosis, care or treatment of Mental and Emotional Disorders, Alcoholism, and Drug Addiction/Abuse;
SecureAccess Membership Levels

NON-COVERED ACCIDENT AND ACCIDENTAL DEATH & DISMEMBERMENT ITEMS AT A GLANCE CONT’D

- participating, as driver or passenger, in any competition, race or speed contest, including sanctioned practice thereof, of any land or water vehicle;
- expenses Incurred as a result of a Bodily Injury that are in excess of the Usual and Customary expenses Incurred for Medically Necessary treatment of such Bodily Injury;
- expenses Incurred for the Medically Necessary treatment of a Bodily Injury for which the Insured has no legal liability and responsibility for payment;
- expenses Incurred for the Medically Necessary treatment of a Bodily Injury that are covered under any other valid insurance coverage, accident medical expense benefits or health benefit plan coverage (e.g. uninsured/underinsured motorist coverage, personal injury protection coverage under any automobile policy, comprehensive major medical insurance, hospital/medical surgical insurance, other indemnity health insurance, health coverage under a HMO or PPO plan, workers compensation medical expense benefits, FELA medical expense benefits, Jones Act medical expense benefits, Medicaid and Medicare).
- a scheduled Benefit under Part I Accidental Death & Dismemberment Coverage or an expense under Part II Excess Medical Expense Coverage that exceeds the amount of the Lifetime Policy Maximum Benefit;
- the operation by such Insured of any motor vehicle without the permission/consent of the owner of such vehicle;
- the operation by such Insured of any motor vehicle without a valid operators license/permit; and
- bacterial or viral infection, except such infection occurring with or through a cut or wound in the skin sustained in an Accident or the accidental ingestion of contaminated material.

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. Blanket Group Sickness and Blanket Group 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 Blanket Group Sickness and Blanket Group 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 Blanket Association group coverage is underwritten and issued by the Freedom Life Insurance Company of America or National Foundation Life Insurance Company. This association group coverage is available to each individual enrolled member of American Business Coalition ("ABC") in the applicable membership of ABC who has timely and properly paid their monthly dues to ABC and who has been identified by ABC to Freedom Life Insurance Company of America or National Foundation Life Insurance Company as an authorized and enrolled member of the applicable membership. The association group insurance coverage is subject to the definition, terms, conditions, limitations and exclusions set forth in the master group policy issued to ABC, which are summarized in the description of coverage provided in your membership materials and terminates at the end of the policy period of the master group policy issued to ABC unless renewed by the mutual agreement of ABC and Freedom Life Insurance Company of America or National Foundation Life Insurance Company.