The SecureAccess Membership Blanket Group Specified Disease/Illness & Blanket Group Accident Plans Have

- **No Calendar Year Deductibles to Satisfy!** You receive “first dollar” benefit payments under the SecureAccess Blanket Group Specified Disease/Illness 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 Specified Disease/Illness & the Blanket Group Accident plans for Outpatient Doctor visits!**

- **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 Specified Disease/Illness 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.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.

¹You will be responsible for charges that exceed Your Blanket Group Specified Disease/Illness 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 Specified Disease/Illness 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 Specified Disease/Illness 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 Specified Disease/Specified Disease/Illness 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 11 of this brochure for details).
**Benefits of SecureAccess**

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 Specified Disease/Illness 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>
<th>Prime</th>
<th>Executive Prime</th>
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<tbody>
<tr>
<td>ADP Payroll Processing Discount</td>
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<td>Credit Card Processing</td>
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<td>Customized Web Services</td>
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<td>Hewlett-Packard Discount</td>
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<td>Health Reimbursement Arrangement</td>
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<td>Integrated Communications - Comcast Business Class</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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<td>UPS Discount</td>
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### For the Cost-Conscious Consumer

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<th>Benefit</th>
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<tr>
<td>1-800-Flowers Discount</td>
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<td>Auto Rental Discount</td>
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<td>HoptheShops.com</td>
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<td>LifeLock®</td>
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<td>Moving Van Lines Discount</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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<td>TrueCar®</td>
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### For the Health-Conscious Consumer

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<th>Benefit</th>
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<tr>
<td>24-Hour Nurse Helpline Plan</td>
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<td>Association Hearing Services</td>
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<td>CallMD</td>
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<td>Diabetes Care Plan</td>
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<td>Gateway Emergency Personal Health History Medicard</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>HealthRider® Discount</td>
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<td>LensCrafters Discount</td>
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<td>Massage Envy Discount</td>
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<td>MedScript Prescription Drug Discount</td>
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<td>NordicTrack® Discount</td>
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<td>ProForm® Discount</td>
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<td>Reebok® Discount</td>
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<td>Travel Assistance Plan*</td>
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<tr>
<td>Weider® Discount</td>
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<td>Weslo® Discount</td>
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*Not available to residents of Florida
<table>
<thead>
<tr>
<th>Specified Disease/Illness</th>
<th>Accident</th>
<th>Benefits Paid Per Member</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Essential</td>
</tr>
<tr>
<td><strong>Outpatient Office Visit Benefit</strong></td>
<td>$75</td>
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<tr>
<td><strong>Outpatient Prescription Drug Benefit</strong></td>
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<tr>
<td><strong>Outpatient X-Ray Benefit, per Calendar Day</strong></td>
<td>$25</td>
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<tr>
<td><strong>Outpatient Laboratory Services Benefit, per Calendar Day</strong></td>
<td>$25</td>
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<tr>
<td><strong>Outpatient Surgeon Benefit, per Calendar Day</strong></td>
<td>$64-$6,400</td>
<td>$64-$6,400</td>
</tr>
<tr>
<td><strong>Outpatient Anesthesiologist Surgery Benefit, per Calendar Day</strong></td>
<td>$16-$1,600</td>
<td>$16-$1,600</td>
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<tr>
<td><strong>Emergency Room Benefit, per Calendar Day</strong></td>
<td>$150</td>
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</tr>
<tr>
<td><strong>Emergency Ambulance Transport Benefit</strong></td>
<td>$300</td>
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<tr>
<td><strong>Specialty Radiology Benefits</strong></td>
<td>$100</td>
<td>$125</td>
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<tr>
<td><strong>Outpatient CAT Scan Benefit, per Calendar Day</strong></td>
<td>$300</td>
<td>$375</td>
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<tr>
<td><strong>Outpatient MRI Benefit, per Calendar Day</strong></td>
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<td>$125</td>
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<tr>
<td><strong>Outpatient PET Scan Benefit, per Calendar Day</strong></td>
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<td>$125</td>
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<tr>
<td><strong>Outpatient Diabetes Self-Management Training Benefit</strong></td>
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<tr>
<td><strong>Outpatient Diabetes Supplies Benefit</strong></td>
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<tr>
<td><strong>Outpatient Diabetes Equipment Benefit</strong></td>
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<tr>
<td><strong>Outpatient Medical Foods</strong></td>
<td>$5,000</td>
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**Outpatient Radiation & Chemotherapy Benefits**

<table>
<thead>
<tr>
<th>Specified Disease/Illness</th>
<th>Accident</th>
<th>Benefits Paid Per Member</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Essential</td>
</tr>
<tr>
<td><strong>Outpatient Intravenous Chemotherapy Benefit, per Calendar Day</strong></td>
<td>$300</td>
<td>$300</td>
</tr>
<tr>
<td><strong>Outpatient Oral Chemotherapy Benefit, per Calendar Month</strong></td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Outpatient Radiation Therapy Benefit, per Calendar Day</strong></td>
<td>$300</td>
<td>$300</td>
</tr>
</tbody>
</table>

*Only available on the Blanket Group Specified Disease/Illness Plan*
The SecureAccess Blanket Group Specified Disease/Illness Plan commences 30 days following the effective date of membership. The SecureAccess Blanket Group Accident Plan commences immediately following the effective date of membership. Benefits for covered Specified Diseases/Illnesses and Accidents are payable based on expenses incurred up to the amount shown below.

### SecureAccess Membership Levels

#### BLANKET GROUP SPECIFIED DISEASE/ILLNESS PLAN WAITING PERIODS & LIMITATIONS

Coverage under the 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 the 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 the Blanket Group Specified Disease/Illness 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 the Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to the Blanket Group Specified Disease/Illness Insurance Policy;

- Covered Medical & Surgical Services Benefits under the Blanket Group Specified Disease/Illness 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 the Blanket Group Specified Disease/Illness 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 the Blanket Group Specified Disease/Illness Insurance Policy;

- Any Covered Medical & Surgical Services payable under the Blanket Group Specified Disease/Illness 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;

- 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 the Blanket Group Accident Only Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of the 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 the 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 the Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to the Blanket Group Accident Only Insurance Policy.

- Covered Medical & Surgical Services Benefits under the 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 the 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 the Policy;

- Any Covered Medical & Surgical Services payable under the 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.

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### Hospital Services

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<tr>
<th>Specified Disease/ Illness</th>
<th>Accident</th>
<th>Benefits Paid Per Member</th>
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<tbody>
<tr>
<td>Hospital Room &amp; Board Benefit, per Calendar Day</td>
<td>Essential</td>
<td>Choice</td>
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<tr>
<td>Benefit per Insured, per Membership Year up to a maximum of</td>
<td>$400</td>
<td>$600</td>
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<tr>
<td>or</td>
<td>$24,000</td>
<td>$36,000</td>
</tr>
<tr>
<td>ICU Room &amp; Board Benefit, per Calendar Day</td>
<td>Essential</td>
<td>Choice</td>
</tr>
<tr>
<td>Benefit per Insured, per Membership Year up to a maximum of</td>
<td>$1,200</td>
<td>$1,800</td>
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<tr>
<td>Hospital Surgeon Benefits, per Calendar Day</td>
<td>Essential</td>
<td>Choice</td>
</tr>
<tr>
<td>Benefit varies by Procedure, range is:</td>
<td>$64‑$6,400</td>
<td>$64‑$6,400</td>
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<tr>
<td>Hospital Anesthesiologist Surgery Benefit (% of Surgeon’s Fee Benefit)</td>
<td>$16‑$1,600</td>
<td>$16‑$1,600</td>
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1Maximum of two Daily Benefits per Insured, per Membership Year

### Lifetime Maximum

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<tr>
<th>Specified Disease/ Illness</th>
<th>Accident</th>
<th>Benefits Paid Per Member</th>
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<tbody>
<tr>
<td>Lifetime Maximum per Insured</td>
<td>Essential</td>
<td>Choice</td>
</tr>
<tr>
<td>Benefit per Insured, per Membership Year up to a maximum of</td>
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<td>$1,000,000</td>
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</table>
BLANKET GROUP SPECIFIED DISEASE/ILLNESS PLAN NON-COVERED ITEMS AT A GLANCE

Coverage under the 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 the Blanket Group Specified Disease/Illness Insurance Policy. In addition, the 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 the 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 the Blanket Group Specified Disease/Illness Insurance Policy;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured’s coverage under 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 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;
- Specified Diseases/Ilnesses due to any act of war (whether declared or undeclared);
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- 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;
- 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 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 and medical services Provided an Insured in treatment of a Specified Disease/Ilness 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 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 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 the Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to the 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 the Blanket Group Specified Disease/Illness Insurance Policy;
- Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
- 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, hematins, 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;
- 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 breast augmentation or 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 of illegal drugs or substances;
- any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
### BLANKET GROUP SPECIFIED DISEASE/ILLNESS PLAN NON-COVERED ITEMS AT A GLANCE CONT'D

- 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 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 the Blanket Group Specified Disease/Illness Insurance Policy.

### BLANKET GROUP ACCIDENT PLAN NON-COVERED ITEMS AT A GLANCE

Coverage under the Blanket Group Accident Only Insurance Policy is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of the Blanket Group Accident Only Insurance Policy. In addition, the 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 the 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 the 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 was 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);
- 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 the Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to the 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, lasky 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 the Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to the 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 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;
BLANKET GROUP ACCIDENT PLAN NON-COVERED ITEMS AT A GLANCE CONT’D

- any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
- any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any treatment, care, procedures, services or supplies (including Prescriptions) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
- any contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
- any 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, and
- any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the Blanket Group Accident Only Insurance Policy.

BLANKET GROUP SPECIFIED DISEASE/ILLNESS PLAN NON-WAIVER

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

- constitute a waiver of or modification to any conditions, terms, definitions or limitations contained in the Blanket Group Specified Disease/Insurance Policy, specifically including, but not by way of limitation, the definition of Specified Diseases/Illnesses, Specified Disease/Illness, Medical Necessity or Covered Expenses, the limitation of coverage under the Blanket Group Specified Disease/Insurance Policy for Pre-existing Conditions, as well as any exclusion, limitation and/or exclusionary riders which may be attached to the Blanket Group Specified Disease/Insurance Policy, or otherwise operate to alter, amend, affect, abridge or modify the Blanket Group Specified Disease/Insurance Policy to which it is attached;
- create or establish coverage of any medical condition, illness, or disease under the Blanket Group Specified Disease/Insurance Policy or under any exclusion, limitation and/or exclusionary riders which may be attached to the Blanket Group Specified Disease/Insurance Policy; or
- affect, alter, amend, abridge, constitute or act as a waiver of the Company’s ability to rely upon, asset and apply such terms, definitions, limitations or exclusions of the Blanket Group Specified Disease/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 the 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, asset 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 the Blanket Group Specified Disease/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/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 the 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 Specified Disease/Insurance 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. The 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 as an authorized and enrolled member of ABC. The Blanket Group Specified Disease/Insurance and Accident Insurance is subject to the definitions, terms, conditions, limitations, and exclusions set forth in the master group policy, issued to ABC, which is summarized and 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. THE COVERAGE UNDER THE BLANKET GROUP SPECIFIED DISEASE/ILLNESS & 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 INSURED 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
- an expense that exceeds the amount of the Lifetime Maximum Benefit.

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.

Blanket Group Specified Critical Illness & Specified Critical Illness Surgery Benefit

<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>Maximum Critical Illness One Time, 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>

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.
<table>
<thead>
<tr>
<th>Accident Excess Medical Expense Benefit¹,²</th>
<th>Essential</th>
<th>Choice</th>
<th>Premium</th>
<th>Prime</th>
<th>Executive Prime</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accidental Death &amp; Dismemberment Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Insured</td>
</tr>
<tr>
<td>Spouse</td>
</tr>
<tr>
<td>Children (per Child)</td>
</tr>
</tbody>
</table>

**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;  
- 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 any other valid insurance coverage, health plan, automobile medical payments coverage, government provided coverage, workers compensation coverage or any other employer/employee liability coverage.  
- 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;
NON-COVERED ACCIDENT AND ACCIDENTAL DEATH & DISMEMBERMENT ITEMS AT A GLANCE CONT’D

- 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 Specified Disease/Illness 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 Specified Disease/Illness 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.