SecureAdvantage
A Custom-Tailored Approach to Sickness ★ Accident Coverage

Only Available in Your State From Freedom Life Insurance Company of America, a Member of the USHEALTH® Group Family of Companies.

Affordable Health Coverage Built Just For You! © 2014 USHEALTH Group, Inc. - ALL RIGHTS RESERVED.
Experienced

- Over 50 collective years of industry experience.
- Over 15 MILLION customers helped and served.

Dependable

- Over 1 billion dollars in CLAIMS PAID!
- Average claim paid in LESS THAN 10 CALENDAR DAYS! \(^2\)

Personalized

- Dedicated PROFESSIONAL insurance agents to help You navigate the complexities of Your insurance purchase!
- PERSON to PERSON CUSTOMER SERVICE — You don’t have to talk to a machine!

Innovative

- Pioneered long-term fixed-rates to help keep Your coverage affordable.
- Access to online tools and resources so You can make informed decisions about Your healthcare.
- We offer two distinct Plans that, when packaged together, work in harmony to provide coverage that is both affordable and flexible.
- ONLY FROM USHEALTH Group, Inc. - These unique insurance plans are copyrighted.

\(^1\)National Federation of Independent Business website, 2014.
\(^2\)2012 Analysis of Major Medical Expense Claims Processing Time by insurance subsidiaries of USHEALTH Group
OUR CONCEPT
A Tailored Approach to Insurance
Coverage that Fits Like it’s Made Just for You

SECUREADVANTAGE

Sickness Plan

Select
Your Sickness Coverage to ensure the right level of Protection for Yourself and Your family.

Accident Plan

Add
Customized Accident Coverage for life’s unpredictable moments.

The SecureAdvantage Difference

• Lock in Your rates for 12, 24 or 36 months
  Ask Your Agent how You can lock in Your rates for up to 36 months!*

• Flexible Deductible Choices
  Choose the most appropriate deductible to meet Your needs and Your budget for Your Sickness coverage and Your Accident coverage.

• The SecureAdvantage Sickness Plans & SecureAdvantage Accident Plans are not essential health benefits plans.**

• Increasing Lifetime Maximum for both Sickness & Accident coverage
  Get rewarded for Your Good Health with Our Increasing Lifetime Maximum for Sickness and Accident coverage.

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

• Reinsured with a reinsurer rated A by AM Best.

• Portable coverage
  You can take it with You even if You move or change jobs.

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

**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 21 of this brochure for details). The SecureAdvantage Sickness Plans and SecureAdvantage Accident Plans are insurance plans which provide benefits on an expense incurred basis up to an annual/lifetime maximum 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. SecureAdvantage Sickness Plans and SecureAdvantage 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 SecureAdvantage Sickness Plans and/or SecureAdvantage 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 21 of this brochure for details).
SecureAdvantage
Build Security for Yourself & Your Family

1. Select Your Sickness Plan
   - Deductible
   - Coinsurance
   - Calendar Year Maximum

2. Add Our Optional Accident Plan
   - Deductible
   - Coinsurance
   - Calendar Year Maximum

3. Lock In Your Rates for
   - 12 Months
   - 24 Months
   - 36 Months

4. Complete Your Protection with Our Other Optional Supplemental Coverage Such as
   - SecureDental¹ Dental Insurance
   - MedGuard¹ Critical Illness Protection
   - Accident Protector¹ Excess Medical Accident Insurance
   - LifeProtector¹ Term Life Insurance
   - IncomeProtector¹ Short Term Accident/Disability Insurance

¹These optional plans are also underwritten by Freedom Life Insurance Company of America. Exclusions and limitations apply. Not available in all states.
With Over 900,000 Bankruptcies Each Year Caused by Medical Bills¹...

You Need to **KNOW** You are Covered for Sickness from Head to Toe!!
The **SecureAdvantage Sickness Plan** covers sicknesses in all systems of the human body.²

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### Just a Few Examples of Covered Major Sicknesses

<table>
<thead>
<tr>
<th><strong>Heart Attacks</strong></th>
<th><strong>Cancers</strong></th>
<th><strong>Strokes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leading Cause of Death</strong> in the US is Heart Disease (<strong>25.4%</strong>)</td>
<td><strong>2nd Leading Cause of Death</strong> in the US (<strong>23.2%</strong>)</td>
<td><strong>3rd Leading Cause of Death</strong> in the US (<strong>5.6%</strong>)</td>
</tr>
</tbody>
</table>

¹CNN Health, Study by the American Journal of Medicine

²Subject to Exclusions and Limitations of the Plan (see pages 19-21).

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The SecureAdvantage Sickness plan provides benefits for covered sicknesses, but unlike a major medical plan, it does not cover accidental bodily injuries or wellness exams. If accident or wellness coverage is appropriate for you and/or your family, please ask your agent for details on available options.
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 21 of this brochure for details). The SecureAdvantage Sickness Plans are insurance plans which provide benefits on an expense incurred basis up to an annual/lifetime maximum 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. SecureAdvantage Sickness 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 SecureAdvantage Sickness 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 21 of this brochure for details).

**SICKNESS COVERAGES**

**Benefits Provided for Covered Sicknesses:**
- Hospital Confinement: semi-private daily room and board
- Intensive Care Unit
- Hospital miscellaneous medications, prescription drugs, services and supplies
- Surgery
- Primary Surgeon
- Assistant Surgeon
- Anesthesiologist or Nurse Anesthetist
- Pathologist Fees
- Breast Reconstruction
- Radiation, Chemotherapy, Occupational Therapy, Rehabilitation and Speech Therapy
- Inpatient/Outpatient Laboratory and Diagnostic Tests - subject to $250 Laboratory and Diagnostic Testing Access Fee for MRI, CAT Scan, Myelogram & Nuclear Imaging
- Emergency Room Services - subject to $250 Emergency Room Access Fee (Emergency Room Access Fee waived on Hospital Admission)
- Emergency Transportation to Hospital by Ambulance
- Outpatient Surgery at a Hospital or Ambulatory Surgical Center
- Diabetes Equipment, Supplies and Self-Management Training
- Medical Equipment and Supplies

**Additional Benefits Provided for Covered Sicknesses:**
- Provides up to 60 Provider visits per Hospital Confinement, including 1 Provider visit per day for each treating Provider while the Insured is hospitalized
- Second Surgical Opinion: Up to $250 of professional fees
- Physical Therapy: Covered up to 25 treatments or $2,000 per Calendar Year, per Insured
- Organ Transplants: Covered up to $500,000 Lifetime Maximum*, including up to $10,000 per transplant for the harvesting of applicable donor organs or donor bone marrow
- Home Health Care: Covered up to 60 days during a 12 month period rendered pursuant to a Provider’s written order, under a Home Health Care Plan established by the Provider in collaboration with a Home Health Care Agency
- Hospice Care: Covered up to a maximum of 3 Benefit Periods. Benefits for Core Services and Homemaker Services limited to a Hospice Per Diem Rate of $150. Benefits also include bereavement support for a maximum benefit of $1400
- Skilled Nursing Home: Covered up to 120 days in a 12 month period

*Unlimited Lifetime Transplant Maximum available
Select Your Calendar Year Deductible for Participating Providers (PPO)\(^1,2\):

- $3,000
- $6,000
- $9,000
- $12,000
- $15,000

Choose Your Coinsurance Option\(^3,4\):

<table>
<thead>
<tr>
<th>In-network Coinsurance Options</th>
<th>In-network Out of Pocket Maximum</th>
<th>Out-of-network Coinsurance Options</th>
<th>Out-of-network Out of Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% - 20%</td>
<td>$4,000</td>
<td>60% - 40%</td>
<td>$16,000</td>
</tr>
<tr>
<td>70% - 30%</td>
<td>$7,500</td>
<td>50% - 50%</td>
<td>$25,000</td>
</tr>
<tr>
<td>60% - 40%</td>
<td>$10,000</td>
<td>50% - 50%</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

Select Your Maximums Per Insured:

- Unlimited Lifetime Policy/Unlimited Lifetime Transplant Maximums Per Insured
- $5,000,000 Lifetime Policy/$5,000,000 Lifetime Transplant Maximums Per Insured
- $5,000,000 Lifetime Policy Maximum with a $500,000 Lifetime Transplant/$250,000 Calendar Year Maximum Per Insured
- $5,000,000 Lifetime Policy Maximum with a $500,000 Lifetime Transplant/$100,000 Calendar Year Maximum Per Insured

Choose Your Premium Rate Guarantee Period. Lock In Your Rate:\(^5\)

- for 12 months
- for 24 months
- for 36 months \(\textbf{Best Value}\)

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\(^1\)When 3 Insureds satisfy the Sickness Plan’s Calendar Year Deductible, no additional Calendar Year Deductible for the Sickness Plan will be required for the remainder of the Calendar Year.

\(^2\)An additional deductible equal to Your Calendar Year Deductible is required for Non-PPO Providers.

\(^3\)Subject to any coverage limits of this plan and after satisfaction of the Sickness Plan’s Calendar Year Deductible selected above, as well as payment of Access Fees, the Insurer is responsible for paying the applicable coinsurance percentage for all Covered Expenses incurred during the Calendar Year.

\(^4\)Does not include Calendar Year Deductible or Access Fees.

\(^5\)The Premium Rate Guarantee Period does not apply to any rate change due to: change of address; addition of Insureds; change of benefits or options; change of Mode Of Premium Payment; different Participating Provider network; Participating Provider network availability, negotiated discounts, or its relationship to the Company; policy coverage, benefits, limitations, exclusions or premium change; requirements of any federal or state law.
Non Fatal Injuries Resulted in $111 Billion in Medical Costs.¹

When Accidents Happen
Count on Your SecureAdvantage Accident Plan to Cover Your Accidental Bodily Injury Medical Costs.²

¹Centers for Disease Control and Prevention Data and Statistics: Cost of Injury Reports, Unintentional Non-Fatal Injuries, U.S., both sexes, all ages, most recent data available as of October, 2014.
²Subject to Exclusions and Limitations of the Plan (see pages 19-21).
Sickness ★ Accident

**Accident Coverages**

**Benefits Provided for Covered Accidents:**

- Hospital Confinement: semi-private daily room and board
- Intensive Care Unit
- Hospital miscellaneous medications, prescription drugs, services and supplies
- Surgery
- Primary Surgeon
- Assistant Surgeon
- Anesthesiologist or Nurse Anesthetist
- Occupational Therapy, Rehabilitation and Speech Therapy
- Inpatient/Outpatient Laboratory and Diagnostic Tests
  - subject to $250 Laboratory and Diagnostic Testing Access Fee for MRI, CAT Scan, Myleogram & Nuclear Imaging
- Emergency Room Services
  - subject to $250 Emergency Room Access Fee
  (Emergency Room Access Fee waived on Hospital Admission)
- Emergency Transportation to Hospital by Ambulance
- Outpatient Surgery at a Hospital or Ambulatory Surgical Center
- Medical Equipment and Supplies

**Additional Benefits Provided for Covered Accidents:**

- Provides up to 60 Provider visits per Hospital Confinement, including 1 provider visit per day for each treating Provider while the Insured is hospitalized
- Second Surgical Opinion: Up to $250 of professional fees
- Physical Therapy: Covered up to 25 treatments or $2,000 per Calendar Year per Insured
- Organ Transplants: Covered up to $500,000 Lifetime Maximum*, including up to $10,000 per transplant for the harvesting of applicable donor organs or donor bone marrow
- Home Health Care: Covered up to 120 days in a 12 month period
- Hospice Care: Covered up to 6 consecutive months
- Skilled Nursing Home: Covered up to 120 days in a 12 month period

*Unlimited Lifetime Transplant Maximum available

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 21 of this brochure for details). The SecureAdvantage Accident Plans are insurance plans which provide benefits on an expense incurred basis up to an annual/lifetime maximum 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. SecureAdvantage 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 SecureAdvantage 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 21 of this brochure for details).
Customize Your Calendar Year Deductible for Participating Providers (PPO)\(^1,2\):

- $1,500
- $7,500
- $3,000
- $9,000
- $4,500
- $12,000
- $6,000
- $15,000

Choose Your Coinsurance Option\(^3,4\):

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Select Your Maximums Per Insured:

- Unlimited Lifetime Policy/Unlimited Lifetime Transplant Maximums Per Insured
- $5,000,000 Lifetime Policy/$5,000,000 Lifetime Transplant Maximums Per Insured
- $5,000,000 Lifetime Policy Maximum with a $500,000 Lifetime Transplant/$250,000 Calendar Year Maximum Per Insured
- $5,000,000 Lifetime Policy Maximum with a $500,000 Lifetime Transplant/$100,000 Calendar Year Maximum Per Insured

Choose Your Premium Rate Guarantee Period. Lock In Your Rate:\(^5\)

- for 12 months
- for 24 months
- for 36 months

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\(^1\) When 3 Insureds satisfy the Accident Plan’s Calendar Year Deductible, no additional Calendar Year Deductible for the Accident Plan will be required for the remainder of the Calendar Year.

\(^2\) An additional deductible equal to Your Calendar Year Deductible is required for Non-PPO Providers.

\(^3\) Subject to any coverage limits of this plan and after satisfaction of the Accident Plan’s Calendar Year Deductible selected above, as well as payment of Access Fees, the Separate Deductible For Non-Participating Providers. The Insured is responsible for paying the applicable coinsurance percentage for all Covered Expenses incurred during the Calendar Year.

\(^4\) Does not include Calendar Year Deductible or Access Fees.

\(^5\) The Premium Rate Guarantee Period does not apply to any rate change due to: change of address; addition of Insureds; change of benefits or options; change of Mode Of Premium Payment; different Participating Provider network; Participating Provider network availability, negotiated discounts, or its relationship to the Company; policy coverage, benefits, limitations, exclusions or premium change; requirements of any federal or state law.
SecureDental Offers 3 Plans:

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

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

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

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

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

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

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

See Brochure for a complete listing of SecureDental Benefits

*Not available in all states. Limitations, Waiting Periods and Exclusions apply. SecureDental has a separate brochure. If interested in this coverage, please see the SecureDental brochure and Policy for complete details.
FACTS:

- Men have a 1-in-2 lifetime risk of getting cancer. Women have a 1-in-3 lifetime risk.\(^1\)
- There are 9.6 million cancer survivors in the U.S.\(^2\)
- 1.4 million heart attacks occur each year — that’s one every 33 seconds!\(^3\)
- There are 14 million heart attack survivors in the U.S.\(^3\)
- About 700,000 Americans will have a stroke this year — that’s one every 45 seconds!\(^3\)

\(^1\)Surveillance, Epidemiology and End Results (SEER) Program, National Cancer Institute.
\(^2\)American Cancer Society, Cancer Facts & Figures
\(^3\)American Heart Association, Heart Disease and Stroke Statistics

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

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

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

Fill in the gap between Your Sickness Plan’s Calendar Year Deductible, Access Fees, and out-of-pocket Coinsurance expenses!

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

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

<table>
<thead>
<tr>
<th>Protect</th>
<th>Your assets from being spent on recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replace</td>
<td>lost income for You and Your care-giving spouse</td>
</tr>
<tr>
<td>Pay</td>
<td>Your mortgage or other obligations</td>
</tr>
<tr>
<td>Pay</td>
<td>out-of-pocket or medical expenses not covered by insurance</td>
</tr>
<tr>
<td>Pay</td>
<td>for experimental treatment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pay COBRA or other insurance premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay home healthcare expenses</td>
</tr>
<tr>
<td>Pay tuition expenses if You need to return to school</td>
</tr>
<tr>
<td>Reduce Your debt</td>
</tr>
<tr>
<td>Maintain Your Family’s lifestyle</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pay Your taxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay travel and temporary housing expenses for You and Your Family while receiving care away from home</td>
</tr>
<tr>
<td>Pay for childcare</td>
</tr>
<tr>
<td>Finance or protect Your children’s college tuition</td>
</tr>
<tr>
<td>Maintain Your business during recovery</td>
</tr>
</tbody>
</table>

**EASY Monthly Premium Options**

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

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

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

*Not available in all states. Limitations and Exclusions apply. The MedGuard Plan has a separate brochure. If interested in this coverage, please see the MedGuard brochure and Policy for complete details.*
FACTS:

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

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

America’s Choice Accident Protector provides extra coverage to help fill in the gap between Your Accident Plan’s Calendar Year Deductible, Access Fees, and out-of-pocket Coinsurance expenses!

<table>
<thead>
<tr>
<th>Excess Medical Expense Coverages:*</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Medically Necessary Treatment by a Physician</td>
</tr>
<tr>
<td>✓ Medically Necessary Treatment by a Nurse</td>
</tr>
<tr>
<td>✓ Diagnostic Tests &amp; X-Rays</td>
</tr>
<tr>
<td>✓ Oxygen</td>
</tr>
<tr>
<td>✓ Rental of Durable Medical Equipment for a Covered Accident or Injury</td>
</tr>
<tr>
<td>✓ Prescription Drugs &amp; Compounded Prescription Drugs</td>
</tr>
<tr>
<td>✓ Medically Necessary Treatment by a Dentist</td>
</tr>
</tbody>
</table>

*Benefits are subject to Your Excess Medical Expense Deductible per Accident per Insured.
Utilize Accident Protector to provide You with a financial advantage:

✓ Provides lump sum payouts if Your Injury is due to an accident and results in a loss.

✓ Helps cover the cost of deductibles, co-pays, and other expenses not covered by insurance.

Accidental Death and Dismemberment¹
Unintentional Injuries continue to be the fifth leading cause of death in America. With Accident Protector, if an Insured’s Injury results in a loss, We will pay You up to 100% of the AD&D maximum² based on this schedule:

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

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

Up to $4,000 per Accident per Insured

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

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

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

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

¹Benefits reduce by 50% on the 65th birthday of the Primary Insured and the spouse of the Primary Insured.

²AD&D Maximum equal to Excess Medical Expense Coverage Maximum Benefit selected.

Not available in all states. Limitations and Exclusions apply. The Accident Protector Plan has a separate brochure. If interested in this coverage, please see the Accident Protector brochure and Policy for complete details.
LifeProtector
Renewable Term Life Insurance

Provide Peace of Mind for Your Loved Ones

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

\(^1\)National Safety Council

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

LifeProtector is the Right Choice!

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

Advantages of America’s Choice LifeProtector

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

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

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

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

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

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

Not available in all states. Limitations and Exclusions apply. The LifeProtector Plan has a separate brochure. If interested in this coverage, please see the LifeProtector brochure and Policy for complete details.
Dental ★ Critical Illness ★ Excess Accident ★ Term Life ★ Disability

IncomeProtector
Short Term Accident Disability Insurance

Protect against the unexpected

How long could you Survive Financially Without a Paycheck?

• 49% of workers would have difficulty supporting themselves within one month of becoming disabled.¹

• In the U.S., a disabling injury occurs every second.²

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

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

Protect your income

In 3 Easy Steps!

1. Choose your elimination period
   - 14 Days
   - 30 Days

2. Choose your monthly total disability benefits
   - $500
   - $1,000
   - $1,500

3. Choose your maximum period for benefit payments
   - 3 months
   - 6 months
   - 12 months

Not available in all states. Limitations and Exclusions apply. The IncomeProtector Plan has a separate brochure. If interested in this coverage, please see the IncomeProtector brochure and policy for complete details.
SICKNESS ★ ACCIDENT

ADDITIONAL FEATURES

ANNUAL INCREASE IN LIFETIME MAXIMUM
The Sickness Plan and the Accident Plan each provide a $250,000 increase in the amount of their applicable Lifetime Policy Maximum Per Insured on each anniversary of the Issue Date when the amount of billed charges submitted to Us under the applicable plan in the prior year for all Insureds on that plan is less than the amount of Your Calendar Year Deductible for that plan. A $125,000 increase in the Lifetime Maximum Per Insured is provided under the Sickness Plan and the Accident Plan if the amount of billed charges submitted under the applicable plan is less than twice the amount of the Calendar Year Deductible. The total amount of benefit increases in the Lifetime Policy Maximum Per Insured under each plan is $2 million.¹

PREMIUM RATE ADJUSTMENTS
We will not raise Your premium rates on the Sickness Plan or the Accident Plan on an individual basis due to Your personal claims experience under the applicable plan. We may raise Your premium rates on Your Renewal Premium Class for all Policies under the applicable plan in Your state. Renewal Premiums under the applicable plan are calculated based on a variety of factors, some of which are: plan of coverage, age, place of residence, number of dependents, change in network or negotiated discounts, past claims experience of Your Renewal Premium Class, inflationary trends, anticipated advances in medical diagnosis, delivery and treatment and other reasons permitted by state law. Rates for individuals of the same sex and age may vary by Issue Date. Insureds are always free to request and apply for new underwritten coverage on this or other available plans.¹

TERMINATION AND RENEWABILITY
Coverage is guaranteed renewable under the Sickness Plan and the Accident Plan except when:
You are no longer an eligible individual; premium was due and not paid; You terminate coverage for such plan by notifying Us of the date You desire coverage to terminate for such plan and specify the Insured whose coverage is to terminate; We are required by the order of an appropriate regulatory authority to non-renew or cancel the Policy for such plan; We cease offering and renewing coverage of the same form of coverage as the Policy for such plan in Your state as described in Termination of Coverage for such plan; the total amount of any Benefit payments made by Us are equal to the lifetime maximum for such plan; or the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for the Policy for such plan or in filing a claim for Benefits under the Policy.¹

¹See the applicable Sickness Plan or Accident Plan Policy of coverage for details.
LIMITATIONS-WAITING PERIODS – SICKNESS PLAN

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

- Any treatment, medical service, surgery, medication, equipment, claim, loss or expense received, purchased, leased or otherwise incurred as a result of an Insured’s Pre-existing Condition is not covered under the Policy unless such treatment, medical service, surgery, medication, equipment, claim, loss or expense constitutes Covered Expenses incurred by such Insured more than twelve (12) months after the Issue Date, and such treatment, medical service, surgery, medication, equipment, claim, loss or expense are not otherwise limited or excluded by the Policy or any riders, endorsements, or amendments attached to the Policy;

- Pre-existing Condition means a condition, whether physical or mental, and regardless of the cause: 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 Policy for the Insured incurring the expense;

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

- If as the result of an Emergency treatment of a Specified Disease services are rendered for an Insured by a Non-Participating Provider when a Participating Provider was not reasonably available in connection with either: (i) on an Outpatient basis in the emergency room of a Hospital, or (ii) an Emergency Inpatient admission to a Hospital, then the Covered Expenses incurred will be reimbursed by Us as if such Non-Participating Provider were a Participating Provider up to the point when the Insured can be safely transferred to a Participating Provider. If the Insured refuses or is unwilling to be transferred to the care of a Participating Provider after such Insured can be safely transferred, then reimbursement shall thereafter be reduced to the Company’s Insurance Percentage for Non-Participating Providers; and

- Specified Disease Benefits under the 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 charges 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.

LIMITATIONS-WAITING PERIODS – ACCIDENT PLAN

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

- If as the result of an Emergency treatment of an Accidental Bodily Injury services are rendered for an Insured by a Non-Participating Provider when a Participating Provider was not reasonably available in connection with either: (i) on an Outpatient basis in the emergency room of a Hospital, or (ii) an Emergency Inpatient admission to a Hospital, then the Covered Expenses incurred will be reimbursed by Us as if such Non-Participating Provider were a Participating Provider up to the point when the Insured can be safely transferred to a Participating Provider. If the Insured refuses or is unwilling to be transferred to the care of a Participating Provider after such Insured can be safely transferred, then reimbursement shall thereafter be reduced to the Company’s Insurance Percentage for Non-Participating Providers; and

- Accidental Bodily Injury Benefits under the 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 charges 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.

NON-COVERED ITEMS AT A GLANCE – SICKNESS PLAN AND ACCIDENT PLAN

- any cost item, charge or expense which does not constitute Covered Expenses;
- medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Policy Issue Date;
- medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under the 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 Policy Maximum Per Insured;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured which exceed the Lifetime Transplant Maximum Per Insured for all Solid Organ Transplants, Bone Marrow Transplants, and Stem Cell Transplants received by each Insured including any applicable expense for professional fees and facility fee incurred in connection with harvesting the applicable donor organ or donor bone marrow for the purposes of such transplantation;
- any Prescription Drugs;
- 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 provided, 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 are not legally liable for payment;
any treatment received outside of the United States, except as provided for in the EXTRATERRITORIAL MEDICAL EXPENSES provision; and
any services or supplies for personal convenience, including custodial care or homemaker services, except as provided for in the Policy.

ADDITIONAL NON-COVERED ITEMS AT A GLANCE – SICKNESS PLAN

• 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 compulsions 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 autism;
• 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; and
• any contraceptives, oral or otherwise, whether medication or device, regardless of intended use.

ADDITIONAL NON-COVERED ITEMS AT A GLANCE – ACCIDENT PLAN

• any damage or harm to the physical structure of the body of an Insured occurring while the Insured was covered under the Policy.

SICKNESS ★ ACCIDENT
• 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 in treatment of a Bodily Injury; (ii) to correct a normal bodily function in connection with the treatment of a covered Bodily Injury; or (iii) such cosmetic surgery constitutes Breast Reconstruction that is incidental to a Mastectomy performed in treatment of a Bodily Injury; provided any of the above occurred while the Insured was covered under the Policy;
• any damage or harm to the physical structure of the body of an Insured received as a result of any voluntary or elective surgical procedure, including breast reduction or augmentation or other cosmetic procedure;
• any damage or harm to the physical structure of the body of an Insured received as a result of any voluntary sterilization procedure or sterilization reversal procedure;

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

Mandatory Dispute Resolution
The Policy contains Mandatory Dispute Resolution Procedures for the prompt, fair and efficient resolution of any Dispute. This provision provides for the parties to first attempt to achieve resolution of any Dispute through negotiation. If the parties cannot reach an agreement through negotiation, this provision provides for resolution to be then attempted through non-binding mediation. Finally, if the parties cannot reach an agreement through mediation, this provision provides for a neutral arbitrator to assist the parties with resolution through mandatory, binding arbitration.
The information shown here, and in any accompanying literature is a brief description only and does not contain the full specifications, limits, and exclusions applicable to the coverage. Important limitations, reductions, and exclusions will apply. The Policy sets forth, in detail, the rights and obligations of both You and the insurance company, and only the Policy defines and controls the rights and obligations of the parties. It is, therefore, important that You READ THE Policy CAREFULLY!

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