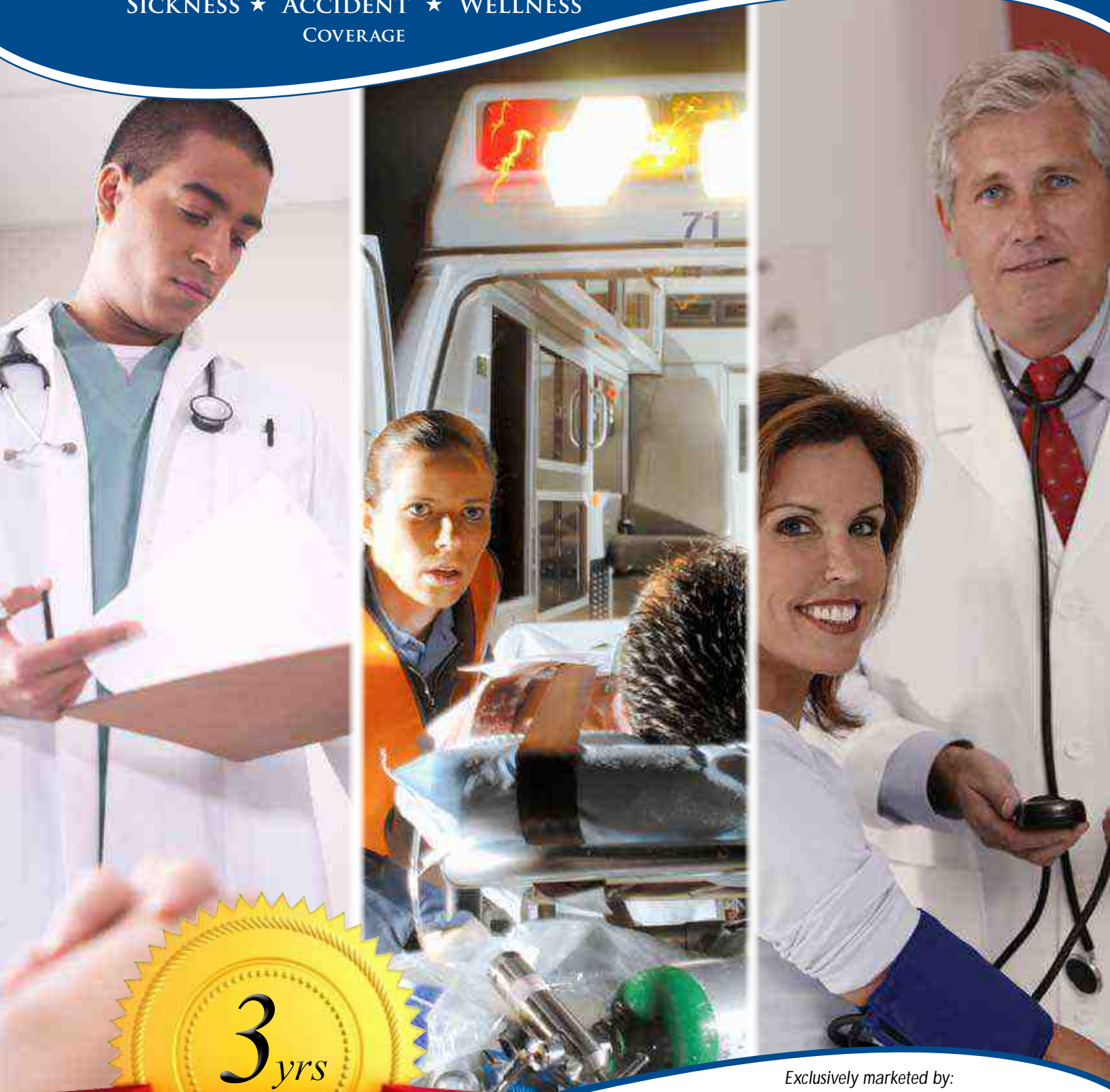


SECURE ADVANTAGE

A COMPREHENSIVE APPROACH TO
SICKNESS ★ ACCIDENT ★ WELLNESS
COVERAGE

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



3 yrs

Lock in Your Rate Up to

Exclusively marketed by:



Affordable Health Coverage Built Just For You!

© 2011 USHEALTH Group, Inc. - ALL RIGHTS RESERVED.

THE COST OF HEALTH COVERAGE IS THE #1 CONCERN
OF SMALL BUSINESS OWNERS.¹

Affordable CUSTOM TAILORED COVERAGE

From Freedom Life, a Company You Can Count On!

As a valued member of the Consumers Independent Association, you are entitled to apply for coverage under Freedom Life's Medical Plans issued to the Association. The SecureAdvantage Package is only available to our Members.

Experienced

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

Dependable

- Over 1 billion dollars in CLAIMS PAID!
- Average claim paid in 7 DAYS OR LESS!²

Personalized

- Dedicated PROFESSIONAL insurance agents to help You navigate the complexities of Your health 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 three distinct Plans that, when packaged together, work in harmony to provide coverage that is both affordable and comprehensive.
- ONLY FROM USHEALTH Group, Inc. - These unique, comprehensive health insurance plans are copyrighted. No other Association in America offers them!



¹National Federation of Independent Business; 2008 Survey of Small Business Owners.

²2010 Analysis of Major Medical Expense Claims Processing Time by insurance subsidiaries of USHEALTH Group

OUR CONCEPT

*A Tailored Comprehensive Approach to Health Insurance
Coverage that Fits Like it's Made Just for You*

Because it is!

SECURE ADVANTAGE

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.

WELLNESS PLAN

Enhance

Your Protection package with **first dollar Health Benefits for Doctor office visits, Prescription Drugs and Wellness.**

Advantages

- **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!
- **First Dollar coverage under the Wellness Plan for Outpatient Doctor visits & Prescriptions**
Special "rollover" feature; if You don't use Your benefits, You don't lose them!
- **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.
- **Not subject to federal healthcare reform mandates**
Avoid paying for coverage You don't want or need.



SECURE ADVANTAGE

Personalize Your Protection

In **5** Easy Steps!

1
Select Your
Sickness
Plan

- Deductible
- Coinsurance
- Calendar Year Maximum

2
Add Our Optional
Accident
Plan

- Deductible
- Coinsurance
- Calendar Year Maximum

3
Enhance Your Coverage
with Our Optional
First Dollar
Wellness
Plan

- Prescriptions
- Doctor Office Visits
- Wellness Visits

4
Lock In
Your Rates for

- 12 Months
- 24 Months
- 36 Months**



5
Complete
Your Protection with
Our Other Optional
Supplemental Coverage
Such as

- ✓ MedGuard Critical Illness Protection
- ✓ Accident Protector Excess Medical Accident Insurance
- ✓ LifeProtector Term Life Insurance
- ✓ Dental Dental Insurance
- ✓ IncomeProtector Short Term Accident/Disability Insurance

With Over 900,000 Bankruptcies Each Year Caused by Medical Bills¹...

You Need to **KNOW** You are Covered from Head to Toe!!

The **SecureAdvantage Sickness Plan** covers all these conditions ... plus many, many more²!

Covered Major Sicknesses

All Heart Attacks

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

- There Are 1.5 Million Heart Attacks Each Year
- 6 Million Hospitalizations Each Year Are Due to Cardiovascular Disease

~U.S. CDC National Vital Statistics Reports: Vol. 58, No. 19

All Cancers

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

- 1.5 Million New Cancer Cases Each Year
- On Average, 1 in 2 Men and 1 in 3 Women Will Develop Some Form of Cancer in Their Lifetime

~U.S. CDC National Vital Statistics Reports: Vol. 58, No. 19

All Strokes

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

- 795,000 People Suffer a Stroke Each Year in the US
- Nearly 25% of All Strokes Occur in People Under Age 65

~U.S. CDC National Vital Statistics Reports: Vol. 58, No. 19

Covered Sicknesses

<ul style="list-style-type: none"> All Bacterial & Viral Infections, Including <ul style="list-style-type: none"> ✓ Pneumonia/Influenza ✓ Meningitis ✓ Lyme Disease ✓ Strep Throat ✓ Viral Encephalitis All Cancers, Including <ul style="list-style-type: none"> ✓ Breast Cancer ✓ Skin Cancer ✓ Leukemia ✓ Prostate Cancer ✓ Lung Cancer ✓ Brain Cancer ✓ Hodgkin's Disease ✓ Lymphoma ✓ Colon/Colorectal Cancer All Cardiovascular Diseases, Including <ul style="list-style-type: none"> ✓ Coronary Artery Disease ✓ High Blood Pressure ✓ Heart Attack ✓ Heart Murmur ✓ Congestive Heart Failure ✓ Mitral Valve Prolapse ✓ Embolism All Complications of Pregnancy, Including <ul style="list-style-type: none"> ✓ Non-elective Emergency Cesarean Section ✓ Miscarriage All Ear Nose & Throat Diseases, Including <ul style="list-style-type: none"> ✓ Ear Infections ✓ Chronic Tonsillitis All Endocrine System Diseases, Including <ul style="list-style-type: none"> ✓ Diabetes ✓ Thyroid Disorders All Eye Diseases, Including <ul style="list-style-type: none"> ✓ Glaucoma ✓ Cataracts 	<ul style="list-style-type: none"> All Gastrointestinal Diseases, Including <ul style="list-style-type: none"> ✓ Gastritis/Ulcer/Colitis ✓ GERD ✓ Hiatal Hernia ✓ Hemorrhoids ✓ Crohn's Disease All Kidney & Urinary Tract Diseases, Including <ul style="list-style-type: none"> ✓ Kidney Stones ✓ Urinary Tract Infections (UTIs) ✓ Renal Failure All Liver & Biliary Tract Diseases, Including <ul style="list-style-type: none"> ✓ Gallstones ✓ Hepatitis All Musculoskeletal Diseases, Including <ul style="list-style-type: none"> ✓ Osteoarthritis ✓ Rheumatoid Arthritis ✓ Arthritis ✓ Osteoporosis ✓ Carpal Tunnel Syndrome ✓ Degenerative Disc Disease (Herniated or Slipped Disc) All Brain & Nervous System Diseases, Including <ul style="list-style-type: none"> ✓ Stroke ✓ Multiple Sclerosis ✓ Migraine ✓ Muscular Dystrophy ✓ Epilepsy/Seizures ✓ Parkinson's Disease ✓ Dementia/Alzheimer's All Pulmonary Diseases, Including <ul style="list-style-type: none"> ✓ Allergies/Asthma/Emphysema ✓ Cystic Fibrosis ✓ Chronic Bronchitis ✓ Sleep Apnea All Reproductive System Diseases, Including <ul style="list-style-type: none"> ✓ Endometriosis ✓ Ovarian Cysts ✓ Prostate Disease All Skin Diseases, Including <ul style="list-style-type: none"> ✓ Eczema/Psoriasis/ Dermatitis
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¹CNN Health, Study by the American Journal of Medicine

²Subject to Exclusions and Limitations of the Plan (see pages 24-27).

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, 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
- 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 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



BENEFIT OPTIONS

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:}

In-network Coinsurance Options	In-network Out of Pocket Maximum	Out-of-network Coinsurance Options	Out-of-network Out of Pocket Maximum
<input type="checkbox"/> 80% - 20%	\$3,000	60% - 40%	\$12,000
<input type="checkbox"/> 70% - 30%	\$6,000	50% - 50%	\$20,000
<input type="checkbox"/> 60% - 40%	\$8,000	50% - 50%	\$20,000
<input type="checkbox"/> 50% - 50% ⁵	\$10,000	50% - 50%	\$20,000

Select Your Maximums Per Insured:

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



¹When 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.

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

³Subject 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 Separate Deductible For Non-Participating Providers and the Failure to Pre-Certify Treatment Deductible, if any. The Insured is responsible for paying the applicable coinsurance percentage for all Covered Expenses incurred during the Calendar Year.

⁴Does not include Calendar Year Deductible or Access Fees.

⁵The 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; group policy coverage, benefits, limitations, exclusions or premium change; requirements of any federal or state law.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



HOW DOES SECUREADVANTAGE COMPARE?

Claims payment comparison of the SecureAdvantage Sickness Plan versus a traditional Major Medical Insurance Plan.

Traditional Major Medical Plan

SecureAdvantage Sickness Plan

HEART ATTACK¹

Total Charges:	\$113,289
PPO Network Discount:	(\$39,651)
Remaining Charges:	\$73,638
Patient Deductible:	\$3,000
Patient Coinsurance:	\$3,000
Emergency Room Access Fee <small>(waived on Hospital Admission)</small>	Waived
Plan Pays:	\$67,638
Patient Responsibility:	\$6,000
Can You Afford \$6,000?	

Total Charges:	\$113,289
PPO Network Discount:	(\$39,651)
Remaining Charges:	\$73,638
Patient Deductible:	\$3,000
Patient Coinsurance:	\$3,000
Emergency Room Access Fee <small>(waived on Hospital Admission)</small>	Waived
Plan Pays:	\$67,638
Patient Responsibility:	\$6,000
With Our Optional MedGuard Plan, Your responsibility could be ZERO!	

STROKE¹

Total Charges:	\$52,038
PPO Network Discount:	(\$18,213)
Remaining Charges:	\$33,825
Patient Deductible:	\$3,000
Patient Coinsurance:	\$3,000
Emergency Room Access Fee <small>(waived on Hospital Admission)</small>	Waived
Plan Pays:	\$27,825
Patient Responsibility:	\$6,000
Can You Afford \$6,000?	

Total Charges:	\$52,038
PPO Network Discount:	(\$18,213)
Remaining Charges:	\$33,825
Patient Deductible:	\$3,000
Patient Coinsurance:	\$3,000
Emergency Room Access Fee <small>(waived on Hospital Admission)</small>	Waived
Plan Pays:	\$27,825
Patient Responsibility:	\$6,000
With Our Optional MedGuard Plan, Your responsibility could be ZERO!	

BREAST CANCER - DOUBLE MASTECTOMY W/RECONSTRUCTION & CHEMOTHERAPY¹

Total Charges:	\$204,094
PPO Network Discount:	(\$71,433)
Remaining Charges:	\$132,661
Patient Deductible:	\$3,000
Patient Coinsurance:	\$3,000
Lab & Diagnostic Testing Access Fee	\$250
Plan Pays:	\$126,411
Patient Responsibility:	\$6,250
Can You Afford \$6,250?	

Total Charges:	\$204,094
PPO Network Discount:	(\$71,433)
Remaining Charges:	\$132,661
Patient Deductible:	\$3,000
Patient Coinsurance:	\$3,000
Lab & Diagnostic Testing Access Fee	\$250
Plan Pays:	\$126,411
Patient Responsibility:	\$6,250
With Our Optional MedGuard Plan, Your responsibility could be ZERO!	

¹The SecureAdvantage Sickness Plan with a \$3,000 deductible and 80-20% coinsurance to \$3,000 compared to a major medical plan with a \$3,000 deductible and 80-20% coinsurance to \$3,000. Claims scenarios derived from Freedom Life Insurance Company of America's actual claims experience. Individual results may vary based on the level of coverage selected, provider charges, PPO network discounts, geographic location and any applicable covered healthcare services. Exclusions and limitations may apply.

In 2010, **Non Fatal Injuries Resulted in \$111 Billion in Medical Costs.**¹

WHEN ACCIDENTS HAPPEN

Count on Your *SecureAdvantage Accident Plan* to cover Your medical costs.

Children ages 5-14 account for nearly **40%** of all sports-related injuries treated in a hospital emergency room. The rate and severity of injury increases with the child's age.

Source: Safe Kids USA, Sports and Recreation Safety Fact Sheet



Here are just a few of the many injuries Your plan covers²:

Common Accidental Injuries	
✦ All Muscle Strains Including	
✓	Pulled Muscles
✓	Pulled Groin
✓	Rotator Cuff Injuries
✦ All Bone Injuries Including	
✓	Fractures
✓	Hairline Fractures
✓	Compound Fractures
✦ All Ligament & Tendon Injuries Including	
✓	Sprained Wrist & Ankle
✓	Achilles Tendon Injuries
✓	Torn Ligaments & Tendons
✦ All Head Injuries Including	
✓	Fractured Skull
✓	Concussion
✓	Penetrating Head Injury
✦ All Burn Injuries Including	
✓	Chemical Burns
✓	Electrical Burns
✓	Grease Burns
✓	Scalding Burns
✓	Heat Burns
✦ All Cut & Puncture Injuries Including	
✓	Single Laceration
✓	Multiple Lacerations
✓	Internal Lacerations & Punctures
✦ All Poisoning Injuries Including	
✓	Poison Ingestion
✓	Poison Inhalation

¹Finkelstein E, Corso PS, Miller TR. The incidence and economic burden of injuries in the United States. New York, NY: Oxford University Press.

²Subject to Exclusions and Limitations of the Plan (see pages 24-27).



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, 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
- 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



BENEFIT OPTIONS

Customize Your Calendar Year Deductible for Participating Providers (PPO)^{1,2:}

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

Choose Your Coinsurance Option^{3,4:}

In-network Coinsurance Options	In-network Out of Pocket Maximum	Out-of-network Coinsurance Options	Out-of-network Out of Pocket Maximum
<input type="checkbox"/> 80% - 20%	\$3,000	60% - 40%	\$12,000
<input type="checkbox"/> 70% - 30%	\$6,000	50% - 50%	\$20,000
<input type="checkbox"/> 60% - 40%	\$8,000	50% - 50%	\$20,000
<input type="checkbox"/> 50% - 50% ⁵	\$10,000	50% - 50%	\$20,000

Select Your Maximums Per Insured:

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



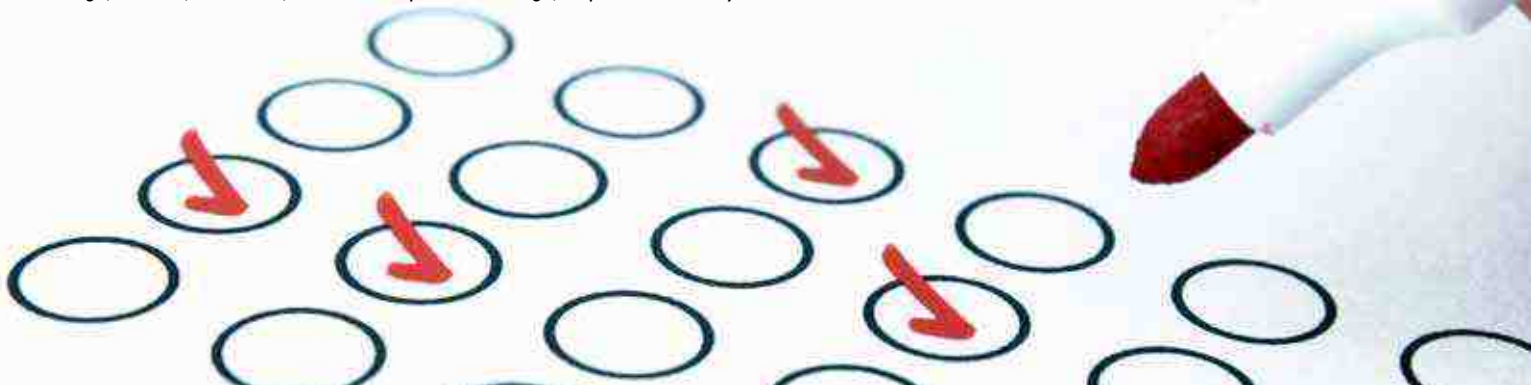
¹When 3 Insureds satisfy the Accident Plan's Calendar Year Deductible, no additional Calendar Year Deductible for the Accident Plan will be required for the remainder of the Calendar Year.

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

³Subject 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 and the Failure to Pre-Certify Treatment Deductible, if any. The Insured is responsible for paying the applicable coinsurance percentage for all Covered Expenses incurred during the Calendar Year.

⁴Does not include Calendar Year Deductible or Access Fees.

⁵The 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; group policy coverage, benefits, limitations, exclusions or premium change; requirements of any federal or state law.



HOW DOES SECUREADVANTAGE COMPARE?

Claims payment comparison of the SecureAdvantage Accident Plan versus a traditional Major Medical Insurance Plan.

Traditional Major Medical Plan

SecureAdvantage Accident Plan

MOTORCYCLE ACCIDENT - MULTIPLE FRACTURES¹

Total Charges:	\$126,763
PPO Network Discount:	(\$44,367)
Remaining Charges:	\$82,396
Patient Deductible:	\$3,000
Patient Coinsurance:	\$3,000
Emergency Room Access Fee <small>(waived on Hospital Admission)</small>	Waived
Lab & Diagnostic Testing Access Fee	\$250.00
Plan Pays:	\$76,146
Patient Responsibility:	\$6,250

Can You Afford \$6,250?

Total Charges:	\$126,763
PPO Network Discount:	(\$44,367)
Remaining Charges:	\$82,396
Patient Deductible:	\$3,000
Patient Coinsurance:	\$3,000
Emergency Room Access Fee <small>(waived on Hospital Admission)</small>	Waived
Lab & Diagnostic Testing Access Fee	\$250.00
Plan Pays:	\$76,146
Patient Responsibility:	\$6,250

With Our Accident Protector Plan,
Your responsibility could be as little as **\$250!**

MOTOR VEHICLE ACCIDENT - MULTIPLE FRACTURES¹

Total Charges:	\$85,281
PPO Network Discount:	(\$29,848)
Remaining Charges:	\$55,433
Patient Deductible:	\$3,000
Patient Coinsurance:	\$3,000
Emergency Room Access Fee <small>(waived on Hospital Admission)</small>	Waived
Lab & Diagnostic Testing Access Fee	\$250.00
Plan Pays:	\$49,183
Patient Responsibility:	\$6,250

Can You Afford \$6,250?

Total Charges:	\$85,281
PPO Network Discount:	(\$29,848)
Remaining Charges:	\$55,433
Patient Deductible:	\$3,000
Patient Coinsurance:	\$3,000
Emergency Room Access Fee <small>(waived on Hospital Admission)</small>	Waived
Lab & Diagnostic Testing Access Fee	\$250.00
Plan Pays:	\$49,183
Patient Responsibility:	\$6,250

With Our Accident Protector Plan,
Your responsibility could be as little as **\$250!**

SNOW SKIING - BROKEN COLLAR BONE¹

Total Charges:	\$63,112
PPO Network Discount:	(\$22,089)
Remaining Charges:	\$41,023
Patient Deductible:	\$3,000
Patient Coinsurance:	\$3,000
Emergency Room Access Fee <small>(waived on Hospital Admission)</small>	Waived
Lab & Diagnostic Testing Access Fee	\$250.00
Plan Pays:	\$34,773
Patient Responsibility:	\$6,250

Can You Afford \$6,250?

Total Charges:	\$63,112
PPO Network Discount:	(\$22,089)
Remaining Charges:	\$41,023
Patient Deductible:	\$3,000
Patient Coinsurance:	\$3,000
Emergency Room Access Fee <small>(waived on Hospital Admission)</small>	Waived
Lab & Diagnostic Testing Access Fee	\$250.00
Plan Pays:	\$34,773
Patient Responsibility:	\$6,250

With Our Accident Protector Plan,
Your responsibility could be as little as **\$250!**

¹The SecureAdvantage Accident Plan with a \$3,000 deductible and 80-20% coinsurance to \$3,000 compared to a major medical plan with a \$3,000 deductible and 80-20% coinsurance to \$3,000. Claims scenarios derived from Freedom Life Insurance Company of America's actual claims experience. Individual results may vary based on the level of coverage selected, provider charges, PPO network discounts, geographic location and any applicable covered healthcare services. Exclusions and limitations may apply.

FIR\$T DOLLAR

Coverage For Everyday Medical Needs!!

THE SECUREADVANTAGE WELLNESS PLAN DIFFERENCE

- **No Annual Deductible**
Enables You to receive benefit payments sooner than a traditional Major Medical plan.
- **First Dollar coverage for Outpatient Doctor visits**
Special “rollover” feature; if You don’t use Your benefits, You don’t lose them.
- **First Dollar coverage for Prescriptions**
Same Special “rollover” feature; if You don’t use Your benefits, You don’t lose them.
- **Any Doctor, Any Hospital**
But You can stretch Your dollars further by choosing an In-Network Provider.
- **Not subject to federal healthcare reform mandates**
- **Lock in your rate for 12, 24 or 36 months**
Ask your Agent how you can lock in your rate for up to 36 months.³



MAJOR MEDICAL PLAN

SECUREADVANTAGE

\$155¹ <i>(average cost of a Doctor Office Visit for sickness or accident)</i>	\$155¹ <i>(average cost of a Doctor Office Visit for sickness or accident)</i>
(\$55) <i>PPO Network Discount</i>	(\$55) <i>PPO Network Discount</i>
Plan Pays \$0 <i>(Until the Calendar Year deductible is satisfied)</i>	Plan Pays \$70 Fixed Indemnity Benefit <i>(no deductible)</i>
\$100 Patient Responsibility <i>(unless the Base Plan deductible is satisfied)</i>	\$30 Patient Responsibility

A **Fixed Indemnity Wellness Plan** allows You to **receive specific first dollar payments** for covered healthcare services and prescriptions, **regardless of what Your Medical Provider charges.**²

This differs from traditional Major Medical plans where

You must first satisfy a deductible every year before You are eligible to receive benefit payments.

¹Agency for HealthCare Research and Quality

²You will be responsible for charges that exceed your fixed benefit amount and the network discount if applicable

³The 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, limitations, exclusions or premium change; requirements of any federal or state law.

Subject to Exclusions and Limitations of the Plan (see pages 24-27).



Enhance Your Coverage with the **SECUREADVANTAGE** Fixed Indemnity Wellness Plan

No Deductible & No Copay



You'll Breathe Easy Knowing You are Covered from the Very First Dollar!

Choose any level of Prescription Drug Coverage to go with Your selected level of Doctor Office Visit and Wellness Coverage.

EXAMPLE: Let's say You want more Doctor Office Visits and Wellness, but less coverage for Prescriptions. If so, You can choose a Gold level for Doctor Office Visits and Wellness and a Level I for your prescriptions. If You want less Doctor and Wellness visits, but more Prescription Drug Coverage, You might choose a Silver level or Bronze level of Doctor Visits and Wellness coverage with a Level III of Prescription coverage.

Choose Your Doctor Office Visit & Wellness Option

Description	■ Bronze	■ Silver	■ Gold
	Benefits Paid Per Insured		
Doctor Office Visits	\$70	\$70	\$70
<i>Maximum Payment Limited to Visits Per Policy Year</i>	2	3	4
<i>Unused Doctor Office Visit Benefits roll over to the next year</i>	Yes	Yes	Yes
Outpatient Lab Tests	\$25	\$25	\$25
<i>Maximum Payment Limited to Tests Per Policy Year</i>	4	4	4
Urgent Care Facility	\$70	\$70	\$70
<i>Maximum Payment Limited to Visit(s) Per Policy Year</i>	1	1	1
Chiropractor**	\$30	\$30	\$30
<i>Maximum Payment Limited to Visits Per Policy Year</i>	2	3	4
Wellness (Physical Examination)*	\$70	\$70	\$70
Adult EKG*	\$50	\$75	\$100
Adult Stress EKG*	\$75	\$100	\$125
Mammogram*	\$40	\$50	\$60
Osteoporosis Screening*	\$30	\$40	\$50
Adult Pap Smear*	\$30	\$40	\$50
PSA Test*	\$30	\$40	\$50
Childhood Immunizations**	\$25	\$25	\$25
<i>Maximum Payment Limited to Immunizations Per Policy Year</i>	2	4	8

*Maximum Payment Limited to one Per Policy Year after 6 month waiting period.

**after 6 month waiting period

Choose Your Prescription Drug Coverage Option

Description	■ Level I	■ Level II	■ Level III
	Benefits Paid Per Insured		
Generic Drugs - 30 Day Supply	\$10	\$10	\$10
<i>Unused Prescription Drug Benefits roll over to the next year</i>	Yes	Yes	Yes
Brand Name Drugs - 30 Day Supply	\$10	\$20	\$30
<i>Unused Prescription Drug Benefits roll over to the next year</i>	Yes	Yes	Yes
Maximum Payment Per Policy Year	\$300	\$400	\$500

HOW DOES SECUREADVANTAGE COMPARE?

Claims payment comparison of the SecureAdvantage Fixed Indemnity Wellness Plan versus a traditional Major Medical Insurance Plan.

DOCTOR OFFICE VISITS

Traditional Major Medical Plan

SecureAdvantage Wellness Plan

UPPER RESPIRATORY INFECTION (URI)¹

Total Charges:	\$125.00
PPO Network Discount:	(\$44.00)
Remaining Charges:	\$81.00
Doctor Office Copay:	\$35.00
Plan Pays:	\$46.00
Patient Responsibility:	\$35.00

Total Charges:	\$125.00
PPO Network Discount:	(\$44.00)
Remaining Charges:	\$81.00
Doctor Office Visit First Dollar Benefit:	\$70.00
Plan Pays:	\$70.00
Patient Responsibility:	\$11.00

PUNCTURE WOUND OF HAND WITH FOREIGN OBJECT¹

Office Visit Charges:	\$166.00
X-ray Charges:	\$72.00
PPO Network Discount:	(\$83.00)
Remaining Charges:	\$155.00
Remaining Office Visit Charges:	\$108.00
Plan Pays Office Visit Benefit:	\$73.00
Patient Responsibility (Copay):	\$35.00
Remaining X-ray Charges:	\$47.00
Plan Pays X-ray Benefit: (subject to Deductible/Coinsurance):	\$0.00
Patient Responsibility:	\$47.00
Plan Pays Total:	\$73.00
Total Patient Responsibility:	\$82.00

Office Visit Charges:	\$166.00
X-ray Charges:	\$72.00
PPO Network Discount:	(\$83.00)
Remaining Charges:	\$155.00
Remaining Office Visit Charges:	\$108.00
Plan Pays Office Visit Benefit:	\$70.00
Patient Responsibility:	\$38.00
Remaining X-ray Charges:	\$47.00
Plan Pays X-ray Benefit:	\$25.00
Patient Responsibility:	\$22.00
Plan Pays Total:	\$95.00
Total Patient Responsibility:	\$60.00

PRESCRIPTION DRUGS

Traditional Major Medical Plan

SecureAdvantage Wellness Plan

ANTIBIOTIC - ZPAK (AZITHROMYCIN)¹

Total Charges:	\$21.00
Prescription Drug Copay:	\$20.00
Plan Pays:	\$1.00
Patient Responsibility:	\$20.00

Total Charges:	\$21.00
Generic Drug First Dollar Benefit:	\$10.00
Plan Pays Pharmacy:	\$10.00
Patient Responsibility:	\$11.00

HIGH CHOLESTEROL - SIMVASTATIN¹

Total Charges:	\$5.00
Prescription Drug Copay:	\$20.00
Plan Pays:	\$0.00
Patient Responsibility:	\$5.00

Total Charges:	\$5.00
Generic Drug First Dollar Benefit:	\$10.00
Plan Pays Pharmacy:	\$5.00
Plan Pays You:	\$5.00

¹The SecureAdvantage Fixed Indemnity Wellness Plan compared to a major medical plan with a \$3,000 deductible and 80-20% coinsurance to \$3,000 which includes a \$35 doctor office Copay Rider. Claims scenarios derived from Freedom Life Insurance Company of America's actual claims experience. Individual results may vary based on the level of coverage selected, provider charges, PPO network discounts, geographic location and any applicable covered healthcare services. Exclusions and limitations may apply.

MEDGUARD

CRITICAL ILLNESS INSURANCE

FILLING THE GAP BETWEEN HEALTH INSURANCE AND LIFE INSURANCE

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

¹Surveillance, Epidemiology and End Results (SEER) Program, National Cancer Institute.

²American Cancer Society, Cancer Facts & Figures

³American Heart Association, Heart Disease and Stroke Statistics

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

WHY MEDGUARD?

Health insurance 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:

Protect Your assets from being spent on recovery	Pay COBRA or other insurance premiums	Pay Your taxes
Replace lost income for You and Your care-giving spouse	Pay home healthcare expenses	Pay travel and temporary housing expenses for You and Your Family while receiving care away from home
Pay Your mortgage or other obligations	Pay tuition expenses if You need to return to school	Pay for childcare
Pay out-of-pocket or medical expenses not covered by health insurance	Reduce Your debt	Finance or protect Your children's college tuition
Pay for experimental treatment	Maintain Your Family's lifestyle	Maintain Your business during recovery

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 Certificate for complete details.



ACCIDENT PROTECTOR

SUPPLEMENTAL EXCESS ACCIDENT INSURANCE

EXTRA COVERAGE FOR LIFE'S UNPREDICTABLE MISHAPS

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



¹Finkelstein E, Corso PS, Miller TR. *The incidence and economic burden of injuries in the United States*. New York, NY: Oxford University Press.

²NCIPC: *Web-based Injury Statistics Query and Reporting System (WISQARS)*

³Centers for Disease Control and Prevention *Safe Kids Fact sheet*

⁴NCHS. *National hospital discharge survey: National health statistics reports, no. 29*. Atlanta, GA; 2010.

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!

Excess Medical Expense Coverages:*

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

*Benefits are subject to Your Excess Medical Expense Deductible per Accident per Insured.

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:

Covered Losses:	AD&D Maximums ²
✓ Loss of Life	100%
✓ Loss of Limbs (two or more)	100%
✓ Loss of Speech & Loss of Hearing (both ears)	100%
✓ Loss of Sight (both eyes)	100%
✓ Loss of Limb (one)	50%
✓ Loss of Speech	50%
✓ Loss of Hearing (both ears)	50%
✓ Loss of Sight (one eye)	50%
✓ Loss of Hand (one)	50%
✓ Loss of Foot (one)	50%
✓ Loss of Hearing (one ear)	25%
✓ Loss of Thumb & Index Finger (same hand)	25%

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 health insurance.

Emergency Air Ambulance

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

Up to **\$4,000** per Accident per Insured

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

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

Coverage Selections & Deductible ³	
<input type="checkbox"/> \$2,500 per Insured with \$100 deductible	<input type="checkbox"/> \$5,000 per Insured with \$250 deductible
<input type="checkbox"/> \$7,500 per Insured with \$250 deductible	<input type="checkbox"/> \$10,000 per Insured with \$500 deductible
<input type="checkbox"/> \$12,500 per Insured with \$500 deductible	<input type="checkbox"/> \$15,000 per Insured with \$500 deductible

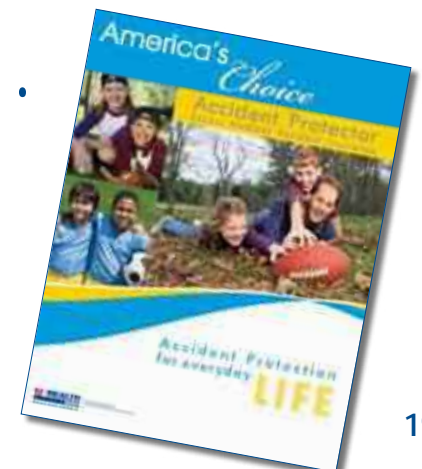
When it Comes to Accidents ... You Can't Be Too Careful.

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.

³Spouse covered to 50% of the Primary Insured; Child(ren) covered to 25% of the Primary Insured

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 Certificate 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 5¹
- Odds of dying as a consequence of cancer – 1 in 7¹
- **Total odds of dying, any cause – 1 in 1 (100%)¹**

¹National Safety Council



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

LIFEPROTECTOR IS THE RIGHT CHOICE!

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

Advantages of America's Choice LifeProtector

Convenient

LifeProtector is a great option to add to Your 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 Certificate for complete details.



A HEALTHY SMILE IS PRICELESS

Americans will spend **\$106 Billion**
on dental care in 2010¹

Preventive Care

We will pay **80% of Covered Expenses** after You meet Your deductible and coinsurance.

Benefits include:

- ✓ Initial and Periodic oral examinations
- ✓ Intraoral X-rays, with or without bitewings
- ✓ Bitewing X-rays
- ✓ Prophylaxis (cleaning of teeth) with or without an oral examination
- ✓ Periodontal Prophylaxis (deep scaling and cleaning)
- ✓ Topical application of fluoride for Covered Insureds under 19 years of age
- ✓ Temporary treatment to relieve dental pain
- ✓ Space maintainers (fixed or lateral) for missing primary teeth



Basic Care

We will pay **50% of Covered Expenses** after You meet Your deductible and coinsurance, when services are Provided at least 6 months after the Issue Date. Benefits include:

- ✓ General anesthesia, when Medically Necessary and in connection with Oral Surgery
- ✓ Amalgam, silicate cement, acrylic or plastic fillings
- ✓ Topical application of sealant on a posterior tooth for Covered Insureds under 14 years of age
- ✓ Root Canal Therapy, including treatment plan and follow-up care
- ✓ Apicoectomy
- ✓ Gingivectomy or gingivoplasty
- ✓ Periodontic scaling
- ✓ Repairs and adjustments to Dentures
- ✓ Simple tooth Extractions
- ✓ Surgical Extractions of an Impacted tooth



Major Care

We will pay **50% of Covered Expenses** after You meet Your deductible and coinsurance, when services are Provided at least 12 months after the Issue Date. Benefits include the following:

- ✓ Gold inlay fillings, two or three surfaces
- ✓ Single Crown restorations
- ✓ Dentures, including fixed or removable prosthetic devices, complete Dentures, upper and lower
- ✓ Partial Dentures; lower, with two clasps and gold lingual bar; upper with two clasps and gold palatal bar
- ✓ Bridge Pontics
- ✓ Abutment Crowns



¹Study by the Pew Center on the States (www.dentalplans.com)
Not available in all states. Limitations and Exclusions apply. The Dental Plan has a separate brochure.
If interested in this coverage, please see the Dental brochure and Certificate for complete details.

INCOME PROTECTOR

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 Certificate for complete details.

SICKNESS ★ ACCIDENT ★ WELLNESS ADDITIONAL FEATURES

ANNUAL INCREASE IN LIFETIME MAXIMUM¹

The Sickness Plan and the Accident Plan each provide a \$250,000 increase in the amount of their applicable Lifetime Certificate 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 Certificate Maximum Per Insured under each plan is \$2 million.²

PREMIUM RATE ADJUSTMENTS

We will not raise Your premium rates on the Sickness Plan, the Accident Plan or the Wellness 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 Certificates 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, sex, 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.²

ADDITIONAL DEDUCTIBLE FOR FAILURE TO PRE-CERTIFY¹

Certain procedures that You or Your Provider do not pre-certify with Us under the Sickness Plan or the Accident Plan are subject to the \$1,000 Failure to Pre-Certify Treatment Deductible under the applicable plan.²

TERMINATION AND RENEWABILITY

Coverage is guaranteed renewable under the Sickness Plan, the Accident Plan and the Wellness Plan **except when:**

You are no longer an eligible individual; the Group Policy for such plan is terminated by the Group Policyholder; 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 Certificate or Group Policy for such plan; We cease offering and renewing coverage of the same form of coverage as the Certificate 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 Certificate for such plan or in filing a claim for Benefits under the Certificate. ²

¹Not applicable to Wellness plan.

²See the applicable Sickness Plan, Accident Plan or Wellness Plan Certificate of coverage for details.



LIMITATIONS-WAITING PERIODS – SICKNESS PLAN

Coverage under the Certificate is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of the Certificate, 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 Certificate 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 Certificate or any riders, endorsements, or amendments attached to the Certificate;
- Pre-existing Condition means a condition, whether physical or mental, and regardless of the cause: (i) 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 Certificate for the Insured incurring the expense; or (ii) which Manifested during the twelve (12) month period immediately preceding the effective date of coverage under the Certificate 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 Certificate only if: (i) such loss or expense constitutes Covered Expenses incurred by an Insured after the Certificate 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 Certificate or any riders, endorsements, or amendments attached to the Certificate; (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 Certificate 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 Certificate 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 Certificate.

LIMITATIONS-WAITING PERIODS – ACCIDENT PLAN

Coverage under the Certificate is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every Section of the Certificate, 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 Certificate 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 Certificate 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 Certificate.

LIMITATIONS-WAITING PERIODS – WELLNESS PLAN

Coverage under the Certificate is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the Certificate, 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 Certificate unless such treatment, medical service, surgery, medication, equipment, claim, loss or expense constitutes Covered Medical & Surgical Services incurred by such Insured more than twelve (12) months after the Issue Date, and are not otherwise limited or excluded by the Certificate or any riders, endorsements, or amendments attached to the Certificate;
- Pre-existing Condition means a condition, whether physical or mental, and regardless of the cause: (i) 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 Certificate for the Insured incurring the expense; or (ii) which Manifested during the twelve (12) month period immediately preceding the effective date of coverage under the Certificate for the Insured incurring the expense;
- Any fixed indemnity benefit claim under the Certificate for: (i) Outpatient Chiropractor Office Visit Sickness and Injury Fixed Indemnity Daily Benefit, (ii) Annual Physical Examination Fixed Indemnity Benefit, (iii) the Mammogram Fixed Indemnity Benefit, (iv) the PSA Test Fixed Indemnity Benefit, (v) Pap Smear Fixed Indemnity Benefit, (vi) Osteoporosis Fixed Indemnity Benefit, (vii) the EKG Fixed Indemnity Benefit, (viii) the Stress EKG Fixed Indemnity Benefit, and (ix) the Children Routine Immunization Fixed Indemnity Benefit, shall not be eligible for payment or covered under the Certificate until six (6) months from the Issue Date, provided the applicable condition for which the care, treatment, evaluation and/or services and supplies in question were not for a Pre-existing Condition; and
- Any treatment, medical service, surgery, medication, equipment, that is received by an Insured, which results from the diagnosis, care or treatment of hernia, disease or disorders of the reproductive organs, hemorrhoids, varicose veins, tonsils and/or adenoids, otitis media, shall be covered under the Certificate and eligible for a fixed indemnity benefit payment thereunder only if: (i) such treatment, medical service, surgery, medication, equipment, constitutes Covered Medical & Surgical Services received by an Insured after the Certificate has been in force for a period of six (6) months from the Issue Date, (ii) such Sicknesses are not otherwise limited or excluded by the Certificate or any riders, endorsements, or amendments attached to the Certificate, and (iii) such Sicknesses are not Pre-existing Conditions.

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 Certificate Issue Date;
- medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under the Certificate 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 Certificate 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 received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- 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 Certificate or any riders, endorsements, or amendments attached to the Certificate;
- 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 Alcoholism, addiction to illegal drugs or substances, and/or abuse or illegal drugs or substances;
- any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- any spinal manipulations;
- any treatment, care, procedures, services or supplies of Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- any treatment received outside of the United States, except as provided for in the EXTRATERRITORIAL MEDICAL EXPENSES provision; and
- any services or supplies for personal convenience, including custodial care or homemaker services, except as provided for in the Certificate.

ADDITIONAL NON-COVERED ITEMS AT A GLANCE – SICKNESS PLAN

- any accidental bodily injury suffered by an Insured;
- any disease, ailment, illness or sickness that is not a Specified Disease;
- any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
- any Cochlear implants;
- any voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- any treatment, care, procedures, services or supplies incurred by an Insured which were caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- 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; 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 Certificate.
- any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
- any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type fertility therapy, artificial insemination or any other direct conception;
- any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any treatment, care, procedures, services or supplies (including 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;
- any contraceptives, oral or otherwise, whether medication or device, regardless of intended use; and
- any programs, treatment or procedures for tobacco use cessation.

ADDITIONAL NON-COVERED ITEMS AT A GLANCE – ACCIDENT PLAN

- any damage or harm to the physical structure of the body of an Insured received as a result of any act of war (whether declared or undeclared);
- any damage or harm to the physical structure of the body of an Insured that was intentionally self inflicted;
- any damage or harm to the physical structure of the body of an Insured caused by suicide or any suicide attempt while sane or insane;

ADDITIONAL NON-COVERED ITEMS AT A GLANCE – ACCIDENT PLAN CONT'D

- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is serving on active duty in the armed forces of the United States (including the active Reserves) or the National Guard;
- 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 for a Bodily Injury, unless the Insured must pay for such services by law;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is serving on active duty in one of the branches of the armed forces of any foreign country or any international authority;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is engaged in an illegal occupation or attempting to commit assault or illegal activity;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is resisting arrest by a law enforcement officer, or otherwise resisting incarceration by a municipality, or other political subdivision of a state, a state or the federal government;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is incarcerated in a city or county jail or a state or federal penal institution;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is engaged in hang gliding, paragliding, hot air ballooning or any other form of aviation, except as a fare paying passenger traveling on a regularly scheduled commercial airline flight;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is participating, as a professional contestant, in any boxing, martial arts or mixed martial arts event, including the sanctioned practice thereof;
- any damage or harm to the physical structure of the body of an Insured while the Insured is participating, as driver or passenger contestant (professional or amateur), in any race competition, race, or speed contest, including sanctioned practice thereof, involving any land vehicle or water craft;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is participating, as a professional contestant, in any race competition, race or speed contest, including sanctioned practice thereof, on snow skis or a snowboard;
- any damage or harm to the physical structure of the body of an Insured occurring while the Insured is 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 either the Accident occurred or the Insured was medically treated 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;
- any damage or harm to the physical structure of the body of an Insured occurring during any surgical procedure or operation performed in the treatment of any disease, illness, sickness or ailment;
- any damage or harm to the physical structure of the body of an Insured occurring as a result of the intentional inhalation or ingestion of any poison, gas or fumes;
- any damage or harm to the physical structure of the body of an Insured occurring as a result of the operation by an Insured of any motor vehicle without the permission/consent of the owner of such vehicle;
- any damage or harm to the physical structure of the body of an Insured occurring as a result of the operation by an Insured of any motor vehicle without a valid operator's license/permit;
- any damage or harm to the physical structure of the body of an Insured that did not occur Accidentally;

- any disease, illness, ailment or sickness of any type or character suffered or sustained by an Insured;
- any damage or harm to the physical structure of the body of an Insured received as a result of any voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- 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 incident to a Mastectomy performed in treatment of a Bodily Injury; provided any of the above occurred while the Insured was covered under the Certificate;
- 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;
- any damage or harm to the physical structure of the body of an Insured received as a result of any treatment of infertility, including fertility hormone therapy and/or fertility devices for any type fertility therapy, artificial insemination or any other direct conception; and
- any damage or harm to the physical structure of the body of an Insured received as a result of 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.

NON-COVERED ITEMS AT A GLANCE – WELLNESS PLAN

- treatments, care, procedures, services or supplies which do not constitute Covered Medical & Surgical Services;
- treatments, care, procedures, services or supplies received before the Certificate Issue Date;
- Covered Medical & Surgical Services received after the Certificate terminates, regardless of when the condition originated;
- Fixed indemnity payments under the Certificate for Covered Medical & Surgical Services that in combination exceed the amount of either the Policy Year Maximum Fixed Indemnity Benefit Payments Per Insured or the Lifetime Certificate Maximum Fixed Indemnity Benefit Per Insured;
- any treatments, care, procedures, services or supplies which are not specifically enumerated in the COVERED MEDICAL AND SURGICAL SERVICES section of the Certificate and any optional coverage rider attached thereto;
- any professional services for which the Insured and/or any covered Family member are not legally liable for payment;
- any professional services for which the Insured and/or any covered Family member were once legally liable for payment, but from which liability the Insured and/or Family member were released;
- Injury or Sickness due to any act of war (whether declared or undeclared);
- services provided by any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- medical and surgical services, and Prescription Drugs that are payable or reimbursable by either: a) a plan or program of any governmental agency (except Medicaid); or b) Medicare Part A, Part B and/or Part D (if the applicable Insured does not enroll in Medicare, We will estimate the charges that would have been paid if such enrollment had occurred); or
- 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 Sickness or Injury, but only if the investigational or experimental drug in question:

NON-COVERED ITEMS AT A GLANCE – WELLNESS PLAN CONT'D

- 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";
- experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- eye refractions, eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids, and exams for their prescription or fitting;
- cochlear implants;
- any professional and medical services Provided an Insured in treatment of a Sickness or Injury caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- intentionally self inflicted Injury, suicide or any suicide attempt while sane or insane;
- Sickness or Injury while serving in one of the branches of the armed forces of the United States of America;
- Sickness or Injury while in a foreign country and serving on active duty in the United States Army, Navy, Marine Corps or Air Force Reserves or the National Guard;
- Sickness or 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 Certificate or any riders, endorsements, or amendments attached to the Certificate;
- 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;
- cosmetic surgery or cosmetic dentistry, except for Medically Necessary cosmetic surgery performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from trauma or infection to correct a normal bodily function, or (ii) 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 Certificate;
- charges for breast reduction or augmentation or complications arising from these procedures;
- Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
- voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- fertility hormone therapy and/or fertility devices for any type fertility therapy, artificial insemination or any other direct conception;
- any operation or treatment performed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any professional fees or other medical expenses incurred as the result of an Injury which was caused or contributed by an Insured racing any land or water vehicle;
- any professional fees, or other medical expenses incurred for the diagnosis, care or treatment of Mental and Emotional Disorders, Alcoholism, and drug addiction/abuse;
- except for Complications of Pregnancy, routine maternity or any other expenses related to childbirth, including routine nursery charges and well-baby care;
- Outpatient Prescription Drugs that are dispensed by a Provider, Hospital or other state-licensed facility;
- level one controlled substances;
- fluoride products;
- allergy kits intended for future emergency treatment of possible future allergic reactions;
- replacement of a prior filled Prescription for Prescription Drugs that was covered and is replaced because the original Prescription was lost, stolen or damaged;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- programs, treatment or procedures for tobacco use cessation;
- drugs prescribed for the treatment of any disease, illness or condition that has been excluded from coverage under the Certificate by exclusionary rider, limitation or exclusion;
- charges for blood, blood plasma, or derivatives that has been replaced;
- treatment of autism;
- Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD); and
- replacement of lost or stolen prosthetics.

MANDATORY DISPUTE RESOLUTION

The Certificate 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.

Arbitration does not apply to the following states: Arkansas, Illinois (where applicable), Iowa, Missouri, Nebraska, South Carolina and West Virginia.

For information contact:

Insurance coverage underwritten by:
Freedom Life Insurance Company of America
A member company of USHEALTH Group®
P.O. Box 1719 Fort Worth, TX 76101 1-800-387-9027

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 Certificate sets forth, in detail, the rights and obligations of both You and the insurance company, and only the Certificate defines and controls the rights and obligations of the parties. It is, therefore important that You READ THE CERTIFICATE CAREFULLY!

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Group Policy: GRP-P-06-FLIC

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

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GROUP
America's Choice for Healthcare!
Insurance coverage underwritten by:
Freedom Life Insurance Company of America
A member company of USHEALTH Group®