

Blanket Group Specified Disease/Illness & Blanket Group Accident Insurance Benefits

Blanket Group Specified Disease/Illness and Accident Insurance is available to paid Members of ABC for the Primary Member, Spouse of the Primary Member, and Eligible Dependent Children of the Primary Member. Coverage is underwritten and administered by National Foundation Life Insurance Company in MT and Freedom Life Insurance Company of America in AL, AR, AZ, CO, DE, FL, GA, IA, IL, IN, KY, LA, MI, MS, NE, OK, PA, SC, TN, TX, UT, VA, WV and WY. This coverage is not available to members who are residents of any other states. Coverage is subject to the definitions, terms, limitations and exclusions contracted in the Blanket Group Policy.

The Blanket Group Specified Disease/Illness and Accident Insurance forms BLKACCUP2-2014-P-FLIC/BLKACCUP2-2014-P-NFL; BLKACCUP2-2014-AE-FLIC/BLKACCUP2-2014-AE-NFL; BLKSDUP2-2014-P-FLIC/BLKSDUP2-2014-P-NFL; and BLKSDUP2-2014-AE-FLIC/BLKSDUP2-2014-AE-NFL are underwritten and issued by Freedom Life Insurance Company of America and National Foundation Life Insurance Company and issued to ABC. The Blanket Group coverage is available to each individual enrolled member of ABC who has timely and properly paid their monthly dues to ABC and who has been identified by ABC to Freedom Life Insurance Company of America or National Foundation Life Insurance Company (as applicable) as an authorized and enrolled member of ABC. The Blanket Group Specified Disease/Illness and Accident Insurance is subject to the definitions, terms, conditions, limitations, and exclusions set forth in the master group policy, issued

to ABC, which is summarized and provided in your membership materials and terminates at the end of the policy period of the master group policy issued to ABC unless renewed by the mutual agreement of ABC and Freedom Life Insurance Company of America or National Foundation Life Insurance Company. THE COVERAGE UNDER THE BLANKET GROUP SPECIFIED DISEASE/ILLNESS & ACCIDENT INSURANCE POLICIES DOES NOT PROVIDE MAJOR MEDICAL INSURANCE COVERAGE, AND IS NEITHER MINIMUM ESSENTIAL COVERAGE UNDER FEDERAL LAW NOR WORKERS' COMPENSATION INSURANCE UNDER STATE LAW. THESE POLICIES PROVIDE ONLY SPECIFIED DISEASE/ILLNESS AND ACCIDENT-ONLY INSURANCE COVERAGE THAT PAYS IN ADDITION TO ANY OTHER IN-FORCE COVERAGE. IF INSUREDS DO NOT HAVE MINIMUM ESSENTIAL COVERAGE UNDER FEDERAL LAW, AN ADDITIONAL PAYMENT WITH THEIR TAXES MAY BE REQUIRED UNDER FEDERAL LAW.

MANDATORY DISPUTE RESOLUTION

The Blanket Specified Disease/Illness and Accident plans contain Mandatory Dispute Resolution Procedures for the prompt, fair, and efficient resolution of a 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, the 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.

Claims for benefits shall be administered based on the Blanket Group Policies issued to American Business Coalition. A copy of the Blanket Group Policies is available from the association upon request.

For Claim Assistance, contact:

National Foundation Life Insurance Company
(in MT)
American Business Coalition
Blanket Coverage Claims Unit
P.O. Box 549 Fort Worth, TX 76101 1-800-221-9039

Freedom Life Insurance Company of America
(in AL, AR, AZ, CO, DE, FL, GA, IA, IL, IN, KY, LA, MI, MS, NE,
OK, PA, SC, TN, TX, UT, VA, WV & WY)
American Business Coalition
Blanket Coverage Claims Unit
P.O. Box 1719 Fort Worth, TX 76101 1-800-387-9027

Specified Disease/Illness means each of the specifically enumerated sicknesses set forth in Section VIII. A. of the Blanket Group Specified Disease/Illness Insurance Policy entitled SPECIFIED DISEASES/ILLNESSES suffered by an Insured, which in each instance first Manifests itself thirty (30) days after the Issue Date shown on the Blanket Group Policy Schedule and while coverage under the Blanket Group Specified Disease/Illness Insurance Policy for such Insured for Covered Medical & Surgical Services Benefits is in force and effect.

Blanket Group Specified Disease/Illness & Blanket Group Accident Insurance Benefits

Summary of Benefits

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

EMERGENCY ROOM AND OTHER OUTPATIENT SERVICES		BENEFITS PAID PER MEMBER	
Specified Disease/Illness	Accident		Prime
✓	✓	Outpatient Doctor Office Visit Benefit	
		Benefit per Insured, per Calendar Day up to a maximum of	\$75
		Benefit payments are limited to a maximum of	4
✓	✓	Outpatient Prescription Drug Benefit	
		Generic Drug Prescription up to a maximum of	\$10
		Brand Name Drug Prescription up to a maximum of	\$30
		Benefit per Insured, per Membership Year up to a maximum of	\$1,200
✓	✓	Outpatient X-Ray Benefit, per Calendar Day	\$25
		Benefit per Insured, per Membership Year up to a maximum of	\$100
✓	✓	Outpatient Laboratory Services Benefit, per Calendar Day	\$25
		Benefit per Insured, per Membership Year up to a maximum of	\$100
✓	✓	Outpatient Surgeon Benefit, per Calendar Day^{1,2}	\$64-\$6,400
✓	✓	Outpatient Anesthesiologist Surgery Benefit, per Calendar Day^{1,2}	\$16-\$1,600
✓	✓	Emergency Room Benefit, per Calendar Day	\$150
		Up to a Maximum Benefit payment per Insured, per Membership Year	\$150
✓	✓	Emergency Ambulance Transport Benefit	
		Ground/Up to a Maximum Benefit payment per Insured, per Membership Year	\$300
		Air/Up to a Maximum Benefit payment per Insured, per Membership Year	\$1,000
✓	✓	Specialty Radiology Benefits	
		Outpatient CAT Scan Benefit, per Calendar Day	\$200
		Benefit per Insured, per Membership Year up to a maximum of	\$600
		Outpatient MRI Benefit, per Calendar Day	\$200
		Benefit per Insured, per Membership Year up to a maximum of	\$600
		Outpatient PET Scan Benefit, per Calendar Day*	\$200
		Benefit per Insured, per Membership Year up to a maximum of	\$600
✓		Outpatient Diabetes Self-Management Training Benefit	
		Benefit per Insured, per Membership Year up to a maximum of	\$15
✓		Outpatient Diabetes Supplies Benefit	
		Benefit per Insured, per Membership Year up to a maximum of	\$15
✓		Outpatient Diabetes Equipment Benefit	
		Benefit per Insured, per Membership Year up to a maximum of	\$15
✓		Outpatient Medical Foods	
		50% of expenses incurred for Inherited Metabolic Disorder, up to a Maximum of	\$5,000

¹ Up to a Maximum of two Benefit payments per Insured, per Membership Year
* Applies only to Specified Disease/Illness Plan

² Please see Daily Schedule of Operations for full details

Blanket Group Specified Disease/Illness & Blanket Group Accident Insurance Benefits

Summary of Benefits

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

OUTPATIENT RADIATION & CHEMOTHERAPY BENEFITS		BENEFITS PAID PER MEMBER	
Specified Disease/Illness	Accident		Prime
✓		Outpatient Intravenous Chemotherapy Benefit, per Calendar Day	\$500
		Benefit per Insured, per Membership Year up to a maximum of	\$10,000
✓		Outpatient Oral Chemotherapy Benefit, per Calendar Month	\$2,500
		Benefit per Insured, per Membership Year up to a maximum of	\$15,000
✓		Outpatient Radiation Therapy Benefit, per Calendar Day	\$500
		Benefit per Insured, per Membership Year up to a maximum of	\$10,000

HOSPITAL SERVICES		BENEFITS PAID PER MEMBER	
Specified Disease/Illness	Accident		Prime
✓	✓	Hospital Room & Board Benefit, per Calendar Day	\$2,000
		Benefit per Insured, per Membership Year up to a maximum of	\$120,000
		OR	
✓	✓	ICU Room & Board Benefit, per Calendar Day	\$2,000
		Benefit per Insured, per Membership Year up to a maximum of	\$60,000
✓	✓	Hospital Surgeon Benefits, per Calendar Day^{1,2}	
		Benefit varies by Procedure, range is:	\$64-\$6,400
		Hospital Anesthesiologist Surgery Benefit (% of Surgeon's Fee Benefit)	\$16-\$1,600

¹ Maximum of two Daily Benefits per Insured, per Membership Year

² Please see Daily Schedule of Operations for full details

LIFETIME MAXIMUM		BENEFITS PAID PER MEMBER	
Specified Disease/Illness	Accident		Prime
✓	✓	Lifetime Policy Maximum per Insured	\$1,000,000

BLANKET GROUP SPECIFIED DISEASE/ILLNESS PLAN WAITING PERIODS & LIMITATIONS

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

- Any treatment, medical service, surgery, medication, equipment, claim, or loss Provided and received under the Hospital Room & Board Benefits, Hospital Intensive Care Unit Room & Board Benefits, Hospital Surgeon Benefits, Hospital Anesthesiologist Surgery Benefits, Outpatient Surgeon Benefits, and Outpatient Anesthesiologist Surgery Benefits, as a result of an Insured's Pre-existing Condition are not covered under the Blanket Group Specified Disease/Illness Insurance Policy unless such treatment, medical service, surgery, medication, equipment, claim, or loss constitutes Covered Medical & Surgical Services Provided to and received by such Insured more than twelve (12) months after the Effective Date, and are not otherwise limited or excluded by the Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to the Blanket Group Specified Disease/Illness Insurance Policy;
- Covered Medical & Surgical Services Benefits under the Blanket Group Specified Disease/Illness Insurance Policy for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, regardless of whether such Insured is enrolled in Medicare shall be limited to only the Usual and Customary Expenses for services, supplies, care or treatment covered under the Blanket Group Specified Disease/Illness Insurance Policy that are not or would not have been payable or reimbursable by Medicare and/or its amendments (assuming such enrollment), subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in the Blanket Group Specified Disease/Illness Insurance Policy;
- Any Covered Medical & Surgical Services payable under the Blanket Group Specified Disease/Illness Insurance Policy will be reduced by fifty percent (50%) when the applicable Insured is age sixty-five (65) or older, based on the Insured's most recent birthday, on the date the Benefit becomes payable; and
- In no event will the total amount of benefits payable for any one Insured exceed the Lifetime Policy Maximum Per Insured.

Blanket Group Specified Disease/Illness & Blanket Group Accident Insurance Benefits

BLANKET GROUP ACCIDENT WAITING PERIODS & LIMITATIONS

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

- Any treatment, medical service, surgery, medication, equipment, claim, or loss Provided and received under the Hospital Room & Board Benefits, Hospital Intensive Care Unit Room & Board Benefits, Hospital Surgeon Benefits, Hospital Anesthesiologist Surgery Benefits, Outpatient Surgeon Benefits, and Outpatient Anesthesiologist Surgery Benefits, as a result of an Insured's Pre-existing Condition are not covered under the Blanket Group Accident Only Insurance Policy unless such treatment, medical service, surgery, medication, equipment, claim, or loss constitutes Covered Medical & Surgical Services Provided to and received by such Insured more than twelve (12) months after the Effective Date, and are not otherwise limited or excluded by the Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to the Blanket Group Accident Only Insurance Policy.
- Covered Medical & Surgical Services Benefits under the Blanket Group Accident Only Insurance Policy for any Insured who is eligible for or has coverage under Medicare, and/or amendments thereto, regardless of whether such Insured is enrolled in Medicare shall be limited to only the Usual and Customary Expenses for services, supplies, care or treatment covered under the Policy that are not or would not have been payable or reimbursable by Medicare and/or its amendments (assuming such enrollment), subject to all provisions, limitations, exclusions, reductions and maximum benefits set forth in the Policy; and
- Any Covered Medical & Surgical Services payable under the Blanket Group Accident Only Insurance Policy will be reduced by fifty percent (50%) when the applicable Insured is age sixty-five (65) or older, based on the Insured's most recent birthday, on the date the Benefit becomes payable.

BLANKET GROUP SPECIFIED DISEASE/ILLNESS PLAN NON-COVERED ITEMS AT A GLANCE

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

- any cost item, charge or expense which does not constitute Covered Expenses;
- any Bodily Injuries suffered by an Insured;
- any disease, ailment, illness or sickness that is not a Specified Disease/Illness;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Blanket Group Specified Disease/Illness Insurance Policy Issue Date and the Primary Insured Effective Date;
- any treatments, care, procedures, services or supplies which are not specifically enumerated in the SPECIFIED DISEASE/ILLNESS BENEFITS AND CLAIM PROCEDURES section of the Blanket Group Specified Disease/Illness Insurance Policy;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under the Blanket Group Specified Disease/Illness Insurance Policy terminates, regardless of when the sickness or disease occurred;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which exceed the Lifetime Insurance Policy Maximum Per Insured;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
- Specified Diseases/Illnesses due to any act of war (whether declared or undeclared);
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
- administration of experimental drugs or substances or investigational use or experimental use of Prescription Drugs except for any Prescription Drug prescribed to treat a covered chronic, disabling, life-threatening Specified Disease/Illness, but only if the investigational or experimental drug in question: a. has been approved by the FDA for at least one indication; and b. is recognized for treatment of the indication for which the drug is prescribed in: 1. a standard drug reference compendia; or 2. substantially accepted peer-reviewed medical literature. c. drugs labeled "Caution – limited by Federal law to investigational use;"

Blanket Group Specified Disease/Illness & Blanket Group Accident Insurance Benefits

BLANKET GROUP SPECIFIED DISEASE/ILLNESS PLAN NON-COVERED ITEMS AT A GLANCE CONT'D

- any professional and medical services Provided an Insured in treatment of a Specified Disease/Illness caused or contributed to by such Insured's being intoxicated or under the influence of any drug, narcotic or hallucinogens unless administered on the advice of a Provider, and taken in accordance with the limits of such advice;
- any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
- any Cochlear implants;
- Specified Disease/Illness while serving in one of the branches of the armed forces of the United States of America;
- Specified Disease/Illness while in a foreign country and serving on active duty in one of the branches of the armed services of the United States of America;
- Specified Disease/Illness while serving on active duty in the armed forces of any foreign country or any international authority;
- any voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- any services Provided by You or a Provider who is a member of an Insured's family;
- any medical condition excluded by name or specific description by either the Blanket Group Specified Disease/Illness Insurance Policy or any riders, endorsements, or amendments attached to the Blanket Group Specified Disease/Illness Insurance Policy;
- any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from Bacterial Infection or Viral Infection, (ii) to correct a normal bodily function in connection with the treatment of a covered Specified Disease/Illness, or (iii) such cosmetic surgery constitutes Breast Reconstruction that is incident to a Mastectomy; provided any of the above occurred while the Insured was covered under the Blanket Group Specified Disease/Illness Insurance Policy;
- Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
- Outpatient Prescription Drugs that are dispensed by a Provider, Hospital or other state-licensed facility;
- Prescription Drugs produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products, or immunization agents, biological or allergy sera, hematinics, blood or blood products administered on an Outpatient basis;
- level one controlled substances;
- Prescription Drugs that are classified as anabolic steroids or growth hormones;
- compounded Prescription Drugs;
- allergy kits intended for future emergency treatment of possible future allergic reactions;
- replacement of a prior filled Prescription for Prescription Drugs that was covered and is replaced because the original Prescription was lost, stolen or damaged;
- Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
- any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
- any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
- any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any treatment, care, procedures, services or supplies (including Prescription Drugs) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism spectrum disorder;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
- any contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
- any fluoride products;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- any programs, treatment or procedures for tobacco use cessation;
- any charges for blood, blood plasma, or derivatives that has been replaced;
- any treatment, care, procedures, services or supplies of Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- any treatment received outside of the United States; and
- any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the Blanket Group Specified Disease/Illness Insurance Policy.

Blanket Group Specified Disease/Illness & Blanket Group Accident Insurance Benefits

BLANKET GROUP ACCIDENT PLAN NON-COVERED ITEMS AT A GLANCE

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

- any cost item, charge or expense which does not constitute Covered Expenses;
- any disease, ailment, illness or sickness suffered by an Insured, except a covered Bacterial Infection;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured before the Blanket Group Accident Only Insurance Policy Issue Date and the Primary Insured Effective Date;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured after an Insured's coverage under the Blanket Group Accident Only Insurance Policy terminates, regardless of when the Bodily Injury occurred;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which exceed the Lifetime Policy Maximum Per Insured;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured and contained on a billing statement to the Insured which exceeds the amount of the Maximum Allowable Charge;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured, which You or Your covered family members are not required to pay;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members are not legally liable for payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured for which the Insured and/or any covered family members were once legally liable for payment, but from which liability the Insured and/or family members were forgiven and released by the applicable Provider without payment or promise of payment;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured from any state or federal government agency, including the Veterans Administration unless, by law, an Insured must pay for such services;
- any medical care, service, treatments, procedures, or supplies received, provided to, or incurred by an Insured as a result of experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- Bodily Injury due to any act of war (whether declared or undeclared);
- drugs or medication not used for a Food and Drug Administration ("FDA") approved use or indication;
- administration of experimental drugs or substances or investigational use or experimental use of Prescription Drugs except for any Prescription Drug prescribed to treat a covered chronic, disabling, life-threatening Bodily Injury, but only if the investigational or experimental drug in question: 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";
- intentionally self inflicted Bodily Injury, suicide or any suicide attempt while sane or insane;
- Bodily Injury while serving in one of the branches of the armed forces of the United States of America;
- Bodily Injury while in a foreign country and serving on active duty in the United States Army, Navy, Marine Corps or Air Force Reserves or the National Guard;
- Bodily Injury while serving on active duty in the armed forces of any foreign country or any international authority;
- voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- services Provided by You or a Provider who is a member of an Insured's Family;
- any medical condition excluded by name or specific description by either the Blanket Group Accident Only Insurance Policy or any riders, endorsements, or amendments attached to the Blanket Group Accident Only Insurance Policy;
- any loss to which a contributing cause was the Insured's being engaged in an illegal occupation or illegal activity;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- any Injury which was caused or contributed by an Insured racing any land or water vehicle;
- Prescription Drugs or other medicines and products used for cosmetic purposes or indications;
- Prescription Drugs that are classified as psychotherapeutic drugs, including antidepressants;
- Outpatient Prescription Drugs that are dispensed by a Provider, Hospital or other state-licensed facility;
- Prescription Drugs produced from blood, blood plasma and blood products, derivatives, Hemofil M, Factor VIII, and synthetic blood products, or immunization agents, biological or allergy sera, hematinics, blood or blood products administered on an Outpatient basis;
- level one controlled substances;
- Prescription Drugs that are classified as anabolic steroids or growth hormones;
- compounded Prescription Drugs;
- allergy kits intended for future emergency treatment of possible future allergic reactions;

Blanket Group Specified Disease/Illness & Blanket Group Accident Insurance Benefits

BLANKET GROUP ACCIDENT PLAN NON-COVERED ITEMS AT A GLANCE, CONT'D

- replacement of a prior filled Prescription for Prescription Drugs that was covered and is replaced because the original Prescription was lost, stolen or damaged;
- any eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
- any Cochlear implants;
- any cosmetic surgery or reconstructive procedures, except for Medically Necessary cosmetic surgery or reconstructive procedures performed under the following circumstances: (i) where such cosmetic surgery is incidental to or following surgery resulting from Bacterial Infection or (ii) to correct a normal bodily function in connection with the treatment of a covered Bodily Injury;
- any treatment, care, procedures, services or supplies for breast reduction or augmentation or complications arising from these procedures;
- any treatment, care, procedures, services or supplies for voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- any treatment, care, procedures, services or supplies for treatment of infertility, including fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
- any treatment, care, procedures, services or supplies for any operation or treatment performed, Prescription or medication prescribed in connection with sex transformations or any type of sexual or erectile dysfunction, including complications arising from any such operation or treatment;
- any treatment, care, procedures, services or supplies for appetite suppressants, including but not limited to, anorectics or any other drugs used for the purpose of weight control, or services, treatments, or surgical procedures rendered or performed in connection with an overweight condition or a condition of obesity or related conditions;
- any treatment, care, procedures, services or supplies (including Prescriptions) incurred for the diagnosis, care or treatment of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of Mental, Nervous and Emotional Disorders;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of autism;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of alcoholism, addiction to illegal drugs or substances, and/or abuse of illegal drugs or substances;
- any treatment care, procedures, services or supplies incurred for the diagnosis, care or treatment of cirrhosis of the liver;
- any treatment, care, procedures, services or supplies incurred for the diagnosis, care or treatment of routine maternity or any other expenses related to normal labor and delivery, including routine nursery charges and well-baby care;
- any contraceptives, oral or otherwise, whether medication or device, regardless of intended use;
- any fluoride products;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- any programs, treatment or procedures for tobacco use cessation;
- any charges for blood, blood plasma, or derivatives that has been replaced;
- any treatment, care, procedures, services or supplies of Temporomandibular Joint Disorder (TMJ) and Craniomandibular Disorder (CMD);
- any treatment received outside of the United States; and
- any services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the Blanket Group Accident Only Insurance Policy.

BLANKET GROUP SPECIFIED DISEASE/ILLNESS PLAN NON-WAIVER

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

- constitute a waiver of or modification to any conditions, terms, definitions or limitations contained in the Blanket Group Specified Disease/Illness Insurance Policy, specifically including, but not by way of limitation, the definition of Specified Diseases/Illnesses, Specified Disease/Illness, Medical Necessity or Covered Expenses, the limitation of coverage under the Blanket Group Specified Disease/Illness Insurance Policy for Pre-existing Conditions, as well as any exclusion, limitation and/or exclusionary riders which may be attached to the Blanket Group Specified Disease/Illness Insurance Policy, or otherwise operate to alter, amend, affect, abridge or modify the Blanket Group Specified Disease/Illness Insurance Policy to which it is attached;
- create or establish coverage of any medical condition, illness, or disease under the Blanket Group Specified Disease/Illness Insurance Policy or under any exclusion, limitation and/or exclusionary riders which may be attached to the Blanket Group Specified Disease/Illness Insurance Policy; or
- affect, alter, amend, abridge, constitute or act as a waiver of the Company's ability to rely upon, assert and apply such terms, definitions, limitations or exclusions of the Blanket Group Specified Disease/Illness Insurance Policy or any amendments thereto.

Blanket Group Specified Disease/Illness & Blanket Group Accident Insurance Benefits

BLANKET GROUP ACCIDENT PLAN NON-WAIVER

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

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

There is a twelve (12) month Pre-existing Condition waiting period for Hospital Confinement and Surgery relating to a Pre-existing Condition. A Pre-existing condition means either (a) a condition, whether physical or mental, and regardless of the cause: (1) for which medical advice, diagnosis, care or treatment was recommended or received during the twelve (12) month period immediately preceding the effective date of coverage under the Blanket Group Specified Disease/Illness Insurance Policy for the Insured incurring the expense or (2) which Manifested during the twelve (12) month period immediately preceding the effective date of coverage under the Blanket Group Specified Disease/Illness Insurance Policy for the Insured incurring the expense; or (b) a Bodily Injury: (1) for which medical advice, diagnosis, care or treatment was recommended or received during the twelve (12) month period immediately preceding the effective date of coverage under the Blanket Group Accident Only Insurance Policy for the Insured incurring the expense; or (2) resulting from an Accident that occurred before the Effective Date for the Insured incurring the expense. Benefits reduce by fifty percent (50%) when an Insured member reaches age sixty-five (65).

ACA INDIVIDUAL MANDATE & SHARED RESPONSIBILITY PAYMENT

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

SPECIFIED DISEASE/ILLNESS SURGICAL SCHEDULE	
Prime	
Brain & Nervous System	
Craniotomy for drainage of brain abscess	\$2,400
Excision of brain tumor, sub-occipital	\$4,800
Laminectomy for lesion of spinal cord	\$3,200
Laminectomy for disc removal	\$2,880
Plastic operation of skull, plate	\$3,200
Lumbar spinal puncture	\$64
Sympathectomy, lumbar unilateral	\$1,760
Breast	
Breast biopsy	\$480
Excision of cyst or tumor	\$480
Simple removal of breast	\$960
Radical removal of breast	\$2,240
Breast reconstruction	\$2,880
Bones & Joints	
Excision of cyst, tumor large bones	\$1,280
Excision of cyst, tumor small bones	\$800
Spinal fusion cervical region, posterior	\$2,880
Knee Replacement	\$2,400
Hip Replacement	\$3,600
Medial meniscus repair	\$1,600
ACL Repair - anterior cruciate ligament repair	\$1,760
Bone marrow aspiration – removal of a small amount of bone marrow through a needle	\$240
Bone marrow transplant	\$1,360
Ears	
Fenestration of semicircular canals	\$3,200
Revision of fenestration operation	\$1,920
Stapes Mobilization	\$2,240
Cardiovascular System	
Aortic or mitral, valvuloplasty for stenosis or insufficiency, open	\$6,400
Aortic or mitral replacement, open	\$6,400
Ligation of femoral vein	\$800
Ligation and division of common iliac vein	\$1,600
Repair of heart valve, aortic valvotomy closed	\$4,800
Repair of heart valve, mitral valvotomy closed	\$4,480
Varicose veins-ligation/division of long saphenous vein at saphenofemoral junction	\$640
Varicose veins-ligation/division & complete tripping of long or short saphenous veins, unilateral	\$960
Varicose veins-ligation/division & complete tripping of long and short saphenous veins, unilateral	\$1,280
Coronary Artery Bypass Graft	\$4,800
Cardiac Catheterization	\$640
Cardiac Catheterization with Angioplasty	\$1,600

SPECIFIED DISEASE/ILLNESS SURGICAL SCHEDULE	
Prime	
Cardiovascular System cont'd	
Cardiac ablation – use of radiofrequency to end arrhythmias	\$4,000
Digestive System	
Excision of hemorrhoids, external, complete	\$640
Excision of hemorrhoids, internal and external	\$960
Excision of hemorrhoids, with excision of fistula	\$1,280
Excision of hemorrhoids, with excision of fissure	\$960
Excision of rectal fissure, with or without sphincterotomy	\$640
Excision of rectum, complete, combined abdominoperineal, one or two stages	\$3,200
Excision of stomach ulcer or benign tumor	\$1,920
Incision of rectal fistula, superficial	\$320
Removal of appendix	\$1,280
Removal of stomach, subtotal, with vagotomy	\$2,560
Removal of stomach, subtotal, without vagotomy	\$2,880
Resection of small intestine, with anastomosis	\$2,240
Resection of large intestine, in two stages, including first state colostomy	\$3,200
Removal of gall bladder	\$1,600
Removal of gall bladder with open exploration of common duct	\$2,240
Repair of inguinal hernia, unilateral, with excision of hydrocele	\$1,280
Repair of femoral hernia, unilateral	\$1,120
Colonoscopy with biopsy	\$560
Eyes	
Excision of pterygium	\$800
Extraction of lens for cataracts, unilateral	\$2,560
Eye muscle operation, one or more muscles, one or both eyes, single stage	\$1,920
Eye muscle transplant	\$2,240
Needling of lens for cataracts, initial	\$640
Needling of lens for cataracts, subsequent	\$320
Reattachment of retina, electrocoagulation, initial	\$6,400
Female Reproductive System	
Biopsy of cervix or endometrium	\$96
Excision of lesion of cervix	\$96
Repair of cystocele and rectocele	\$1,600
Repair of cystocele	\$1,120
Repair of rectocele	\$960
Removal of ovary, unilateral or bilateral	\$1,440
Total hysterectomy	\$1,920
Vaginal hysterectomy, with or without pelvic floor repair	\$2,240

Health Discounts & Privileges

SPECIFIED DISEASE/ILLNESS SURGICAL SCHEDULE Prime	
Female Reproductive System, cont'd	
Dilation and curettage of uterus	\$480
Myomectomy – removal of fibroids from uterus	\$1,600
Uterine ablation – to destroy the uterine lining (endometrium)	\$1,760
Male Reproductive System	
Circumcision, newborn	\$96
Excision of varicocele	\$960
Resection of prostate, perineal, radical	\$3,200
Resection of prostate, perineal, subtotal	\$2,560
Resection of prostate, transurethral, including control at post-operative bleeding, complete	\$2,560
Muscles and Tendons	
Excision of Baker's cyst	\$960
Excision of ganglion, wrist	\$480
Lengthening or shortening of tendon	\$960
Carpal tunnel release – releases pressure on the median nerve	\$960
Respiratory System	
Antrotomy, intranasal, unilateral	\$480
Antrotomy, intranasal, bilateral	\$800
Antrotomy, radical, unilateral	\$1,600
Antrum puncture, maxillary sinus, unilateral	\$64
Bronchoscopy diagnostic	\$480
Bronchoscopy diagnostic, with removal of foreign body	\$800
Excision of nasal polyp, single or multiple, unilateral or bilateral	\$640
Removal of lung	\$3,200
Submucous resection, classic, Nasal Septum	\$960
Thoracotomy, exploratory, including control or hemorrhage and/or repair of lungs fistula	\$2,400
Septoplasty – repair of deviated septum	\$1,280
Skin and Subcutaneous Tissue	
Drainage of boil, carbuncle, or subcutaneous abscess	\$64
Excision of pilonidal cyst or sinus	\$960
Skin biopsy	\$96
Removal of benign lesion	\$160

SPECIFIED DISEASE/ILLNESS SURGICAL SCHEDULE Prime	
Skin and Subcutaneous Tissue, cont'd	
Removal of malignant lesion	\$240
Flap graft repair/closure	\$1,200
Thyroid	
Excision of small cyst or tumor of thyroid	\$1,280
Resection of thyroid, total or complete	\$2,240
Resection of thyroid, subtotal or partial	\$1,920
Thyroidectomy, total or subtotal, for malignancy with radical neck dissection	\$3,200
Tonsils and Adenoids	
Removal of tonsils, with or without adenoids, under age 18	\$480
Removal of tonsils, with or without adenoids, age 18 or over	\$640
Removal of adenoids	\$320
Urinary System	
Cystoscopy, diagnostic	\$256
Cystoscopy diagnostic, with ureteral catheterization	\$480
Cystoscopy, diagnostic with biopsy	\$320
Cystoscopy, diagnostic with biopsy and fulguration of small bladder tumor	\$800
Cystoscopy, diagnostic, with removal of stone from ureter	\$960
Removal of kidney	\$2,560
Resection of bladder neck, transurethral, female	\$1,600
Resection of bladder tumor transurethral, large	\$2,560
Excision of varicocele, unilateral with hernia repair	\$1,280
Repair of hydrocele, unilateral	\$640
Lithotripsy – shock waves to break down kidney stones	\$1,760

ACCIDENT SURGICAL SCHEDULE Prime

Brain & Nervous System

Craniotomy for drainage of brain abscess	\$2,400
Laminectomy for disc removal	\$2,880
Plastic operation of skull, plate	\$3,200
Lumbar spinal puncture	\$64
Sympathectomy, lumbar unilateral	\$1,760

Bones & Joints

Closed reduction dislocated hip	\$640
Open reduction dislocated hip	\$1,920
Closed reduction dislocated knee	\$640
Open reduction dislocated knee	\$1,920
Closed reduction dislocated shoulder	\$160
Fracture collarbone, closed	\$480
Fracture collarbone, open	\$1,280
Fracture forearm, one bone, simple closed	\$640
Fracture forearm, one bone, simple open	\$1,280
Fracture forearm both bones simple closed	\$800
Fracture forearm both bones simple open	\$1,600
Fracture wrist, simple closed	\$480
Fracture wrist, simple open	\$1,280
Fracture finger or thumb, simple closed	\$240
Fracture finger or thumb, simple open	\$640
Fracture ankle simple closed	\$800
Fracture ankle simple open	\$1,600
Fracture toe, simple closed	\$160
Fracture great toe, open	\$480
Fracture of other toes, open	\$384
Fracture of joint for aspiration	\$64
Spinal fusion cervical region, posterior	\$2,880
Knee Replacement	\$2,400
Hip Replacement	\$3,600
Medial meniscus repair	\$1,600
ACL Repair - anterior cruciate ligament repair	\$1,760

ACCIDENT SURGICAL SCHEDULE Prime

Cardiovascular System

Ligation of femoral vein	\$800
Ligation and division of common iliac vein	\$1,600

Digestive System

Excision of rectum, complete, combined abdominoperineal, one or two stages	\$3,200
Incision of rectal fistula, superficial	\$320
Removal of stomach, subtotal, with vagotomy	\$2,560
Removal of stomach, subtotal, without vagotomy	\$2,880
Resection of small intestine, with anastomosis	\$2,240
Resection of large intestine, in two stages, including first state colostomy	\$3,200

Eyes

Reattachment of retina, electrocoagulation, initial	\$6,400
Removal of foreign body from surface of cornea	\$64

Muscles and Tendons

Lengthening or shortening of tendon	\$960
Carpal tunnel release – releases pressure on the median nerve	\$960

Respiratory System

Removal of lung	\$3,200
Submucous resection, classic, Nasal Septum	\$960
Thoracotomy, exploratory, including control or hemorrhage and/or repair of lungs fistula	\$2,400

Skin and Subcutaneous Tissue

Suture of small wound (up to 2.5 inches)	\$64
Flap graft repair/closure	\$1,200

Urinary System

Cystoscopy, diagnostic	\$256
Cystoscopy diagnostic, with ureteral catheterization	\$480
Removal of kidney	\$2,560
Resection of bladder neck, transurethral, female	\$1,600
Repair of hydrocele, unilateral	\$640