

FirstChoice

Patriot Series

The FirstChoice in Supplemental Health Insurance Benefits

This is a Hospital Indemnity Insurance Policy



State Usage for Surgery Schedule (CUL-HPHI2010) - CO, IN, IA, MD, MT, NM, OH, VA, WY
(C-HPHI-11) - CA, ID

State usage for Daily Surgical Benefit (C-HPHI-14) - AL, AZ, AR, GA, IL, KY, LA, MO, MS, NC, NE, NV, PA, OK, SC,
SD, TN, TX, WI, WV; FL-HPHI14-MI

FirstChoice Policy Highlights:

Policy Numbers: C-HPHI-14, C-HPHI-14-LA, C-HPHI-14-OK, C-HPHI-14-TX, FL-HPH14, CUL-HPHI2010, C-HPHI-11
(including state variations)

Guaranteed Issue - for full-time employees ages 18-65 (inclusive) working 27 or more hours per week (spouse (in NV spouse/domestic partner)/dependent coverage also available).

Individual Renewable - meaning the policy is Guaranteed Renewable providing policyholder security subject to our right to change premium rates.

Pre-Existing Conditions - with *FirstChoice*, pre-existing conditions (for covered medical conditions) are covered after the first 12 months.

No Ineligible Occupations - no occupational classes are excluded from any of the four plan designs.

All Provider plan - You may seek treatment from any doctor and any hospital. Our plans pay directly to the insured. You may benefit from negotiated discounts through the MultiPlan PPO Network.

No Utilization Review.

No Deductibles, Coinsurance or Lifetime Maximums (individual benefit maximums apply).

All *FirstChoice Patriot Series* plans feature a surgical benefit, which is determined by the state in which the policy is sold. In the states of **CA, CO, IA, ID, IN, MD, MT, NM, OH, VA, and WY**, *FirstChoice Patriot Series (FCPS)* includes a traditional Surgical Schedule. Surgical procedures in these surgical schedule states are covered the same whether received as inpatient or outpatient treatment.

In **AL, AR, AZ, GA, IL, KY, LA, MI, MO, MS, NC, NE, NV, OK, PA, SC, SD, TN, TX, WI, and WV**, FCPS features a unique Daily Surgical Benefit, which provides a surgical amount for each day of a consecutive period of hospital confinement in which one or more surgeries take place, up to a maximum of 5 days per period of confinement. The Daily Surgical Benefit is provided for both **INPATIENT** while hospital confined and as **OUTPATIENT** at an **Ambulatory Surgical Center**. The surgical benefit is reduced to 25% of the daily surgical benefit rate when received as outpatient treatment at an Ambulatory Surgical Center.



The Two “Costs” of Healthcare

The first is the premium cost to have health insurance. The second is the cost associated with using it. If it is affordable but unsuitable due to high deductibles, co-insurance, and out-of-network charges then it is really not a manageable plan.

The **FirstChoice** Patriot Series products include cost effective supplements to fill gaps left open with other products including both qualified major medical as well as limited benefit plans.

One of two possibilities will occur for you this year; you will either be hospital confined, or you will not. It is unlikely that many of us will exceed our deductible in a year without a hospital stay. So, in most years we wind up paying our insurance premiums **and** most or all of the cost of our treatment. But, if and when we are hospital confined, the high cost of treatment will likely have us reach the maximum out-of-pocket threshold of any qualified major medical plan level for even a relatively short confinement.

The Importance of FirstChoice as Supplemental Coverage

Our Complete and Standard package designs each feature a variety of both inpatient as well as outpatient benefits, including surgery. **FirstChoice** benefits can be paid to any hospital or doctor and when MultiPlan providers are used additional savings through negotiated discounts may be available.

What are now referred to as “qualified plan designs” feature deductible and coinsurance exposure over \$6,000 per person per year. This is above the premium cost. Many see the merit of purchasing the “qualified” Bronze plan and using the premium difference between that and more expensive designs to purchase supplemental insurance to “fill the gaps.”



FirstChoice Plan Designs

Complete Plan - is particularly well suited to those aged 50-plus who have pre-existing medical conditions (remember, there is a 12-month wait on pre-existing conditions).

Standard Plan - design is suitable for those with limited budget who desire an affordable plan to which they can add additional customized coverage for necessary Critical Illness, Cancer and Accidents. (Available separately) It provides a backbone for a quality portfolio of these additional supplemental policies.

Basic Plan - a versatile Patriot Series option, this plan can serve as a solid supplement to qualified major medical policy.

Supplement Plan - a cost effective way to provide a variety of benefits used to “fill the gaps” in qualified major med plans. While the Supplement Plan is sufficient to supply the benefits necessary to reduce or even eliminate the out-of-pocket costs associated with an average period of hospital confinement when used with major medical, it should be supported by additional CI, Accident and Cancer policies whenever possible for the highest levels of protection.

The *SmartChoice*

**Central United Life has a variety of products well-suited
for today's changing environment.**

The products can be purchased as a package or as stand-alone coverage. Either way, when deciding what product to buy, these products make for a **SmartChoice**.

FirstChoice Patriot Series – featuring four, Guaranteed Issue defined plans;

CriticalChoice, Life insurance & Critical Illness, (provided by Family Life Insurance Company)
Policy Numbers FGAP02, FGAP03 (including state variations)

Critical Protection & Recovery, *With or Without Optional Cancer*, Policy Numbers CI-A, CI-B
(including state variations)

Cancer Care Choice

Cancer Care Plus, *Cancer & Dread Disease Plan*, Policy Number CP 4000 4/04 (including
state variations)

Cancer First Occurrence, *“Lump Sum” Benefit*, Policy Numbers FOB98, FOB13 (including
state variations)

Accident Choice

Personalized Accident Indemnity Delivery (PAID), Policy Numbers HPACC13-24, HPACC13-
NOC (including state variations)

This brochure highlights the **FirstChoice** product; please see our other **SmartChoice**
brochure for additional details.



FirstChoice Patriot Series Hospital Indemnity plan designs Featuring the Daily Surgical Benefits

State usage for Daily Surgical Benefit (C-HPHI-14) - AL, AZ, AR, GA, IL, KY, LA, MO, MS, NC, NE, NV, PA, OK, SC, SD, TN, TX, WI, WV; FL-HPHI14-MI

BENEFIT	Complete	Standard	Basic	Supplement	Maximum Benefit/Yr*
Daily Room Benefit	\$500	\$400	\$100	\$50	\$182,500
RIDERS					
Lump Sum Indemnity (CUL-HRHS and CHPHIS14-NC) <i>Paid to an insured upon first hospital confinement each year</i>	\$1,000	\$1,000	\$500	\$100	\$1,000
First Hospital Confinement (CUL-HRFHC (2)) <i>Based on duration of first hospital confinement</i>	\$10,000 <i>over 6 days</i>	\$10,000 <i>over 6 days</i>	\$5,000 <i>over 6 days</i>	\$5,000 <i>over 6 days</i>	\$10,000
Intensive Care Unit (CUL-HRICU and CHRICU14-LA) <i>Limited to 20 days per confinement</i>	\$2,500 <i>per day</i>	\$2,000 <i>per day</i>	\$1,000 <i>per day</i>	\$500 <i>per day</i>	\$50,000
Private Duty Nurse (CUL-HRPN) <i>Limited to 30 days per confinement</i>	\$250 <i>per day</i>	\$250 <i>per day</i>	\$250 <i>per day</i>	\$250 <i>per day</i>	\$7,500 <i>per confinement</i>
Surgical Plus (CHPHISP14 and CHPHISP14-LA) <i>Per day when confined and a covered surgical event takes place. Maximum of 5 days per confinement.</i>	\$3,000 <i>per day</i>	\$2,000 <i>per day</i>	\$1,000 <i>per day</i>	\$1,000 <i>per day</i>	\$15,000 <i>per confinement</i>
Anesthesia <i>Daily benefit amount paid for each day that a surgical benefit is paid for inpatient surgery.</i>	\$600 <i>per day</i>	\$400 <i>per day</i>	\$200 <i>per day</i>	\$200 <i>per day</i>	\$3,000 <i>per confinement</i>
Emergency Accident ** (CUL-HREA) <i>Limited to 4 different covered injuries per calendar year per insured</i>	\$250 <i>per accident</i>	\$250 <i>per accident</i>	\$250 <i>per accident</i>	\$250 <i>per accident</i>	\$1,000
Specified Injury Rider (CUL-HRSI) <i>See rider for specific amounts</i>	\$25 - \$2,000 <i>Depending on injury</i>	\$25 - \$2,000 <i>Depending on injury</i>	\$25 - \$2,000 <i>Depending on injury</i>	\$25 - \$2,000 <i>Depending on injury</i>	<i>To a maximum of \$2,000 per injury</i>
Outpatient Sickness ** (CHPHIOS14 and CHPHIOS14-LA)	\$100 <i>per sickness Limit 4 different sicknesses per year**</i>	\$75 <i>per sickness Limit 4 different sicknesses per year**</i>	\$50 <i>per sickness Limit 4 different sicknesses per year**</i>	\$25 <i>per sickness Limit 4 different sicknesses per year**</i>	\$400

* For the Complete Plan, per calendar year per insured person, unless otherwise specified.

** Insured categories are the insured person, the insured person's spouse (in NV, spouse/domestic partner), and/or all of the insured person's dependent children. Maximum total of 4 different sicknesses per year for all dependent children, not per child.

Sample FirstChoice Patriot Series Daily Surgical Benefits Premiums

Monthly Rates	Complete Plan	Standard Plan	Basic Plan	Supplement Plan
Single	\$184.00	\$153.35	\$65.90	\$44.15
Single w/Spouse (in NV, Spouse/Domestic Partner)	\$366.25	\$304.95	\$130.05	\$86.55
Single w/Children	\$301.55	\$250.00	\$110.40	\$73.70
Family	\$483.80	\$401.60	\$174.55	\$115.70

FirstChoice Patriot Series

State Specific Plan Variations for Daily Surgical Benefit States

State	Variation
Georgia	The Specified Injury Rider is not available.
Missouri	The Outpatient Sickness Rider and Surgery Plus is not available. Instead, the Surgery (CHPISS14) is used.
North Carolina	The Specified Injury Rider is not available.
Pennsylvania	The Surgery Plus is not available. Instead, the Surgery (CHPISS14-PA) is used.
South Dakota	The benefits are the same as the generic states, but are priced differently. The rates for these states are listed below

GA	Complete	Standard	Basic	Supplement
Single	\$180.50	\$149.85	\$62.40	\$40.65
Single w/Spouse	\$361.00	\$299.70	\$124.80	\$81.30
Single/Children	\$296.30	\$244.75	\$105.15	\$68.05
Family	\$476.80	\$394.60	\$167.55	\$108.70

MO	Complete	Standard	Basic	Supplement
Single	\$160.40	\$136.40	\$55.60	\$37.50
Single w/Spouse	\$319.05	\$271.05	\$109.45	\$73.25
Single/Children	\$253.95	\$215.03	\$88.10	\$60.65
Family	\$412.60	\$349.70	\$141.95	\$96.40

NC	Complete	Standard	Basic	Supplement
Single	\$180.50	\$149.85	\$62.40	\$40.65
Single w/Spouse	\$361.00	\$299.70	\$124.80	\$81.30
Single/Children	\$296.30	\$244.75	\$105.15	\$68.05
Family	\$476.80	\$394.60	\$167.55	\$108.70

PA	Complete	Standard	Basic	Supplement
Single	\$175.00	\$147.35	\$62.90	\$41.15
Single w/Spouse	\$348.25	\$292.95	\$124.05	\$80.55
Single/Children	\$292.55	\$244.00	\$107.40	\$70.30
Family	\$465.80	\$389.60	\$168.55	\$109.70

SD	Complete	Standard	Basic	Supplement
Single	\$181.50	\$151.35	\$65.40	\$43.90
Single w/Spouse	\$361.25	\$300.95	\$129.05	\$86.05
Single/Children	\$297.55	\$246.80	\$109.60	\$72.90
Family	\$477.30	\$396.40	\$173.25	\$115.05

FirstChoice Patriot Series Hospital Indemnity plan designs Featuring the Surgical Schedule

State Usage for Surgery Schedule (CUL-HPHI2010) - CO, IN, IA, MD, MT, NM, OH, VA, WY; (C-HPHI-11) - CA, ID

BENEFIT	Complete	Standard	Basic	Supplement	Maximum Benefit/Yr*
Daily Room Benefit	\$500	\$400	\$100	\$50	\$182,500
RIDERS					
Lump Sum Indemnity (CUL-HRLS) <i>Paid to an insured upon first hospital confinement each year</i>	\$1,000	\$1,000	\$500	\$100	\$1,000
First Hospital Confinement (CUL-HRFHC) <i>Based on duration of first hospital confinement</i>	\$10,000 <i>over 6 days</i>	\$10,000 <i>over 6 days</i>	\$5,000 <i>over 6 days</i>	\$5,000 <i>over 6 days</i>	\$10,000
Intensive Care Unit (CUL-HRICU) <i>Limited to 20 days per confinement</i>	\$2,500 <i>per day</i>	\$2,000 <i>per day</i>	\$1,000 <i>per day</i>	\$500 <i>per day</i>	\$50,000
Private Duty Nurse (CUL-HRPN) <i>Limited to 30 days per confinement</i>	\$250 <i>per day</i>	\$250 <i>per day</i>	\$250 <i>per day</i>	\$250 <i>per day</i>	\$7,500 <i>Per confinement</i>
Surgical (CUL-HRSUR and CHPHISS) <i>Details may vary, see Surgical Schedule</i>	\$10,000	\$5,000	\$5,000	X	\$10,000 <i>UNLIMITED times</i>
Anesthesia Benefit	\$2,500	\$1,250	\$1,250	X	
Emergency Accident ** (CUL-HREA) <i>Limited to 4 different covered injuries per calendar year per insured</i>	\$250 <i>per accident</i>	\$250 <i>per accident</i>	\$250 <i>per accident</i>	\$250 <i>per accident</i>	\$1,000
Specified Injury (CUL-HRSI) <i>See rider for specific amounts</i>	\$25 - \$1,800 <i>Depending on injury</i>	\$25 - \$1,800 <i>Depending on injury</i>	\$25 - \$1,800 <i>Depending on injury</i>	\$25 - \$1,800 <i>Depending on injury</i>	<i>To a maximum of \$10,000 per injury</i>
Outpatient Sickness ** (CUL-HROS)	\$100 <i>per sickness</i> Limit 4 different sicknesses per year**	\$75 <i>per sickness</i> Limit 4 different sicknesses per year**	\$50 <i>per sickness</i> Limit 4 different sicknesses per year**	\$25 <i>per sickness</i> Limit 4 different sicknesses per year**	\$400

* For the Complete Plan, per calendar year per insured person, unless otherwise specified.

** Insured categories are the insured person, the insured person's spouse, and/or all of the insured person's dependent children. Maximum total of 4 different sicknesses per year for all dependent children, not per child.

*** Lesser amounts apply for Spouse and Child

Sample FirstChoice Patriot Series Surgical Schedule Premiums

Monthly Rates	Complete Plan	Standard Plan	Basic Plan	Supplement Plan
Single	\$192.70	\$154.15	\$61.80	\$40.05
Single w/Spouse	\$383.65	\$306.55	\$121.85	\$78.35
Single w/Children	\$325.05	\$256.50	\$105.40	\$68.30
Family	\$516.00	\$408.90	\$165.45	\$106.60

FirstChoice Patriot Series State Specific Plan Variations for Surgical Schedule States



State	Variation
California and Colorado	The benefits are the same as the generic states, but are priced differently. The rates for these states are listed below

CO	Complete	Standard	Basic	Supplement
Single	\$174.77	\$139.93	\$56.11	\$36.47
Single w/Spouse	\$347.94	\$278.26	\$110.62	\$71.34
Single/Children	\$296.98	\$234.45	\$96.44	\$62.56
Family	\$470.15	\$372.78	\$150.95	\$97.43

CA	Complete	Standard	Basic	Supplement
Single	\$239.93	\$190.16	\$86.79	\$62.47
Single w/Spouse	\$477.28	\$377.74	\$171.00	\$122.36
Single/Children	\$424.58	\$330.84	\$155.75	\$109.96
Family	\$661.93	\$518.42	\$239.96	\$169.85

A SmartChoice Claim Example Featuring the Daily Surgical Benefits

Making a smart choice, this 52-year-old male purchased a **FirstChoice** Complete Plan (Defined Benefit coverage) along with Critical Choice (Critical Protection and Recovery). He has heart bypass surgery with a 7-day hospital confinement, three of those in the Intensive Care unit. He also owns an Accident policy.

FirstChoice Complete Policy Design:

Daily Room Benefit

\$500/day X 7 days hospital confinement = \$3,500

Indemnity Rider

first hospital confinement of any given year of \$1,000 = \$1,000

First Hospital Confinement Rider

over first 6 days of "first hospital confinement" of the year = \$10,000

Surgical Rider

\$3,000 per day of a continuous confinement in which one or more surgeries takes place, maximum of 5 days per confinement. 5 X \$3,000 = \$15,000

Anesthesia

\$600/day for each day that a surgical benefit is paid. \$600 X 5 days = \$3,000

Intensive Care

\$2,500 per day in ICU, up to 20 consecutive days. 3 X \$2,500 = \$7,500

Total FirstChoice Complete benefits paid \$40,000

Critical Protection and Recovery Critical Illness Policy

First Occurrence Benefit = \$10,000

Monthly Income Benefit

10% of FOB above (\$1,000) X 12 months = \$12,000

Hospital Confinement Benefit

\$300 per day confined for treatment for a covered incident, X 7 = \$2,100
(Could also include benefits for Transportation, Lodging, and Air or Ground Ambulance)

Total CPR Benefits paid \$24,100

PAID Accident Plan - No benefits payable for this condition

Total Benefits for Procedure = \$64,100

**The examples shown are hypothetical and may vary depending on plan(s) selected.*



THIRTY DAY RIGHT TO EXAMINE THIS POLICY

If, for any reason, You decide not to keep this Policy, return it to Us within 30 (in IL, 10) days after You receive it. You may return it to Our Administrative Office or to the agent who sold it to You. We will treat the Policy as if it had never been issued. We will refund any Premium paid. (In OK, If We do not refund any Premium paid within 30 days from the date of receipt of cancellation, We will pay interest on the proceeds.)

LIMITATIONS AND EXCLUSIONS

This Policy (including any Rider(s) attached) does not pay Benefits for conditions caused by or resulting from: a. except in MD, treatment of alcoholism or drug addiction (in CA, being intoxicated or under the influence of any controlled substance unless prescribed by a physician) (in PA, loss sustained or contracted in consequence of the Insured's being intoxicated or being under the influence of any narcotic unless administered on the advice of a Physician); or, b. except in CA, MD and NV, being legally intoxicated (in IL, as defined and determined by the laws of the jurisdiction where the loss or cause of the loss was incurred) or being under the influence of any drug unless prescribed by a Physician (in AZ, being legally intoxicated or being under the influence of any drug unless administered by the advice of a Physician) (in LA, being intoxicated or being under the influence of narcotics unless administered on the advice of a Physician) (in OK, being under the influence of any narcotic unless administered on the advice of a Physician) (in SD, committing a felony while being legally intoxicated or being under the influence of any drug); or, c. attempted suicide while sane or insane or willful (in ID, willful does not apply) and intentional (in CA, act by the Insured to purposely cause harm or damage to him/herself) self-inflicted injury (in PA, suicide or intentionally self-inflicted injuries); or, d. except in ID and OK, being exposed to war or any act of war, declared or undeclared or while serving in the armed forces (in NC, except for acts of terrorism against the general population); or, e. except in ID and MD, engaging in an illegal activity (in GA and NE, occupation) (in AZ, CA, IL and LA, the insured's commission of or attempt to commit a felony, or to which a contributing cause was the insured being engaged in an illegal occupation); or, f. Dental Treatment or plastic surgery for cosmetic purposes (in CA, or dental surgery performed solely for cosmetic purposes). This exclusion does not apply if the treatment or surgery is (in ID, incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, or because of congenital disease or anomaly of a covered dependent child): (1) due to an Injury; or, (2) to restore normal bodily functions (in CA, or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease); or, g. care that is primarily for rest, convalescence or rehabilitation (in NC, (3) with respect to a newborn child, foster child or adopted child insured under this Policy after the Policy Effective Date, due to congenital defects or anomalies, including, but not limited to, cleft palate or cleft lip); or, h. treatment of Mental or Nervous Disorders without demonstrable organic disease; or, i. treatment which is rendered outside the

United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or Injury (in CA, or combination thereof) sustained while traveling for business or pleasure; or, j. except in IN and PA, any Pre-Existing Conditions as defined in this Policy (in ID, except for congenital abnormalities of a Covered Dependent child); or, k. except in ID, conditions specifically excluded by amendment or endorsement.

In CA only, surgery performed solely for cosmetic purposes. This exclusion does not apply if the surgery is: (1) due to an injury; or (2) to restore normal bodily functions or create a normal appearance as a result of congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. (3) devices or surgery to restore or achieve symmetry incident to mastectomy, including coverage for all complications including lymphedema.

In MD only, prohibited health care practitioner referrals.

In NC only, participation in the military service of any country or international organization.

In OK only, war or act of war, (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntary or as required by an employer; participating in a riot, felony or insurrection; service in the armed forces or units auxiliary thereto.

This Policy (including any Rider(s) attached) does not pay any Daily Benefit amount(s) if there is no Hospital room and board charge.

PRE-EXISTING CONDITIONS

This Policy and any attached Rider(s) do not cover Pre-Existing Conditions (except in CA and NC) whether disclosed in the application or not, for the first 12 (in NV, 6) months beginning on the date that person becomes an Insured on this Policy or Rider.

By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that could be medically documented (in PA, that could be medically documented does not apply) within the 12-months period immediately preceding the Policy Effective Date. (in CA and NE, Pre-Existing Conditions exclusions may not be implemented by any successor plan as to any Insureds who have already met all or part of the waiting period requirements under any previous plan. Credit must be given for that portion of the waiting period that was met under the previous plan.) (In ID, By Pre-Existing Conditions, We mean those conditions for which: 1. condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the six (6) months immediately preceding the effective date of coverage; and 2. A condition for which medical

advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the effective date of coverage or 3. A pregnancy existing on the effective date of coverage.) (In NV, by Pre-Existing Conditions, We mean those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the 6-months period immediately preceding the Policy Effective Date.) (in NC, by Pre-Existing Conditions, We mean those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the Policy Effective Date of the Insured person's coverage).

Conditions specifically named or described as excluded in any part of this Policy are never covered.

TERMINATION

All coverage under this Policy and any attached Rider(s) shall terminate when this Policy ceases to be in force.

This Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or, b. when You die (in NC, We will refund any unearned premium); or, c. the Policy Anniversary Date You no longer meet the Renewal Condition as defined on the cover of this Policy; or, d. the date You notify Us in writing to end this Policy (in NC, We will refund any unearned premium).

In ID only, upon the Policyholder's death, the Eligible Spouse will become the Policyholder. Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse, as defined in this Policy.

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse (in CA and NV, Spouse/Domestic Partner), as defined in this Policy. (In PA, if coverage terminates due to Your death, Your Spouse will become the named policyholder provided Your spouse is covered under this Policy on the date of Your death.

When such Insured's insurance ends, We will: a. refund any Premium accepted for the period the Insured ceases to be an Eligible Dependent Child or Eligible Spouse (in CA and NV, Spouse/Domestic Partner); and, b. consider any claim that began before the insurance ended; and, c. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse (in NV, Spouse/Domestic Partner), as set forth in the Conversion Privilege.

In TX only, in the event of Your death, Your spouse (in NV, spouse/domestic partner), if an Insured Person will automatically become the Insured under the Policy.

BMC **AGENCY, INC**

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800-999-2971**

This product does not constitute comprehensive health insurance coverage (often referred to as, "major medical coverage"). Therefore, this product does not satisfy the requirement of Minimum Essential Coverage under the Federal Patient Protection and Affordable Care Act. For additional information, you can contact us, refer the official federal website at www.healthcare.gov, or call their toll-free number at 800-318-2596.