PremierMed[1]

SHORT TERM MEDICAL-SURGICAL EXPENSE PLAN

Deductibles, Coinsurance & Out-of-Pocket Maximums

Short Term Certificate Deductible	
Benefit Deductible In-Network per Insured	$3,000
Separate Deductible for Out-of-Network $6,000[2] per Insured	
Separate Deductible for Maternity $2,000[3] per Insured, up to a Maximum of $6,000	
Failure to Pre-Certify Treatment Deductible $1,000 per Insured	
Short Term Certificate Coinsurance	
In-Network Company Coinsurance Percentage (Sickness & Injury Benefits, Wellness & Screening Benefits)	100%
In-Network Insured Coinsurance Percentage (Sickness & Injury Benefits, Wellness & Screening Benefits)	0%
Out-Of-Network Company Coinsurance Percentage (Sickness & Injury Benefits, Wellness & Screening Benefits)	100%
Out-Of-Network Insured Coinsurance Percentage (Sickness & Injury Benefits, Wellness & Screening Benefits)	0%
Short Term Out-of-Pocket Maximums	
In-Network Out-of-Pocket Maximum per Insured	$3,000
Out-of-Network Out-of-Pocket Maximum per Insured	$9,000

With the purchase of the **PremierChoice** Specified Disease/Sickness Plan and Our MIGI Rider, You have the one-time right to obtain additional coverage under Our **PremierMed** Short Term Medical-Surgical Expense Plan **without additional medical underwriting or evidence of Insurability.** Under the MIGI Rider You can exercise this option when You decide You need it, anytime, **even in the middle of a claim**.

This unique option is intended to help You bridge the gap between the **PremierChoice** Specified Disease/Sickness and Accident Plans and the earliest of the following dates: (i) the earliest possible effective date of coverage for an ACA "qualified health plan" that could be purchased by You through a state or federal administered health insurance exchange in Your state of residence, (ii) the effective date of Your coverage under any health plan that constitutes "minimum essential coverage" under federal law, and (iii) the date coverage under the **PremierMed** Short Term Medical-Surgical Expense Plan otherwise terminates under the termination of coverage section of such plan.

The **PremierMed** Short Term Medical-Surgical Expense Plan provides coverage as of the Issue Date for Pre-existing Conditions, disclosed on the original **PremierChoice** Specified Disease/Sickness Plan application or that manifest during the period of **PremierChoice** Specified Disease/Sickness Plan coverage, provided they are not otherwise limited or excluded by the **PremierMed** Short Term Medical-Surgical Expense Plan or any riders, amendments, or endorsements attached to the **PremierMed** Short Term Medical-Surgical Expense Plan.

[1]The Plan is underwritten by Freedom Life Insurance Company of America.
[2]Separate Deductible for Out of Network is in addition to the Benefit Deductible.
[3]Separate Deductible for Maternity is in addition to the Benefit Deductible.

The PremierMed Plan is a comprehensive medical-surgical plan providing benefits for covered services for a limited duration. It is considered a short term, limited duration medical plan under the ACA and is not a "minimum essential coverage" plan under the ACA. The ACA generally requires individuals to maintain "minimum essential coverage" or be subject to the payment of the annual shared responsibility payment with the payment of their taxes to the federal government from 2014 – 2018. Congress eliminated the shared responsibility payment in 2019 and beyond for individuals who do not maintain ACA "minimum essential coverage" during 2019 or any year thereafter. (See page 33 of this brochure for details).

PremierMed Overview of Benefits

Sickness & Bodily Injury Benefits

Inpatient Hospital Care

- Hospital - semi-private daily room and board
- Intensive Care Unit - daily room and board
- Hospital miscellaneous medications, drugs, services and supplies ordered by the Insured's Provider

  Does not include personal convenience items.
- Provider Visits

  One Provider visit per treating Provider per day while the Insured is an Inpatient at a Hospital.

Inpatient Surgery

- Primary Surgeon
- Assistant Surgeon
- Anesthesiologist or Nurse Anesthetist
- Pathologist Fees

Inpatient Breast Reconstruction Incident to Mastectomy

Reconstructive Surgery

Inpatient Laboratory & Diagnostic Tests

Inpatient Radiation Therapy & Chemotherapy

Inpatient Therapy

- Occupational Therapy*
- Physical Therapy*
- Rehabilitation Therapy
- Speech Therapy*

  **Occupational, Physical and Speech Therapy are limited to $50 per visit up to $2,000 maximum per type of therapy per Insured.*

Inpatient Transplants

Transplant Travel, Lodging & Food limited to $10,000 per transplant. Not available if the Insured is a donor. Benefit is reduced by 50% for failure to pre-certify.

Orthognathic Surgery

Inpatient Maternity

Inpatient maternity services are covered for normal labor and delivery, cesarean section delivery, and Complications of Pregnancy, subject to a maximum benefit of $6,000 per Insured and an additional Maternity Deductible of $2,000.

Newborn Care

Emergency Room & Other Outpatient Benefits

Emergency Room Services

Emergency & Urgent Care Facility

Emergency Transportation to Hospital by Ambulance

Outpatient Surgery

- Outpatient Hospital or Ambulatory Surgical Center
- Primary Surgeon
- Assistant Surgeon
- Anesthesiologist or Nurse Anesthetist
- Pathologist Fees

Outpatient Provider Office Visits

Telemedicine

If provided to an Insured receiving the service in a Rural Region of the state and the Provider is a Participating Provider.

Second Opinions

Outpatient Prescriptions

Outpatient Laboratory & Diagnostic Tests

Medical Equipment & Supplies

Internal Prosthetic/Medical Appliances

Cancer Clinical Trials

Behavioral Services for Treatment of Autism Spectrum Disorder

Home Health Care

Limited to 42 visits per Insured.

Hospice Care

Chiropractic Services

Temporomandibular Joint (TMJ) Disorder

Outpatient Radiation Therapy & Chemotherapy

Inherited Metabolic Disorders

Medical Foods, metabolic supplements and gastric disorder formulas are covered at 50% up to a maximum of $5,000 per Insured.

Amino acid-based formulas for eosinophilic gastrointestinal disorder are covered at 75% up to a maximum of $20,000 per Insured.

Outpatient Therapy*

- Occupational Therapy
- Rehabilitation Therapy
- Physical Therapy
- Speech Therapy
- Cardiac Rehabilitation Therapy
- Pulmonary Rehabilitation Therapy

  **Limited to 60 visits per Insured.*

Outpatient Habilitation Therapy*

- Occupational Therapy
- Physical Therapy
- Speech Therapy

  **Limited to 60 visits per Insured.*

Dental Services – Accident Only

Skilled Nursing Home

Limited to 90 days per Insured.

Supplies & Services Associated with the Treatment of Diabetes

PremierMed Overview of Benefits - Continued

Wellness & Screening Benefits

Wellness & Preventive Benefits

Subject to the Benefit Deductible, the Insured Coinsurance Percentage, any applicable Separate Deductible For Non-Participating Providers and the Non-Participating Provider Insured Coinsurance Percentage.

- Adult Wellness & Preventive Care

  Services Provided for necessary Adult Wellness Preventive Care in accordance with the current list of "A" and "B" rated preventive services recommended for adults by the United States Preventive Services Task Force (USPSTF).

  Adult Wellness Preventive Care does not include physical therapy, occupational therapy, or other Outpatient therapy or treatment, or any form of medical or surgical treatment of a Bodily Injury or Sickness.

- Childhood Wellness & Preventive Care

  Services Provided to each infant, child, and adolescent Insured for Medically Necessary Childhood Wellness Preventive Care in accordance with the current list of "A" and "B" rated preventive services recommended by the United States Preventive Services Task Force (USPSTF) and in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration and by the American Academy of Pediatrics (AAP) and Bright Futures.

  Childhood Wellness Preventive Care does not include physical therapy, occupational therapy, or other Outpatient therapy or treatment, or any form of medical or surgical treatment of a Bodily Injury or Sickness.

Screening & Examination Benefits

Subject to the Benefit Deductible, the Insured Coinsurance Percentage, any applicable Separate Deductible For Non-Participating Providers and the Non-Participating Provider Insured Coinsurance Percentage.

- Mammography Screening

  One baseline Mammogram for female Insureds between 35 and 39 years of age; one Mammogram per year per Insured ages 40 and over; or non-routine screening Provided more frequently than above is covered based on recommendation of the Insured's Provider.

- Prostate Cancer Screening

  For male Insureds age 40 or older who are asymptomatic or who are under 40 and have a family history of prostate cancer or another risk factor.

- Routine Annual Physical Examination

  Limited to 1 visit for the duration of the Certificate for Insureds ages 4 and up with examination performed by a Participating Provider.

PremierMed Optional Rider

Optional Guaranteed Short Term Medical-Surgical Expense Plan Insurability Rider

(STUP2GIST-R-FLIC available for an additional premium)

If You are not already covered under an ACA essential health benefits plan, and the effective date of Your coverage under the PremierMed Short Term Medical-Surgical Expense Plan is more than 6 months from January 1 of the following calendar year, You may select the Optional Guaranteed Short Term Medical-Surgical Expense Plan Insurability Rider with Your PremierMed Short Term Medical-Surgical Expense Plan, which will permit You to purchase an additional PremierMed Short Term Medical-Surgical Expense Plan on a guaranteed issue basis, if available to residents of Your current state of residence, with a coverage period on the subsequent PremierMed Short Term Medical-Surgical Expense Plan commencing on the termination date of Your initial PremierMed Short Term Medical-Surgical Expense Plan and terminating on the earliest of the following: Your first possible effective date of coverage under a plan that provides "minimum essential coverage" under federal law and the date coverage under the PremierMed Short Term Medical-Surgical Expense Plan otherwise terminates under the termination of coverage section of such plan.

PremierMed Plan Features

Monthly Renewal Premium Rate Adjustments

We may increase Monthly Renewal Premium rates for any renewal period after the Issue Date, if after the Issue Date: You add Insureds to the Certificate; You change residence to a different ZIP code; You change any other coverage option; You change the amount of the Benefit Deductible shown on the Certificate Schedule; You change the Insured Coinsurance Percentage shown on the Certificate Schedule; You add optional coverage riders; a change occurs in benefits, limitations, exclusions, premium or other material matter; any change in coverage, limitations, exclusions, or premium is required pursuant to any federal or state law or regulation; You change to a different optional Participating Provider network available in Your state; a change occurs in the relationship between Us and Your Participating Provider network; the Participating Provider network availability changes for Your state; and/or the Participating Provider negotiated discounts change.

Coordination Of Benefits

Benefits under the PremierMed Short Term Medical-Surgical Expense Plan may be reduced when an Insured has more than one plan, depending on whether the coverage is a primary or a secondary plan. The PremierMed Short Term Medical-Surgical Expense Plan contains a Coordination Of Benefits provision which outlines the order of benefit determination rules for determining if coverage is primary or secondary.

Non-Renewability

Coverage under the PremierMed Short Term Medical-Surgical Expense Plan is limited duration coverage and is not renewable after the Scheduled Termination Date. The Scheduled Termination Date is the date coverage is scheduled to expire, unless coverage under the PremierMed Short Term Medical-Surgical Expense Plan is terminated earlier according to the Termination of Coverage section of the PremierMed Short Term Medical-Surgical Expense Plan. The Scheduled Termination Date is no more than 6 months from the Issue Date.

Termination

Coverage will terminate on the earlier of the coverage termination date stated on the schedule page or Your earliest possible effective date of coverage under a plan that constitutes "minimum essential coverage" under federal law. Your coverage will also end upon the occurrence of one of the following: the applicable Group Insurance Policy is terminated by the Group Policyholder; with respect to Your Spouse who is covered, Your divorce decree, annulment or court approved separation becomes effective; Your covered child(ren) reach the limiting age as defined by Your state; with respect to coverage that is extended after proper notice and premium payment to a newborn of any Insured who is Your unmarried, dependent child under age 19 (24 if a Full-Time Student), 18 months after the date of such newborn's birth; the due date of any unpaid premium (subject to the grace period); You terminate coverage by notifying Us; We cease offering and renewing the same form of coverage as the Certificate in Your state; the date We receive due proof that fraud or intentional misrepresentation of material fact existed in applying for coverage or filing a claim; the Primary Insured terminated membership in the association which is the Group Policyholder; the date an Insured becomes eligible for Medicare; or the date upon which any Insured is covered under any other short term medical insurance plan.

PremierMed Plan Limitations

Coverage under the PremierMed Short Term Medical-Surgical Expense Plan is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the PremierMed Short Term Medical-Surgical Expense Plan, as well as the following limitations and waiting periods:

- Any loss or expense incurred as a result of an Insured's Pre-existing Condition is not covered under the PremierMed Short Term Medical-Surgical Expense Plan unless such loss or expense constitutes Covered Expenses incurred by such Insured more than 12 months after the Issue Date, and is not otherwise limited or excluded by the PremierMed Short Term Medical-Surgical Expense Plan or any riders, endorsements, or amendments attached to the PremierMed Short Term Medical-Surgical Expense Plan;[1]
- If, as the result of an Emergency Sickness or an Emergency 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;
- Insureds have the right to obtain Prescriptions from the pharmacy of their choice. However, if an Insured: (i) uses a Non-Participating Pharmacy to fill a Prescription or (ii) does not present his/her correct ID card when the Prescription is filled at a Participating Pharmacy, then such Insured must pay the applicable pharmacy in full and file a claim form with the Company for reimbursement. In either event, the Insured will be reimbursed by the Company at the discounted or negotiated rate for such Prescription that would have been paid to a Participating Pharmacy by the Company under the PremierMed Short Term Medical-Surgical Expense Plan if the Insured had used a Participating Pharmacy and properly presented the correct ID card at the time the Prescription was filled; and
- Because the Benefit Deductible under the PremierMed Short Term Medical-Surgical Expense Plan is calculated on the basis of Covered Expenses, it is possible that every dollar an Insured pays for Prescription Drugs at a Participating Pharmacy may not apply toward meeting the applicable Benefit Deductible.

[1]*Pre-existing Conditions that Manifested after the effective date of coverage under the PremierChoice Specified Disease/Sickness and Accident Plans are waived when the PremierMed Short Term Medical-Surgical Expense Plan is purchased via the MIGI Rider (SMIGIST-2015-R-FLIC).*

PremierMed Plan Non-Covered Items

Coverage under the PremierMed Short Term Medical-Surgical Expense Plan is limited as provided by the definitions, limitations, exclusions, and terms contained in each and every section of the PremierMed Short Term Medical-Surgical Expense Plan. In addition, the PremierMed Short Term Medical-Surgical Expense Plan does not provide coverage for expenses charged to an Insured or any payment obligation for Us under the PremierMed Short Term Medical-Surgical Expense Plan for any of the following, all of which are excluded from coverage:

- the amount of any professional fees or other medical expenses or charges for treatments, care, procedures, services or supplies which do not constitute Covered Expenses;
- Covered Expenses incurred before the PremierMed Short Term Medical-Surgical Expense Plan Issue Date;
- Covered Expenses incurred after the expiration of the Scheduled Termination Date, regardless of when the condition originated; except as Provided in the EXTENSION OF BENEFITS provision;
- Covered Expenses that are not incurred while coverage under the PremierMed Short Term Medical-Surgical Expense Plan is in full force and effect for the applicable Insured that incurred such expenses;
- any professional fees or other medical expenses incurred for the diagnosis, care or treatment of Mental and Emotional Disorders and Substance Abuse;
- the amount of any professional fees or other medical expenses contained on a billing statement to an Insured which exceed the amount of the Maximum Allowable Charge;
- any professional fees or other medical expenses for treatments, care, procedures, services or supplies which are not specifically enumerated in the SICKNESS AND BODILY INJURY BENEFITS or WELLNESS AND SCREENING BENEFITS sections of the PremierMed Short Term Medical-Surgical Expense Plan and any optional coverage rider attached to the PremierMed Short Term Medical-Surgical Expense Plan;
- Covered Expenses which have been paid or will be paid under any other in-force insurance coverage maintained by, on behalf of, or which provides coverage or benefits to or for the benefit of the applicable Insured;
- Covered Expenses You or Your covered family members are not required to pay, which are covered by other insurance, or that would not have been billed if no insurance existed;
- any professional fees or expenses for which the Insured and/or any covered family member are not legally liable for payment;
- any professional fees or expenses 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;
- treatment of the teeth, the surrounding tissue or structure, including the gums and tooth sockets of adult Insureds. This exclusion does not apply to treatment: (a) due to Dental Injury to natural teeth (treatment must be Provided within 90 days of the date of the Dental Injury) or (b) for malignant tumors;
- Bodily Injury or Sickness due to any act of war (whether declared or undeclared) or act of terrorism;
- services provided by any state or federal government agency, including the Veterans Administration, unless, by law, an Insured must pay for such services;
- Covered Expenses that are payable under any motor vehicle no fault law insurance policy or certificate;
- charges 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);
- drugs or medication not used for a Food and Drug Administration (FDA) approved use or indication;
- any Bodily Injury or Sickness covered by any Workers' Compensation insurance coverage, or similar coverage underwritten in connection with any Occupational Disease Law, or Employer's Liability Law, regardless of whether You file a claim for benefits thereunder;
- services or expenses incurred that are covered under any Essential Health Benefits Plan;
- services or expenses incurred that are covered under any other short term medical plan;
- 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 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; 2) substantially accepted peer-reviewed medical literature; or 3) drugs labeled "Caution –limited by Federal law to investigational use". c) experimental procedures or treatment methods not approved by the American Medical Association or other appropriate medical society;
- eyeglasses, contact lenses, radial keratotomy, lasik surgery, hearing aids and exams for their prescription or fitting;
- cochlear implants;
- any professional fees or other medical expenses 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;
- intentionally self-inflicted Bodily Injury, suicide, or any suicide attempt, while sane or insane;
- serving in one of the branches of the armed forces of the United States or of any foreign country or any international authority;
- voluntary abortions, abortifacients or any other drug or device that terminates a pregnancy;
- services Provided by a Non-Participating Provider who is a member of an Insured's family;
- any medical condition excluded by name or specific description by either the PremierMed Short Term Medical-Surgical Expense Plan or any riders, endorsements, or amendments attached to the PremierMed Short Term Medical-Surgical Expense Plan;
- any loss to which a contributing cause was the Insured's being engaged in or attempting to engage in an illegal occupation or illegal activity;
- participation in aviation, except as fare-paying passenger traveling on a regular scheduled commercial airline flight;
- any Bodily Injury caused or contributed to while racing a land or water vehicle, or participation in hazardous avocation including, but not limited to, martial arts, boxing, hang gliding, paragliding, sky diving, hot air ballooning, mountain/cliff climbing, organized competitive sports, ATV riding, or snowmobiling;
- 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;
- 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 trauma or infection, (ii) to correct a normal bodily function, 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 PremierMed Short Term Medical-Surgical Expense Plan and while coverage under the PremierMed Short Term Medical-Surgical Expense Plan is in full force and effect;

PremierMed Plan Non-Covered Items - Continued

- fertility hormone therapy and/or fertility devices for any type of fertility therapy, artificial insemination or any other direct conception;
- voluntary sterilization, reversal or attempted reversal of a previous elective attempt to induce or facilitate sterilization;
- 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;
- 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;
- Prescriptions, treatment or services for behavioral or learning disorders, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- Prescription Drugs that are immunosuppressants;
- any professional fees or other medical expenses incurred as the result of a Bodily Injury which was caused or contributed by an Insured racing any air, land or water vehicle;
- drugs prescribed for the treatment of any disease, illness or condition that has been excluded from coverage under the PremierMed Short Term Medical-Surgical Expense Plan by exclusionary rider, limitation or exclusion;
- 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 used to treat or cure hair loss or baldness;
- Prescription Drugs that are classified as anabolic steroids or growth hormones except as Provided in the Benefit;
- compounded Prescription Drugs;
- 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;
- Prescription Drugs, which have an over the counter equivalent that may be obtained without a Prescription, even though such Prescription Drugs were prescribed by a Provider;
- any intentional misuse or abuse of Prescription Drugs, including Prescription Drugs purchased by an Insured for consumption by someone other than such Insured;
- Prescription Drugs that are classified as anti-fungal medication used for treatment of onychomycosis;
- programs, treatment or procedures for tobacco use cessation;
- Prescription Drugs that are classified as tobacco cessation products;
- charges for blood, blood plasma, or derivatives that has been replaced; and
- services or supplies for personal convenience, including Custodial Care or homemaker services, except as provided for in the PremierMed Short Term Medical-Surgical Expense Plan.

Scheduled Termination Date

The Scheduled Termination Date is the date coverage is scheduled to expire, unless coverage under the PremierMed Short Term Medical-Surgical Expense Plan is terminated earlier according to the Termination of Coverage section of the PremierMed Short Term Medical-Surgical Expense Plan. The Scheduled Termination Date is no more than 6 months from the Issue Date.

THIS COVERAGE IS NOT REQUIRED TO COMPLY WITH CERTAIN FEDERAL MARKET REQUIREMENTS FOR HEALTH INSURANCE, PRINCIPALLY THOSE CONTAINED IN THE AFFORDABLE CARE ACT. BE SURE TO CHECK YOUR POLICY CAREFULLY TO MAKE SURE YOU ARE AWARE OF ANY EXCLUSIONS OR LIMITATIONS REGARDING COVERAGE OF PREEXISTING CONDITIONS OR HEALTH BENEFITS (SUCH AS HOSPITALIZATION, EMERGENCY SERVICES, MATERNITY CARE, PREVENTIVE CARE, PRESCRIPTION DRUGS, AND MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES). YOUR POLICY MIGHT ALSO HAVE LIFETIME AND/OR ANNUAL DOLLAR LIMITS ON HEALTH BENEFITS. IF THIS COVERAGE EXPIRES OR YOU LOSE ELIGIBILITY FOR THIS COVERAGE, YOU MIGHT HAVE TO WAIT UNTIL AN OPEN ENROLLMENT PERIOD TO GET OTHER HEALTH INSURANCE COVERAGE.